



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
<b>DRUG CODES</b>					
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Yes	Yes	Yes	
J0135	Injection, adalimumab, 20 mg	Yes	Yes	Yes	
J0178	Injection, aflibercept, 1 mg	Yes	Yes	Yes	
J0180	Injection, agalsidase beta, 1 mg	Yes	Yes	Yes	
J0202	Injection, alemtuzumab, 1 mg	Yes	Yes	Yes	
J0205	Injection, alglucerase, per 10 units	Yes	Yes	Yes	
J0207	Injection, amifostine, 500 mg	Yes	Yes	Yes	
J0215	Injection, alefacept, 0.5 mg	Yes	Yes	Yes	
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Yes	Yes	Yes	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg YME, 10 MG	Yes	Yes	Yes	
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Yes	Yes	Yes	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Yes	Yes	Yes	
J0480	Injection, basiliximab, 20 mg	Yes	Yes	Yes	
J0485	Injection, belatacept, 1 mg	Yes	Yes	Yes	
J0490	Injection, belimumab, 10 mg	Yes	Yes	Yes	
J0565	Injection, bezlotoxumab, 10 mg	Yes	Yes	Yes	
J0585	Injection, onabotulinumtoxinA, 1 unit	Yes	Yes	Yes	
J0586	Injection, abobotulinumtoxinA, 5 units	Yes	Yes	Yes	
J0587	Injection, rimabotulinumtoxinB, 100 units	Yes	Yes	Yes	
J0588	Injection, incobotulinumtoxinA, 1 unit	Yes	Yes	Yes	
J0594	Injection, busulfan, 1 mg	Yes	Yes	Yes	
J0630	Injection, calcitonin salmon, up to 400 units	Yes	Yes	Yes	
J0636	Injection, calcitriol, 0.1 mcg	Yes	Yes	Yes	
J0638	Injection, canakinumab, 1 mg	Yes	Yes	Yes	
J0640	Injection, leucovorin calcium, per 50 mg	Yes	Yes	Yes	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Yes	Yes	Yes	
J0670	Injection, mepivacaine HCl, per 10 ml	Yes	Yes	Yes	
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Yes	Yes	Yes	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Yes	Yes	Yes	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Yes	Yes	Yes	
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Yes	Yes	Yes	
J0883	Injection, argatroban, 1 mg (for non-ESRD use)	Yes	Yes	Yes	
J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)	Yes	Yes	Yes	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Yes	Yes	Yes	
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Yes	Yes	Yes	
J0894	Injection, decitabine, 1 mg	Yes	Yes	Yes	
J0895	Injection, deferoxamine mesylate, 500 mg	Yes	Yes	Yes	
J0897	Injection, denosumab, 1 mg	Yes	Yes	Yes	
J1071	Injection, testosterone cypionate, 1 mg	Yes	Yes	Yes	
J1094	Injection, dexamethasone acetate, 1 mg	Yes	Yes	Yes	
J1270	Injection, doxercalciferol, 1 mcg	Yes	Yes	Yes	
J1300	Injection, eculizumab, 10 mg	Yes	Yes	Yes	
J1325	Injection, epoprostenol, 0.5 mg	Yes	Yes	Yes	
J1439	Injection, ferric carboxymaltose, 1 mg	Yes	Yes	Yes	
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Yes	Yes	Yes	
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Yes	Yes	Yes	
J1447	Injection, tbo-filgrastim, 1 microgram	Yes	Yes	Yes	
J1458	Injection, galsulfase, 1 mg	Yes	Yes	Yes	
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes	
J1460	Injection, gamma globulin, intramuscular, 1 cc	Yes	Yes	Yes	
J1555	Injection, immune globulin (Cuvitru), 100 mg	Yes	Yes	Yes	
J1556	Injection, immune globulin (Bivigam), 500 mg	Yes	Yes	Yes	
J1557	Injection, immune globulin, (Gammagex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes	
J1559	Injection, immune globulin (Hizentra), 100 mg	Yes	Yes	Yes	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Yes	Yes	Yes	
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes	
J1562	Injection, immune globulin (Vivaglobin), 100 mg	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	Yes	Yes	
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes	
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Yes	Yes	Yes	
J1570	Injection, ganciclovir sodium, 500 mg	Yes	Yes	Yes	
J1571	Injection, ganciclovir sodium, 500 mg	Yes	Yes	Yes	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes	
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Yes	Yes	Yes	
J1595	Injection, glatiramer acetate, 20 mg	Yes	Yes	Yes	
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Yes	Yes	Yes	
J1602	Injection, golimumab, 1 mg, for intravenous use	Yes	Yes	Yes	
J1640	Injection, hemin, 1 mg	Yes	Yes	Yes	
J1740	Injection, ibandronate sodium, 1 mg	Yes	Yes	Yes	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Yes	Yes	Yes	
J1750	Injection, iron dextran, 50 mg	Yes	Yes	Yes	
J1756	Injection, iron sucrose, 1 mg	Yes	Yes	Yes	
J1786	Injection, imiglucerase, 10 units	Yes	Yes	Yes	
J1826	Injection, interferon beta-1a, 30 mcg	Yes	Yes	Yes	
J1930	Injection, lanreotide, 1 mg	Yes	Yes	Yes	
J1931	Injection, laronidase, 0.1 mg	Yes	Yes	Yes	
J1945	Injection, lepirudin, 50 mg	Yes	Yes	Yes	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Yes	Yes	Yes	
J1955	Injection, levocarnitine, per 1 g	Yes	Yes	Yes	
J2182	Injection, mepolizumab, 1 mg	Yes	Yes	Yes	
J2260	Injection, milrinone lactate, 5 mg	Yes	Yes	Yes	
J2278	Injection, ziconotide, 1 mcg	Yes	Yes	Yes	
J2323	Injection, natalizumab, 1 mg	Yes	Yes	Yes	
J2350	Injection, ocrelizumab, 1 mg	Yes	Yes	Yes	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Yes	Yes	Yes	
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	Yes	Yes	Yes	
J2355	Injection, oprelvekin, 5 mg	Yes	Yes	Yes	
J2357	Injection, omalizumab, 5 mg	Yes	Yes	Yes	
J2425	Injection, palifermin, 50 mcg	Yes	Yes	Yes	
J2430	Injection, pamidronate disodium, per 30 mg	Yes	Yes	Yes	
J2469	Injection, palonosetron HCl, 25 mcg	Yes	Yes	Yes	
J2501	Injection, paricalcitol, 1 mcg	Yes	Yes	Yes	
J2503	Injection, pegaptanib sodium, 0.3 mg	Yes	Yes	Yes	
J2505	Injection, pegfilgrastim, 6 mg	Yes	Yes	Yes	
J2507	Injection, pegloticase, 1 mg	Yes	Yes	Yes	
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	Yes	Yes	Yes	
J2562	Injection, plerixafor, 1 mg	Yes	Yes	Yes	
J2597	Injection, desmopressin acetate, per 1 mcg	Yes	Yes	Yes	
J2690	Injection, procainamide HCl, up to 1 g	Yes	Yes	Yes	
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Yes	Yes	Yes	
J2760	Injection, phentolamine mesylate, up to 5 mg	Yes	Yes	Yes	
J2778	Injection, ranibizumab, 0.1 mg	Yes	Yes	Yes	
J2783	Injection, rasburicase, 0.5 mg	Yes	Yes	Yes	
J2786	Injection, reslizumab, 1 mg	Yes	Yes	Yes	
J2796	Injection, romiplostim, 10 mcg	Yes	Yes	Yes	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Yes	Yes	Yes	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Yes	Yes	Yes	
J2993	Injection, reteplase, 18.1 mg	Yes	Yes	Yes	
J2997	Injection, alteplase recombinant, 1 mg	Yes	Yes	Yes	
J3060	Injection, taliglucerase alfa, 10 units	Yes	Yes	Yes	
J3121	Injection, testosterone enanthate, 1 mg	Yes	Yes	Yes	
J3145	Injection, testosterone undecanoate, 1 mg	Yes	Yes	Yes	
J3262	Injection, tocilizumab, 1 mg	Yes	Yes	Yes	
J3285	Injection, trestipenil, 1 mg	Yes	Yes	Yes	
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Yes	Yes	Yes	
J3315	Injection, triptorelin pamoate, 3.75 mg	Yes	Yes	Yes	



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J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yes	Yes	Yes	
J3358	Ustekinumab, for intravenous injection, 1 mg	Yes	Yes	Yes	
J3364	Injection, urokinase, 5,000 IU vial	Yes	Yes	Yes	
J3365	Injection, IV, urokinase, 250,000 IU vial	Yes	Yes	Yes	
J3385	Injection, velaglucease alfa, 100 units	Yes	Yes	Yes	
J3470	Injection, hyaluronidase, up to 150 units	Yes	Yes	Yes	
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	Yes	Yes	Yes	
J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units	Yes	Yes	Yes	
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	Yes	Yes	Yes	
J3489	Injection, zoledronic acid, 1 mg	Yes	Yes	Yes	
J3490	Unclassified drugs	Yes	Yes	Yes	auth over \$200.00 charge amount
J3590	Unclassified biologics	Yes	Yes	Yes	
J7170	Injection, emicizumab-kxwh, 0.5 mg	Yes	Yes	Yes	
J7175	Injection, Factor X, (human), 1 IU	Yes	Yes	Yes	
J7178	Injection, human fibrinogen concentrate, 1 mg	Yes	Yes	Yes	
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	Yes	Yes	Yes	
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	Yes	Yes	Yes	
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	Yes	Yes	Yes	
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	Yes	Yes	Yes	
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo	Yes	Yes	Yes	
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	Yes	Yes	Yes	
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	Yes	Yes	Yes	
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCo	Yes	Yes	Yes	
J7188	Injection, Factor VIII (antihemophilic factor, recombinant), per IU	Yes	Yes	Yes	
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg	Yes	Yes	Yes	
J7190	Factor VIII (antihemophilic factor, human) per IU	Yes	Yes	Yes	
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	Yes	Yes	Yes	
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	Yes	Yes	Yes	
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	Yes	Yes	Yes	
J7194	Factor IX complex, per IU	Yes	Yes	Yes	
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Yes	Yes	Yes	
J7197	Antithrombin III (human), per IU	Yes	Yes	Yes	
J7198	Antithrombin, per IU	Yes	Yes	Yes	
J7199	Hemophilia clotting factor, not otherwise classified	Yes	Yes	Yes	
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	Yes	Yes	Yes	
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	Yes	Yes	Yes	
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Yes	Yes	Yes	
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	Yes	Yes	Yes	
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Yes	Yes	Yes	
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwig), 1 IU	Yes	Yes	Yes	
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyl), 1 IU	Yes	Yes	Yes	
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Yes	Yes	Yes	
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Yes	Yes	Yes	
J7310	Ganciclovir, 4.5 mg, long-acting implant	Yes	Yes	Yes	
J7311	Injection, fluocinolone acetate, intravitreal implant (retisert), 0.01 mg	Yes	Yes	Yes	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Yes	Yes	Yes	
J7313	Injection, fluocinolone acetate, intravitreal implant, (iluvien), 0.01 mg	Yes	Yes	Yes	
J7316	Injection, ocipiasmin, 0.125 mg	Yes	Yes	Yes	
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	Yes	Yes	Yes	
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	Yes	Yes	Yes	
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	Yes	Yes	Yes	
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	Yes	Yes	Yes	
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Yes	Yes	Yes	
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Yes	Yes	Yes	
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Yes	Yes	Yes	
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	Yes	Yes	Yes	
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	Yes	Yes	Yes	
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg	Yes	Yes	Yes	
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Yes	Yes	Yes	
J7505	Muromonab-CD3, parenteral, 5 mg	Yes	Yes	Yes	

CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Yes	Yes	Yes	
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g	Yes	Yes	Yes	
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g	Yes	Yes	Yes	
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	Yes	Yes	Yes	
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	Yes	Yes	Yes	
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	Yes	Yes	Yes	
J7999	Compounded drug, not otherwise classified	Yes	Yes	Yes	
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	Yes	Yes	Yes	
J8520	Capecitabine, oral, 150 mg	Yes	Yes	Yes	
J8521	Capecitabine, oral, 500 mg	Yes	Yes	Yes	
J8530	Cyclophosphamide, oral, 25 mg	Yes	Yes	Yes	
J8560	Etoposide, oral, 50 mg	Yes	Yes	Yes	
J8565	Gefitinib, oral, 250 mg	Yes	Yes	Yes	
J8600	Melphalan, oral, 2 mg	Yes	Yes	Yes	
J8610	Methotrexate, oral, 2.5 mg	Yes	Yes	Yes	
J8700	Temozolomide, oral, 5 mg	Yes	Yes	Yes	
J8705	Topotecan, oral, 0.25 mg	Yes	Yes	Yes	
J8999	Prescription drug, oral, chemotherapeutic, NOS	Yes	Yes	Yes	
J9000	Injection, doxorubicin HCl, 10 mg	Yes	Yes	Yes	
J9015	Injection, aldesleukin, per single use vial	Yes	Yes	Yes	
J9017	Injection, arsenic trioxide, 1 mg	Yes	Yes	Yes	
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	Yes	Yes	Yes	
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Yes	Yes	Yes	
J9022	Injection, atezolizumab, 10 mg	Yes	Yes	Yes	
J9023	Injection, avelumab, 10 mg	Yes	Yes	Yes	
J9025	Injection, azacitidine, 1 mg	Yes	Yes	Yes	
J9027	Injection, clofarabine, 1 mg	Yes	Yes	Yes	
J9033	Injection, bendamustine HCl (Treanda), 1 mg	Yes	Yes	Yes	
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Yes	Yes	Yes	
J9040	Injection, bleomycin sulfate, 15 units	Yes	Yes	Yes	
J9041	Injection, bortezomib, 0.1 mg	Yes	Yes	Yes	
J9042	Injection, brentuximab vedotin, 1 mg	Yes	Yes	Yes	
J9043	Injection, cabazitaxel, 1 mg	Yes	Yes	Yes	
J9045	Injection, carboplatin, 50 mg	Yes	Yes	Yes	
J9047	Injection, carfilzomib, 1 mg	Yes	Yes	Yes	
J9050	Injection, carmustine, 100 mg	Yes	Yes	Yes	
J9055	Injection, cetuximab, 10 mg	Yes	Yes	Yes	
J9060	Injection, cisplatin, powder or solution, 10 mg	Yes	Yes	Yes	
J9065	Injection, cladribine, per 1 mg	Yes	Yes	Yes	
J9070	Cyclophosphamide, 100 mg	Yes	Yes	Yes	
J9098	Injection, cytarabine liposome, 10 mg	Yes	Yes	Yes	
J9100	Injection, cytarabine, 100 mg	Yes	Yes	Yes	
J9120	Injection, dactinomycin, 0.5 mg	Yes	Yes	Yes	
J9130	Dacarbazine, 100 mg	Yes	Yes	Yes	
J9145	Injection, daratumumab, 10 mg	Yes	Yes	Yes	
J9150	Injection, daunorubicin, 10 mg	Yes	Yes	Yes	
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Yes	Yes	Yes	
J9155	Injection, degarelix, 1 mg	Yes	Yes	Yes	
J9171	Injection, docetaxel, 1 mg	Yes	Yes	Yes	
J9176	Injection, elotuzumab, 1 mg	Yes	Yes	Yes	
J9178	Injection, epirubicin HCl, 2 mg	Yes	Yes	Yes	
J9179	Injection, eribulin mesylate, 0.1 mg	Yes	Yes	Yes	
J9181	Injection, etoposide, 10 mg	Yes	Yes	Yes	
J9185	Injection, fludarabine phosphate, 50 mg	Yes	Yes	Yes	
J9190	Injection, fluorouracil, 500 mg	Yes	Yes	Yes	
J9200	Injection, floxuridine, 500 mg	Yes	Yes	Yes	
J9201	Injection, gemcitabine HCl, not otherwise specified, 200 mg	Yes	Yes	Yes	
J9202	Goserelin acetate implant, per 3.6 mg	Yes	Yes	Yes	
J9205	Injection, irinotecan liposome, 1 mg	Yes	Yes	Yes	
J9206	Injection, irinotecan, 20 mg	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
J9208	Injection, ifosfamide, 1 g	Yes	Yes	Yes	
J9209	Injection, mesna, 200 mg	Yes	Yes	Yes	
J9211	Injection, idarubicin HCl, 5 mg	Yes	Yes	Yes	
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	Yes	Yes	Yes	
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Yes	Yes	Yes	
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Yes	Yes	Yes	
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	Yes	Yes	Yes	
J9216	Injection, interferon, gamma 1-b, 3 million units	Yes	Yes	Yes	
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Yes	Yes	Yes	
J9218	Leuprolide acetate, per 1 mg	Yes	Yes	Yes	
J9219	Leuprolide acetate implant, 65 mg	Yes	Yes	Yes	
J9225	Histrelin implant (Vantas), 50 mg	Yes	Yes	Yes	
J9226	Histrelin implant (Supprelin LA), 50 mg	Yes	Yes	Yes	
J9228	Injection, ipilimumab, 1 mg	Yes	Yes	Yes	
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	Yes	Yes	Yes	
J9245	Injection, melphalan HCl, 50 mg	Yes	Yes	Yes	
J9250	Methotrexate sodium, 5 mg	Yes	Yes	Yes	
J9260	Methotrexate sodium, 50 mg	Yes	Yes	Yes	
J9261	Injection, nelarabine, 50 mg	Yes	Yes	Yes	
J9263	Injection, oxaliplatin, 0.5 mg	Yes	Yes	Yes	
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Yes	Yes	Yes	
J9266	Injection, pegaspargase, per single dose vial	Yes	Yes	Yes	
J9267	Injection, paclitaxel, 1 mg	Yes	Yes	Yes	
J9268	Injection, pentostatin, 10 mg	Yes	Yes	Yes	
J9271	Injection, pembrolizumab, 1 mg	Yes	Yes	Yes	
J9280	Injection, mitomycin, 5 mg	Yes	Yes	Yes	
J9285	Injection, olaratumab, 10 mg	Yes	Yes	Yes	
J9293	Injection, mitoxantrone HCl, per 5 mg	Yes	Yes	Yes	
J9295	Injection, necitumumab, 1 mg	Yes	Yes	Yes	
J9299	Injection, nivolumab, 1 mg	Yes	Yes	Yes	
J9301	Injection, obinutuzumab, 10 mg	Yes	Yes	Yes	
J9302	Injection, ofatumumab, 10 mg	Yes	Yes	Yes	
J9303	Injection, panitumumab, 10 mg	Yes	Yes	Yes	
J9305	Injection, pemetrexed, 10 mg	Yes	Yes	Yes	
J9306	Injection, pertuzumab, 1 mg	Yes	Yes	Yes	
J9307	Injection, pralatrexate, 1 mg	Yes	Yes	Yes	
J9308	Injection, ramcirumab, 5 mg	Yes	Yes	Yes	
J9310	Injection, rituximab, 100 mg	Yes	Yes	Yes	
J9315	Injection, romidepsin, 1 mg	Yes	Yes	Yes	
J9320	Injection, streptozocin, 1 g	Yes	Yes	Yes	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Yes	Yes	Yes	
J9328	Injection, temozolomide, 1 mg	Yes	Yes	Yes	
J9330	Injection, temsirolimus, 1 mg	Yes	Yes	Yes	
J9351	Injection, topotecan, 0.1 mg	Yes	Yes	Yes	
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Yes	Yes	Yes	
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Yes	Yes	Yes	
J9357	Injection, valrubicin, intravesical, 200 mg	Yes	Yes	Yes	
J9360	Injection, vinblastine sulfate, 1 mg	Yes	Yes	Yes	
J9370	Vincristine sulfate, 1 mg	Yes	Yes	Yes	
J9371	Injection, vincristine sulfate liposome, 1 mg	Yes	Yes	Yes	
J9390	Injection, vinorelbine tartrate, 10 mg	Yes	Yes	Yes	
J9395	Injection, fulvestrant, 25 mg	Yes	Yes	Yes	
J9400	Injection, ziv-aflibercept, 1 mg	Yes	Yes	Yes	
J9999	Not otherwise classified, antineoplastic drugs	Yes	Yes	Yes	

## HCPCS CODES

A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	Yes	Yes	Yes	
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	Yes	Yes	Yes	
A0100	Nonemergency transportation; taxi	Yes	Yes	Yes	
A0110	Nonemergency transportation and bus, intra- or interstate carrier	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	Yes	Yes	Yes	
A0130	Nonemergency transportation: wheelchair van	Yes	Yes	Yes	
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	Yes	Yes	Yes	
A0160	Nonemergency transportation: per mile - caseworker or social worker	Yes	Yes	Yes	
A0170	Transportation ancillary: parking fees, tolls, other	Yes	Yes	Yes	
A0180	Nonemergency transportation: ancillary: lodging-recipient	Yes	Yes	Yes	
A0190	Nonemergency transportation: ancillary: meals, recipient	Yes	Yes	Yes	
A0200	Nonemergency transportation: ancillary: lodging, escort	Yes	Yes	Yes	
A0210	Nonemergency transportation: ancillary: meals, escort	Yes	Yes	Yes	
A0380	BLS mileage (per mile)	Yes	Yes	Yes	
A0382	BLS routine disposable supplies	Yes	Yes	Yes	
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	Yes	Yes	Yes	
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	Yes	Yes	Yes	
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	Yes	Yes	Yes	
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	Yes	Yes	Yes	
A0425	Ground mileage, per statute mile	Yes	Yes	Yes	
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	Yes	Yes	Yes	
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	Yes	Yes	Yes	
A4290	Sacral nerve stimulation test lead, each	Yes	Yes	Yes	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Yes	Yes	Yes	
A4575	Topical hyperbaric oxygen chamber, disposable	Yes	Yes	Yes	
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	Yes	Yes	Yes	
A4600	Sleeve for intermittent limb compression device, replacement only, each	Yes	Yes	Yes	
A4611	Battery, heavy-duty; replacement for patient-owned ventilator	Yes	Yes	Yes	
A4612	Battery cables; replacement for patient-owned ventilator	Yes	Yes	Yes	
A4613	Battery charger; replacement for patient-owned ventilator	Yes	Yes	Yes	
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	Yes	Yes	Yes	
A4649	Surgical supply; miscellaneous	Yes	Yes	Yes	
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	Yes	Yes	Yes	
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing	Yes	Yes	Yes	
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	Yes	Yes	Yes	
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	Yes	Yes	Yes	
A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing	Yes	Yes	Yes	
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	Yes	Yes	Yes	
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	Yes	Yes	Yes	
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	Yes	Yes	Yes	
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	Yes	Yes	Yes	
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	Yes	Yes	Yes	
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	Yes	Yes	Yes	
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	Yes	Yes	Yes	
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	Yes	Yes	Yes	
A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each	Yes	Yes	Yes	
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	Yes	Yes	Yes	
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	Yes	Yes	Yes	
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	Yes	Yes	Yes	
A6544	Gradient compression stocking, garter belt	Yes	Yes	Yes	
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each	Yes	Yes	Yes	
A6549	Gradient compression stocking/sleeve, not otherwise specified	Yes	Yes	Yes	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	Yes	Yes	Yes	
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	Yes	Yes	Yes	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Yes	Yes	Yes	
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Yes	Yes	Yes	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Yes	Yes	Yes	
A7030	Full face mask used with positive airway pressure device, each	Yes	Yes	Yes	
A7031	Face mask interface, replacement for full face mask, each	Yes	Yes	Yes	
A7032	Cushion for use on nasal mask interface, replacement only, each	Yes	Yes	Yes	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes	Yes	Yes	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Yes	Yes	Yes	
A7035	Headgear used with positive airway pressure device	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
A7036	Chinstrap used with positive airway pressure device	Yes	Yes	Yes	
A7037	Tubing used with positive airway pressure device	Yes	Yes	Yes	
A7038	Filter, disposable, used with positive airway pressure device	Yes	Yes	Yes	
A7039	Filter, nondisposable, used with positive airway pressure device	Yes	Yes	Yes	
A7044	Oral interface used with positive airway pressure device, each	Yes	Yes	Yes	
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Yes	Yes	Yes	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes	Yes	Yes	
A9270	Noncovered item or service	Yes	Yes	Yes	
A9300	Exercise equipment	Yes	Yes	Yes	
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Yes	Yes	Yes	
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	Yes	Yes	Yes	
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	Yes	Yes	
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	Yes	Yes	
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Yes	Yes	Yes	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Yes	Yes	Yes	
B4104	Additive for enteral formula (e.g., fiber)	Yes	Yes	Yes	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Yes	Yes	Yes	
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	Yes	
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	Yes	
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	Yes	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	Yes	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	Yes	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	Yes	
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Yes	Yes	Yes	
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	Yes	Yes	Yes	
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	Yes	Yes	Yes	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Yes	Yes	Yes	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Yes	Yes	Yes	
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	Yes	Yes	Yes	
B9002	Enteral nutrition infusion pump, any type	Yes	Yes	Yes	
B9004	Parenteral nutrition infusion pump, portable	Yes	Yes	Yes	
B9006	Parenteral nutrition infusion pump, stationary	Yes	Yes	Yes	
B9998	NOC for enteral supplies	Yes	Yes	Yes	
B9999	NOC for parenteral supplies	Yes	Yes	Yes	
C8900	Magnetic resonance angiography with contrast, abdomen	Yes	Yes	Yes	
C8901	Magnetic resonance angiography without contrast, abdomen	Yes	Yes	Yes	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Yes	Yes	Yes	
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Yes	Yes	Yes	
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Yes	Yes	Yes	
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Yes	Yes	Yes	
C8912	Magnetic resonance angiography with contrast, lower extremity	Yes	Yes	Yes	
C8913	Magnetic resonance angiography without contrast, lower extremity	Yes	Yes	Yes	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Yes	Yes	Yes	
C8918	Magnetic resonance angiography with contrast, pelvis	Yes	Yes	Yes	
C8919	Magnetic resonance angiography without contrast, pelvis	Yes	Yes	Yes	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Yes	Yes	Yes	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Yes	Yes	Yes	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Yes	Yes	Yes	
C8934	Magnetic resonance angiography with contrast, upper extremity	Yes	Yes	Yes	
C8935	Magnetic resonance angiography without contrast, upper extremity	Yes	Yes	Yes	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Yes	Yes	Yes	
E0193	Powered air flotation bed (low air loss therapy)	Yes	Yes	Yes	
E0194	Air fluidized bed	Yes	Yes	Yes	
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Yes	Yes	Yes	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	Yes	Yes	Yes	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Yes	Yes	Yes	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Yes	Yes	Yes	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Yes	Yes	Yes	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Yes	Yes	Yes	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	Yes	Yes	Yes	
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Yes	Yes	Yes	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	Yes	Yes	Yes	
E0271	Mattress, innerspring	Yes	Yes	Yes	
E0272	Mattress, foam rubber	Yes	Yes	Yes	
E0273	Bed board	Yes	Yes	Yes	
E0274	Over-bed table	Yes	Yes	Yes	
E0290	Hospital bed, fixed height, without side rails, with mattress	Yes	Yes	Yes	
E0291	Hospital bed, fixed height, without side rails, without mattress	Yes	Yes	Yes	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Yes	Yes	Yes	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Yes	Yes	Yes	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Yes	Yes	Yes	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Yes	Yes	Yes	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	Yes	Yes	Yes	
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	Yes	Yes	Yes	
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Yes	Yes	Yes	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Yes	Yes	Yes	
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Yes	Yes	Yes	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes	Yes	Yes	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	Yes	Yes	Yes	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Yes	Yes	Yes	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Yes	Yes	Yes	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	Yes	Yes	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	Yes	Yes	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Yes	Yes	Yes	
E0481	Intrapulmonary percussive ventilation system and related accessories	Yes	Yes	Yes	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Yes	Yes	Yes	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
E0561	Humidifier, nonheated, used with positive airway pressure device	Yes	Yes	Yes	
E0562	Humidifier, heated, used with positive airway pressure device	Yes	Yes	Yes	
E0601	Continuous positive airway pressure (CPAP) device	Yes	Yes	Yes	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Yes	Yes	Yes	
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Yes	Yes	Yes	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Yes	Yes	Yes	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Yes	Yes	Yes	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Yes	Yes	Yes	
E0650	Pneumatic compressor, nonsegmental home model	Yes	Yes	Yes	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes	Yes	Yes	

CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes	Yes	Yes	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Yes	Yes	Yes	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	Yes	Yes	Yes	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Yes	Yes	Yes	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	Yes	Yes	Yes	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	Yes	Yes	Yes	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	Yes	Yes	Yes	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	Yes	Yes	Yes	
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	Yes	Yes	Yes	
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	Yes	Yes	Yes	
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	Yes	Yes	Yes	
E0746	Electromyography (EMG), biofeedback device	Yes	Yes	Yes	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Yes	Yes	Yes	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Yes	Yes	Yes	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Yes	Yes	Yes	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Yes	Yes	Yes	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Yes	Yes	Yes	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Yes	Yes	Yes	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Yes	Yes	Yes	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Yes	Yes	Yes	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	Yes	Yes	Yes	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Yes	Yes	Yes	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Yes	Yes	Yes	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Yes	Yes	Yes	
E0791	Parenteral infusion pump, stationary, single, or multichannel	Yes	Yes	Yes	
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Yes	Yes	Yes	
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	Yes	Yes	
E0970	No. 2 footplates, except for elevating legrest	Yes	Yes	Yes	
E0986	Manual wheelchair accessory, push-rim activated power assist system	Yes	Yes	Yes	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes	Yes	Yes	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes	Yes	Yes	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes	Yes	Yes	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes	Yes	Yes	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Yes	Yes	Yes	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	Yes	Yes	Yes	
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes	Yes	Yes	
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	Yes	Yes	Yes	
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes	Yes	Yes	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	Yes	Yes	Yes	
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes	Yes	Yes	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Yes	Yes	Yes	
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes	Yes	Yes	
E1229	Wheelchair, pediatric size, not otherwise specified	Yes	Yes	Yes	
E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify brand name and model number	Yes	Yes	Yes	
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes	Yes	Yes	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	Yes	Yes	Yes	
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes	Yes	Yes	
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	Yes	Yes	Yes	
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes	Yes	Yes	
E1310	Whirlpool, nonportable (built-in type)	Yes	Yes	Yes	
E1399	Durable medical equipment, miscellaneous	Yes	Yes	Yes	
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Yes	Yes	Yes	
E1902	Communication board, nonelectronic augmentative or alternative communication device	Yes	Yes	Yes	
E2100	Blood glucose monitor with integrated voice synthesizer	Yes	Yes	Yes	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	Yes	Yes	Yes	
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Yes	Yes	Yes	
E2230	Manual wheelchair accessory, manual standing system	Yes	Yes	Yes	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Yes	Yes	Yes	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	Yes	Yes	Yes	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Yes	Yes	Yes	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Yes	Yes	Yes	
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Yes	Yes	Yes	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	Yes	Yes	Yes	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes	Yes	Yes	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes	Yes	Yes	
E2599	Accessory for speech generating device, not otherwise classified	Yes	Yes	Yes	
E2609	Custom fabricated wheelchair seat cushion, any size	Yes	Yes	Yes	
E2610	Wheelchair seat cushion, powered	Yes	Yes	Yes	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	Yes	Yes	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Yes	Yes	Yes	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Yes	Yes	Yes	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Yes	Yes	Yes	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Yes	Yes	Yes	
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Yes	Yes	Yes	
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	Yes	Yes	Yes	
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	Yes	Yes	Yes	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Yes	Yes	Yes	
G0378	Hospital Observation Service, per hour	Yes	Yes	Yes	
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed	Yes	Yes	Yes	no auth if done while inpatient, observation or ED
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed	Yes	Yes	Yes	no auth if done while inpatient, observation or ED
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed	Yes	Yes	Yes	no auth if done while inpatient, observation or ED
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed	Yes	Yes	Yes	no auth if done while in provider office, inpatient, observation or ED - limit 1 per month
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Yes	Yes	Yes	
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Yes	Yes	Yes	
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	Yes	Yes	Yes	
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Yes	Yes	Yes	
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Yes	Yes	Yes	
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Yes	Yes	Yes	
H0014	Alcohol and/or drug services; ambulatory detoxification	Yes	Yes	Yes	
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 intervention, and activity therapies or education	Yes	Yes	Yes	
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Yes	Yes	Yes	
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	Yes	Yes	Yes	
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	Yes	Yes	Yes	
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Yes	Yes	Yes	
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Yes	Yes	Yes	
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Yes	Yes	Yes	
H0022	Alcohol and/or drug intervention service (planned facilitation)	Yes	Yes	Yes	
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	Yes	Yes	Yes	
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	Yes	Yes	Yes	
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	Yes	Yes	Yes	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Yes	Yes	Yes	
H0045	Respite care services, not in the home, per diem	Yes	Yes	Yes	
H0046	Mental health services, not otherwise specified	Yes	Yes	Yes	
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Yes	Yes	Yes	
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Yes	Yes	Yes	
H0049	Alcohol and/or drug screening	Yes	Yes	Yes	
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Yes	Yes	Yes	
H2034	Alcohol and/or drug abuse halfway house services, per diem	Yes	Yes	Yes	
H2035	Alcohol and/or other drug treatment program, per hour	Yes	Yes	Yes	
H2036	Alcohol and/or other drug treatment program, per diem	Yes	Yes	Yes	
K0008	Custom manual wheelchair/base	Yes	Yes	Yes	
K0009	Other manual wheelchair/base	Yes	Yes	Yes	
K0010	Standard-weight frame motorized/power wheelchair	Yes	Yes	Yes	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes	Yes	Yes	
K0012	Lightweight portable motorized/power wheelchair	Yes	Yes	Yes	
K0013	Custom motorized/power wheelchair base	Yes	Yes	Yes	
K0014	Other motorized/power wheelchair base	Yes	Yes	Yes	
K0108	Wheelchair component or accessory, not otherwise specified	Yes	Yes	Yes	
K0462	Temporary replacement for patient-owned equipment being repaired, any type	Yes	Yes	Yes	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes	Yes	Yes	
K0607	Replacement battery for automated external defibrillator, garment type only, each	Yes	Yes	Yes	
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Yes	Yes	Yes	
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	Yes	Yes	
K0743	Suction pump, home model, portable, for use on wounds	Yes	Yes	Yes	
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less	Yes	Yes	Yes	
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in	Yes	Yes	Yes	
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in	Yes	Yes	Yes	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0812	Power operated vehicle, not otherwise classified	Yes	Yes	Yes	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Yes	Yes	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Yes	Yes	Yes	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Yes	Yes	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Yes	Yes	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	Yes	Yes	Yes	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Yes	Yes	Yes	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Yes	Yes	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Yes	Yes	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes	Yes	Yes	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Yes	Yes	Yes	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Yes	Yes	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes	Yes	Yes	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes	Yes	Yes	
K0898	Power wheelchair, not otherwise classified	Yes	Yes	Yes	
K0900	Customized durable medical equipment, other than wheelchair	Yes	Yes	Yes	
L0112	Cranial cervical orthotic, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes	Yes	Yes	
L0170	Cervical, collar, molded to patient model	Yes	Yes	Yes	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0452	Thoracic-lumbar-sacral orthotic (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Yes	Yes	Yes	
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0458	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0462	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0464	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, modular segmented spinal system, 4 rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0470	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0472	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with 2 anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0480	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L0482	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes	Yes	Yes	
L0484	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes	Yes	Yes	
L0486	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 2 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	Yes	Yes	Yes	
L0488	Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0490	Thoracic-lumbar-sacral orthotic (TLSO), sagittal-coronal control, 1 piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0491	Thoracic-lumbar-sacral orthotic (TLSO), sagittal-coronal control, modular segmented spinal system, 2 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0492	Thoracic-lumbar-sacral orthotic (TLSO), sagittal-coronal control, modular segmented spinal system, 3 rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0635	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L0636	Lumbar-sacral orthotic (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Yes	Yes	Yes	
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0638	Lumbar-sacral orthotic (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Yes	Yes	Yes	
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L0640	Lumbar-sacral orthotic (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Yes	Yes	Yes	

CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Yes	Yes	Yes	
L0700	Cervical-thoracic-lumbar-sacral orthotic (CTLISO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	Yes	Yes	Yes	
L0710	Cervical-thoracic-lumbar-sacral orthotic (CTLISO), anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	Yes	Yes	Yes	
L0810	Halo procedure, cervical halo incorporated into jacket vest	Yes	Yes	Yes	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Yes	Yes	Yes	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	Yes	Yes	Yes	
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Yes	Yes	Yes	
L0970	Thoracic-lumbar-sacral orthotic (TLSO), corset front	Yes	Yes	Yes	
L0972	Lumbar-sacral orthotic (LSO), corset front	Yes	Yes	Yes	
L0999	Addition to spinal orthotic, not otherwise specified	Yes	Yes	Yes	
L1000	Cervical-thoracic-lumbar-sacral orthotic (CTLISO) (Milwaukee), inclusive of furnishing initial orthotic, including model	Yes	Yes	Yes	
L1005	Tension based scoliosis orthotic and accessory pads, includes fitting and adjustment	Yes	Yes	Yes	
L1200	Thoracic-lumbar-sacral orthotic (TLSO), inclusive of furnishing initial orthotic only	Yes	Yes	Yes	
L1230	Addition to thoracic-lumbar-sacral orthotic (TLSO), (low profile), Milwaukee type superstructure	Yes	Yes	Yes	
L1300	Other scoliosis procedure, body jacket molded to patient model	Yes	Yes	Yes	
L1310	Other scoliosis procedure, postoperative body jacket	Yes	Yes	Yes	
L1499	Spinal orthotic, not otherwise specified	Yes	Yes	Yes	
L1680	Hip orthotic (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Yes	Yes	Yes	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	Yes	Yes	Yes	
L1686	Hip orthotic (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthotic providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L1700	Legg Perthes orthotic, (Toronto type), custom fabricated	Yes	Yes	Yes	
L1710	Legg Perthes orthotic, (Newington type), custom fabricated	Yes	Yes	Yes	
L1720	Legg Perthes orthotic, (Tachdijan type), custom fabricated	Yes	Yes	Yes	
L1730	Legg Perthes orthotic, (Scottish Rite type), custom fabricated	Yes	Yes	Yes	
L1755	Legg Perthes orthotic, (Patten bottom type), custom fabricated	Yes	Yes	Yes	
L1840	Knee orthotic (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Yes	Yes	Yes	
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Yes	Yes	Yes	
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Yes	Yes	Yes	
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Yes	Yes	Yes	
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Yes	Yes	Yes	
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Yes	Yes	Yes	
L1860	Knee orthotic (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	Yes	Yes	Yes	
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Yes	Yes	Yes	
L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated	Yes	Yes	Yes	
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated	Yes	Yes	Yes	
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated	Yes	Yes	Yes	
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	Yes	Yes	Yes	
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Yes	Yes	Yes	
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Yes	Yes	Yes	
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Yes	Yes	Yes	
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated	Yes	Yes	Yes	
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated	Yes	Yes	Yes	
L2132	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, soft, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L2134	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, semi-rigid, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L2136	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment	Yes	Yes	Yes	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	Yes	Yes	Yes	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	Yes	Yes	Yes	
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	Yes	Yes	Yes	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Yes	Yes	Yes	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Yes	Yes	Yes	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Yes	Yes	Yes	
L3470	Heel, Thomas extended to ball	Yes	Yes	Yes	
L3480	Heel, pad and depression for spur	Yes	Yes	Yes	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Yes	Yes	Yes	
L3671	Shoulder orthotic (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3674	Shoulder orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3730	Elbow orthotic (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Yes	Yes	Yes	
L3764	Elbow-wrist-hand orthotic (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3765	Elbow-wrist-hand-finger orthotic (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3766	Elbow-wrist-hand-finger orthotic (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3900	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Yes	Yes	Yes	
L3901	Wrist-hand-finger orthotic (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Yes	Yes	Yes	
L3904	Wrist-hand-finger orthotic (WHFO), external powered, electric, custom fabricated	Yes	Yes	Yes	
L3905	Wrist-hand orthotic (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3956	Addition of joint to upper extremity orthotic, any material; per joint	Yes	Yes	Yes	
L3961	Shoulder elbow wrist hand orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3967	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3973	Shoulder-elbow-wrist-hand orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3975	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3976	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L3977	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3978	Shoulder-elbow-wrist-hand-finger orthotic (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Yes	Yes	Yes	
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	Yes	Yes	Yes	
L4000	Replace girdle for spinal orthotic (cervical-thoracic-lumbar-sacral orthotic (CTLSO) or spinal orthotic SO)	Yes	Yes	Yes	
L4020	Replace quadrilateral socket brim, molded to patient model	Yes	Yes	Yes	
L4205	Repair of orthotic device, labor component, per 15 minutes	Yes	Yes	Yes	
L4210	Repair of orthotic device, repair or replace minor parts	Yes	Yes	Yes	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Yes	Yes	Yes	
L5010	Partial foot, molded socket, ankle height, with toe filler	Yes	Yes	Yes	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Yes	Yes	Yes	
L5050	Ankle, Symes, molded socket, SACH foot	Yes	Yes	Yes	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Yes	Yes	Yes	
L5100	Below knee, molded socket, shin, SACH foot	Yes	Yes	Yes	
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	Yes	Yes	Yes	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Yes	Yes	Yes	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	Yes	Yes	Yes	
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Yes	Yes	Yes	
L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	Yes	Yes	Yes	
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	Yes	Yes	Yes	
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Yes	Yes	Yes	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Yes	Yes	Yes	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	Yes	Yes	Yes	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Yes	Yes	Yes	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	Yes	Yes	Yes	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	Yes	Yes	Yes	
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Yes	Yes	Yes	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Yes	Yes	Yes	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Yes	Yes	Yes	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Yes	Yes	Yes	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	Yes	Yes	Yes	
L5500	Initial, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Yes	Yes	Yes	
L5505	Initial, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Yes	Yes	Yes	
L5510	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Yes	Yes	Yes	
L5520	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Yes	Yes	Yes	
L5530	Preparatory, below knee PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Yes	Yes	Yes	
L5535	Preparatory, below knee PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Yes	Yes	Yes	
L5540	Preparatory, below knee PTB type socket, nonalignable	Yes	Yes	Yes	
L5560	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Yes	Yes	Yes	
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Yes	Yes	Yes	
L5580	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Yes	Yes	Yes	
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Yes	Yes	Yes	
L5590	Preparatory, above knee, knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Yes	Yes	Yes	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Yes	Yes	Yes	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	Yes	Yes	Yes	
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracade system	Yes	Yes	Yes	
L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with friction swing phase control	Yes	Yes	Yes	
L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4-bar linkage, with hydraulic swing phase control	Yes	Yes	Yes	
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Yes	Yes	Yes	
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Yes	Yes	Yes	
L5639	Addition to lower extremity, below knee, wood socket	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L5640	Addition to lower extremity, knee disarticulation, leather socket	Yes	Yes	Yes	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Yes	Yes	Yes	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Yes	Yes	Yes	
L5647	Addition to lower extremity, below knee, suction socket	Yes	Yes	Yes	
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	Yes	Yes	Yes	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	Yes	Yes	Yes	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Yes	Yes	Yes	
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Yes	Yes	Yes	
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Yes	Yes	Yes	
L5700	Replacement, socket, below knee, molded to patient model	Yes	Yes	Yes	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Yes	Yes	Yes	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Yes	Yes	Yes	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Yes	Yes	Yes	
L5705	Custom shaped protective cover, above knee	Yes	Yes	Yes	
L5706	Custom shaped protective cover, knee disarticulation	Yes	Yes	Yes	
L5707	Custom shaped protective cover, hip disarticulation	Yes	Yes	Yes	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	Yes	Yes	Yes	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Yes	Yes	Yes	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	Yes	Yes	Yes	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	Yes	Yes	Yes	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	Yes	Yes	Yes	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Yes	Yes	Yes	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Yes	Yes	Yes	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	Yes	Yes	Yes	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Yes	Yes	Yes	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Yes	Yes	Yes	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	Yes	Yes	Yes	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	Yes	Yes	Yes	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Yes	Yes	Yes	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	Yes	Yes	Yes	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Yes	Yes	Yes	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Yes	Yes	Yes	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	Yes	Yes	Yes	
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Yes	Yes	Yes	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	Yes	Yes	Yes	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Yes	Yes	Yes	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Yes	Yes	Yes	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Yes	Yes	Yes	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Yes	Yes	Yes	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Yes	Yes	Yes	
L5930	Addition, endoskeletal system, high activity knee control frame	Yes	Yes	Yes	
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Yes	Yes	Yes	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Yes	Yes	Yes	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Yes	Yes	Yes	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Yes	Yes	Yes	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Yes	Yes	Yes	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Yes	Yes	Yes	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Yes	Yes	Yes	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one piece system	Yes	Yes	Yes	
L5980	All lower extremity prostheses, flex-foot system	Yes	Yes	Yes	
L5981	All lower extremity prostheses, flex-walk system or equal	Yes	Yes	Yes	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	Yes	Yes	Yes	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Yes	Yes	Yes	
L5999	Lower extremity prosthesis, not otherwise specified	Yes	Yes	Yes	
L6000	Partial hand, thumb remaining	Yes	Yes	Yes	
L6010	Partial hand, little and/or ring finger remaining	Yes	Yes	Yes	
L6020	Partial hand, no finger remaining	Yes	Yes	Yes	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Yes	Yes	Yes	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Yes	Yes	Yes	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Yes	Yes	Yes	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Yes	Yes	Yes	
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	Yes	Yes	Yes	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Yes	Yes	Yes	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Yes	Yes	Yes	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Yes	Yes	Yes	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Yes	Yes	Yes	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Yes	Yes	Yes	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Yes	Yes	Yes	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Yes	Yes	Yes	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Yes	Yes	Yes	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Yes	Yes	Yes	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Yes	Yes	Yes	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Yes	Yes	Yes	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Yes	Yes	Yes	
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Yes	Yes	Yes	
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Yes	Yes	Yes	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Yes	Yes	Yes	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Yes	Yes	Yes	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Yes	Yes	Yes	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Yes	Yes	Yes	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Yes	Yes	Yes	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Yes	Yes	Yes	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Yes	Yes	Yes	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Yes	Yes	Yes	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Yes	Yes	Yes	
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	Yes	Yes	Yes	
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	Yes	Yes	Yes	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Yes	Yes	Yes	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	Yes	Yes	Yes	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Yes	Yes	Yes	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Yes	Yes	Yes	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Yes	Yes	Yes	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Yes	Yes	Yes	
L6686	Upper extremity addition, suction socket	Yes	Yes	Yes	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Yes	Yes	Yes	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Yes	Yes	Yes	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Yes	Yes	Yes	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	Yes	Yes	Yes	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Yes	Yes	Yes	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Yes	Yes	Yes	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Yes	Yes	Yes	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Yes	Yes	Yes	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Yes	Yes	Yes	
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	Yes	Yes	Yes	
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	Yes	Yes	Yes	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Yes	Yes	Yes	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Yes	Yes	Yes	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes	Yes	Yes	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Yes	Yes	Yes	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Yes	Yes	Yes	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Yes	Yes	Yes	
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Yes	Yes	Yes	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Yes	Yes	Yes	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Yes	Yes	Yes	
L6915	Hand restoration (shading and measurements included), replacement glove for above	Yes	Yes	Yes	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device	Yes	Yes	Yes	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Yes	Yes	Yes	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Yes	Yes	Yes	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Yes	Yes	Yes	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Yes	Yes	Yes	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Yes	Yes	Yes	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Yes	Yes	Yes	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Yes	Yes	Yes	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Yes	Yes	Yes	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Yes	Yes	Yes	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	Yes	Yes	Yes	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Yes	Yes	Yes	
L7007	Electric hand, switch or myoelectric controlled, adult	Yes	Yes	Yes	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Yes	Yes	Yes	
L7009	Electric hook, switch or myoelectric controlled, adult	Yes	Yes	Yes	
L7040	Prehensile actuator, switch controlled	Yes	Yes	Yes	
L7045	Electric hook, switch or myoelectric controlled, pediatric	Yes	Yes	Yes	
L7170	Electronic elbow, Hosmer or equal, switch controlled	Yes	Yes	Yes	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Yes	Yes	Yes	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Yes	Yes	Yes	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Yes	Yes	Yes	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	Yes	Yes	Yes	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Yes	Yes	Yes	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Yes	Yes	Yes	
L7259	Electronic wrist rotator, any type	Yes	Yes	Yes	
L7499	Upper extremity prosthesis, not otherwise specified	Yes	Yes	Yes	
L7510	Repair of prosthetic device, repair or replace minor parts	Yes	Yes	Yes	
L7520	Repair prosthetic device, labor component, per 15 minutes	Yes	Yes	Yes	
L7900	Male vacuum erection system	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	Yes	Yes	Yes	
L8010	Breast prosthesis, mastectomy sleeve	Yes	Yes	Yes	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	Yes	Yes	Yes	
L8039	Breast prosthesis, not otherwise specified	Yes	Yes	Yes	
L8040	Nasal prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8041	Midfacial prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8042	Orbital prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8043	Upper facial prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8044	Hemi-facial prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8045	Auricular prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8046	Partial facial prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8047	Nasal septal prosthesis, provided by a nonphysician	Yes	Yes	Yes	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	Yes	Yes	Yes	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	Yes	Yes	Yes	
L8499	Unlisted procedure for miscellaneous prosthetic services	Yes	Yes	Yes	
L8500	Artificial larynx, any type	Yes	Yes	Yes	
L8600	Implantable breast prosthesis, silicone or equal	Yes	Yes	Yes	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	Yes	Yes	Yes	
L8609	Artificial cornea	Yes	Yes	Yes	
L8610	Ocular implant	Yes	Yes	Yes	
L8614	Cochlear device, includes all internal and external components	Yes	Yes	Yes	
L8615	Headset/headpiece for use with cochlear implant device, replacement	Yes	Yes	Yes	
L8617	Transmitting coil for use with cochlear implant device, replacement	Yes	Yes	Yes	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Yes	Yes	Yes	
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Yes	Yes	Yes	
L8627	Cochlear implant, external speech processor, component, replacement	Yes	Yes	Yes	
L8628	Cochlear implant, external controller component, replacement	Yes	Yes	Yes	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Yes	Yes	Yes	
L8631	Metacarpal phalangeal joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Yes	Yes	Yes	
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Yes	Yes	Yes	
L8679	Implantable neurostimulator, pulse generator, any type	Yes	Yes	Yes	
L8680	Implantable neurostimulator electrode, each	Yes	Yes	Yes	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Yes	Yes	Yes	
L8682	Implantable neurostimulator radiofrequency receiver	Yes	Yes	Yes	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Yes	Yes	Yes	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Yes	Yes	Yes	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Yes	Yes	Yes	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Yes	Yes	Yes	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Yes	Yes	Yes	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Yes	Yes	Yes	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Yes	Yes	Yes	
L8690	Auditory osseointegrated device, includes all internal and external components	Yes	Yes	Yes	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Yes	Yes	Yes	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Yes	Yes	Yes	
L8693	Auditory osseointegrated device abutment, any length, replacement only	Yes	Yes	Yes	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Yes	Yes	Yes	
L8699	Prosthetic implant, not otherwise specified	Yes	Yes	Yes	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Yes	Yes	Yes	
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	Yes	Yes	Yes	
Q0084	Chemotherapy administration by infusion technique only, per visit	Yes	Yes	Yes	
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	Yes	Yes	Yes	
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Yes	Yes	Yes	
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Yes	Yes	Yes	
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	Yes	Yes	Yes	
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Yes	Yes	Yes	
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Yes	Yes	Yes	
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Yes	Yes	Yes	
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	Yes	Yes	Yes	
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0488	Power pack base for use with electric ventricular assist device, replacement only	Yes	Yes	Yes	
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	Yes	Yes	Yes	
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	Yes	Yes	Yes	
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	Yes	Yes	Yes	
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	Yes	Yes	Yes	
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	Yes	Yes	Yes	
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Yes	Yes	Yes	
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Yes	Yes	Yes	
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Yes	Yes	Yes	
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	Yes	Yes	Yes	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Yes	Yes	Yes	
Q2017	Injection, teniposide, 50 mg	Yes	Yes	Yes	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion	Yes	Yes	Yes	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	Yes	
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Yes	Yes	Yes	
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Yes	Yes	Yes	
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Yes	Yes	Yes	
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration	Yes	Yes	Yes	
Q3001	Radioelements for brachytherapy, any type, each	Yes	Yes	Yes	
Q4101	Apligraf, per sq cm	Yes	Yes	Yes	
Q4102	Oasis wound matrix, per sq cm	Yes	Yes	Yes	
Q4103	Oasis burn matrix, per sq cm	Yes	Yes	Yes	
Q4104	Integra bilayer matrix wound dressing (BMWd), per sq cm	Yes	Yes	Yes	
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Yes	Yes	Yes	
Q4106	Dermagraft, per sq cm	Yes	Yes	Yes	
Q4107	GRAFTJACKET, per sq cm	Yes	Yes	Yes	
Q4108	Integra matrix, per sq cm	Yes	Yes	Yes	
Q4110	PriMatrix, per sq cm	Yes	Yes	Yes	
Q4111	GammaGraft, per sq cm	Yes	Yes	Yes	
Q4112	Cymetra, injectable, 1 cc	Yes	Yes	Yes	
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Yes	Yes	Yes	
Q4114	Integra flowable wound matrix, injectable, 1 cc	Yes	Yes	Yes	
Q4115	AlloSkin, per sq cm	Yes	Yes	Yes	
Q4116	AlloDerm, per sq cm	Yes	Yes	Yes	
Q4117	HYALOMATRIX, per sq cm	Yes	Yes	Yes	
Q4118	MatriStem micromatrix, 1 mg	Yes	Yes	Yes	
Q4121	TheraSkin, per sq cm	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
Q4122	Dermacell, dermacell awm or dermacell awm porus, per square cm	Yes	Yes	Yes	
Q4123	AlloSkin RT, per sq cm	Yes	Yes	Yes	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Yes	Yes	Yes	
Q4125	ArthroFlex, per sq cm	Yes	Yes	Yes	
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Yes	Yes	Yes	
Q4127	Talymed, per sq cm	Yes	Yes	Yes	
Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	Yes	Yes	Yes	
Q4130	Strattice TM, per sq cm	Yes	Yes	Yes	
Q4132	Grafix Core and GrafixPL Core, per sq cm	Yes	Yes	Yes	
Q4133	Grafix Prime and GrafixPL Prime, per sq cm	Yes	Yes	Yes	
Q4134	HMatrix, per sq cm	Yes	Yes	Yes	
Q4135	Mediskin, per sq cm	Yes	Yes	Yes	
Q4136	E-Z Derm, per sq cm	Yes	Yes	Yes	
Q4137	AmnioExcel or BioDExCel, per sq cm	Yes	Yes	Yes	
Q4138	BioDFence DryFlex, per sq cm	Yes	Yes	Yes	
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Yes	Yes	Yes	
Q4140	BioDFence, per sq cm	Yes	Yes	Yes	
Q4141	AlloSkin AC, per sq cm	Yes	Yes	Yes	
Q4142	XCM biologic tissue matrix, per sq cm	Yes	Yes	Yes	
Q4143	Repriza, per sq cm	Yes	Yes	Yes	
Q4145	EpiFix, injectable, 1 mg	Yes	Yes	Yes	
Q4146	Tensix, per sq cm	Yes	Yes	Yes	
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Yes	Yes	Yes	
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Yes	Yes	Yes	
Q4149	Excellagen, 0.1 cc	Yes	Yes	Yes	
Q4150	AlloWrap DS or dry, per sq cm	Yes	Yes	Yes	
Q4151	AmnioBand or Guardian, per sq cm	Yes	Yes	Yes	
Q4152	DermaPure, per sq cm	Yes	Yes	Yes	
Q4153	Dermavest and Plurivest, per sq cm	Yes	Yes	Yes	
Q4154	Biovance, per sq cm	Yes	Yes	Yes	
Q4155	Neox Flo or Clarix Flo 1 mg	Yes	Yes	Yes	
Q4156	Neox 100 or Clarix 100, per sq cm	Yes	Yes	Yes	
Q4157	Revitalon, per sq cm	Yes	Yes	Yes	
Q4158	Kerecis Omega3, per sq cm	Yes	Yes	Yes	
Q4159	Affinity, per sq cm	Yes	Yes	Yes	
Q4160	Nushield, per sq cm	Yes	Yes	Yes	
Q4161	Bio-ConneKt wound matrix, per sq cm	Yes	Yes	Yes	
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Yes	Yes	Yes	
Q4163	WoundEx, BioSkin, per sq cm	Yes	Yes	Yes	
Q4164	Helicoll, per sq cm	Yes	Yes	Yes	
Q4165	Keramatrix or kerasorb, per sq cm	Yes	Yes	Yes	
Q4166	Cytal, per sq cm	Yes	Yes	Yes	
Q4167	Truskin, per sq cm	Yes	Yes	Yes	
Q4168	AmnioBand, 1 mg	Yes	Yes	Yes	
Q4169	Artacent wound, per sq cm	Yes	Yes	Yes	
Q4170	Cygnus, per sq cm	Yes	Yes	Yes	
Q4171	Interfyl, 1 mg	Yes	Yes	Yes	
Q4173	PalinGen or PalinGen XPlus, per sq cm	Yes	Yes	Yes	
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Yes	Yes	Yes	
Q4175	Miroderm, per sq cm	Yes	Yes	Yes	
Q4176	NeoPatch, per sq cm	Yes	Yes	Yes	
Q4177	FlowerAmnioFlo, 0.1 cc	Yes	Yes	Yes	
Q4178	FlowerAmnioPatch, per sq cm	Yes	Yes	Yes	
Q4179	FlowerDerm, per sq cm	Yes	Yes	Yes	
Q4180	Revita, per sq cm	Yes	Yes	Yes	
Q4181	Amnio Wound, per sq cm	Yes	Yes	Yes	
Q4182	Transcyte, per sq cm	Yes	Yes	Yes	
Q4186	EpiFix, per square centimeter	Yes	Yes	Yes	
Q4187	Epicord, per square centimeter	Yes	Yes	Yes	
Q4195	PuraPly, per square centimeter	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
Q4196	PuraPly AM, per square centimeter	Yes	Yes	Yes	
Q4197	PuraPly XT, per square centimeter	Yes	Yes	Yes	
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	Yes	Yes	Yes	
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Yes	Yes	Yes	
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	Yes	Yes	Yes	
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Yes	Yes	Yes	
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Yes	Yes	Yes	
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	Yes	Yes	Yes	
Q9954	Oral magnetic resonance contrast agent, per 100 ml	Yes	Yes	Yes	
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Yes	Yes	Yes	
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	Yes	Yes	Yes	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Yes	Yes	Yes	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Yes	Yes	Yes	
S3841	Genetic testing for retinoblastoma	Yes	Yes	Yes	
S3842	Genetic testing for Von Hippel-Lindau disease	Yes	Yes	Yes	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Yes	Yes	Yes	
S3845	Genetic testing for alpha-thalassemia	Yes	Yes	Yes	
S3846	Genetic testing for hemoglobin E beta-thalassemia	Yes	Yes	Yes	
S3849	Genetic testing for Niemann-Pick disease	Yes	Yes	Yes	
S3850	Genetic testing for sickle cell anemia	Yes	Yes	Yes	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Yes	Yes	Yes	
S3853	Genetic testing for myotonic muscular dystrophy	Yes	Yes	Yes	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Yes	Yes	Yes	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	Yes	Yes	Yes	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Yes	Yes	Yes	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Yes	Yes	Yes	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Yes	Yes	Yes	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Yes	Yes	Yes	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Yes	Yes	Yes	
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Yes	Yes	Yes	
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Yes	Yes	Yes	
S5518	Home infusion therapy, all supplies necessary for catheter repair	Yes	Yes	Yes	
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Yes	Yes	Yes	
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes	Yes	Yes	
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	Yes	Yes	Yes	
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Yes	Yes	Yes	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	Yes	Yes	Yes	
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Yes	Yes	Yes	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9363	Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	Yes	Yes	Yes	
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	Yes	Yes	Yes	
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	Yes	Yes	Yes	
S9480	Intensive outpatient psychiatric services, per diem.	Yes	Yes	Yes	
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	Yes	Yes	Yes	
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Yes	Yes	Yes	
V2623	Prosthetic eye, plastic, custom	Yes	Yes	Yes	
V2627	Scleral cover shell	Yes	Yes	Yes	
V2629	Prosthetic eye, other type	Yes	Yes	Yes	
V5010	Assessment for hearing aid	Yes	Yes	Yes	
V5011	Fitting/orientation/checking of hearing aid	Yes	Yes	Yes	
V5014	Repair/modification of a hearing aid	Yes	Yes	Yes	
V5020	Conformity evaluation	Yes	Yes	Yes	
V5030	Hearing aid, monaural, body worn, air conduction	Yes	Yes	Yes	
V5040	Hearing aid, monaural, body worn, bone conduction	Yes	Yes	Yes	
V5050	Hearing aid, monaural, in the ear	Yes	Yes	Yes	
V5060	Hearing aid, monaural, behind the ear	Yes	Yes	Yes	
V5090	Dispensing fee, unspecified hearing aid	Yes	Yes	Yes	
V5095	Semi-implantable middle ear hearing prosthesis	Yes	Yes	Yes	
V5100	Hearing aid, bilateral, body worn	Yes	Yes	Yes	
V5110	Dispensing fee, bilateral	Yes	Yes	Yes	
V5120	Binaural, body	Yes	Yes	Yes	
V5130	Binaural, in the ear	Yes	Yes	Yes	
V5140	Binaural, behind the ear	Yes	Yes	Yes	
V5150	Binaural, glasses	Yes	Yes	Yes	
V5160	Dispensing fee, binaural	Yes	Yes	Yes	
V5171	Hearing aid, contralateral routing system, monaural, in the ear (ITE)	Yes	Yes	Yes	
V5172	Hearing aid, contralateral routing system, monaural, in the canal (ITC)	Yes	Yes	Yes	
V5181	Hearing aid, contralateral routing system, monaural, behind the ear (BTE)	Yes	Yes	Yes	
V5190	Hearing aid, CROS, glasses	Yes	Yes	Yes	
V5200	Dispensing fee, CROS	Yes	Yes	Yes	
V5211	Hearing aid, contralateral routing, binaural, ITE/ITE	Yes	Yes	Yes	
V5212	Hearing aid, contralateral routing, binaural, ITE/ITC	Yes	Yes	Yes	
V5213	Hearing aid, contralateral routing, binaural, ITE/BTE	Yes	Yes	Yes	
V5214	Hearing aid, contralateral routing, binaural, ITC/ITC	Yes	Yes	Yes	
V5215	Hearing aid, contralateral routing, binaural, ITC/BTE	Yes	Yes	Yes	
V5221	Hearing aid, contralateral routing, binaural, BTE/BTE	Yes	Yes	Yes	
V5230	Hearing aid, BICROS, glasses	Yes	Yes	Yes	
V5240	Dispensing fee, BICROS	Yes	Yes	Yes	
V5241	Dispensing fee, monaural hearing aid, any type	Yes	Yes	Yes	
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	Yes	Yes	Yes	
V5243	Hearing aid, analog, monaural, ITC (in the canal)	Yes	Yes	Yes	
V5244	Hearing aid, digitally programmable analog, monaural, CIC	Yes	Yes	Yes	
V5245	Hearing aid, digitally programmable analog, monaural, ITC	Yes	Yes	Yes	
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	Yes	Yes	Yes	
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	Yes	Yes	Yes	
V5248	Hearing aid, analog, binaural, CIC	Yes	Yes	Yes	
V5249	Hearing aid, analog, binaural, ITC	Yes	Yes	Yes	
V5250	Hearing aid, digitally programmable analog, binaural, CIC	Yes	Yes	Yes	
V5251	Hearing aid, digitally programmable analog, binaural, ITC	Yes	Yes	Yes	
V5252	Hearing aid, digitally programmable, binaural, ITE	Yes	Yes	Yes	
V5253	Hearing aid, digitally programmable, binaural, BTE	Yes	Yes	Yes	
V5254	Hearing aid, digital, monaural, CIC	Yes	Yes	Yes	
V5255	Hearing aid, digital, monaural, ITC	Yes	Yes	Yes	
V5256	Hearing aid, digital, monaural, ITE	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
V5257	Hearing aid, digital, monaural, BTE	Yes	Yes	Yes	
V5258	Hearing aid, digital, binaural, CIC	Yes	Yes	Yes	
V5259	Hearing aid, digital, binaural, ITC	Yes	Yes	Yes	
V5260	Hearing aid, digital, binaural, ITE	Yes	Yes	Yes	
V5261	Hearing aid, digital, binaural, BTE	Yes	Yes	Yes	
V5262	Hearing aid, disposable, any type, monaural	Yes	Yes	Yes	
V5263	Hearing aid, disposable, any type, binaural	Yes	Yes	Yes	
V5264	Ear mold/insert, not disposable, any type	Yes	Yes	Yes	
V5265	Ear mold/insert, disposable, any type	Yes	Yes	Yes	
V5266	Battery for use in hearing device	Yes	Yes	Yes	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	Yes	Yes	Yes	
V5268	Assistive listening device, telephone amplifier, any type	Yes	Yes	Yes	
V5269	Assistive listening device, alerting, any type	Yes	Yes	Yes	
V5270	Assistive listening device, television amplifier, any type	Yes	Yes	Yes	
V5271	Assistive listening device, television caption decoder	Yes	Yes	Yes	
V5272	Assistive listening device, TDD	Yes	Yes	Yes	
V5273	Assistive listening device, for use with cochlear implant	Yes	Yes	Yes	
V5274	Assistive listening device, not otherwise specified	Yes	Yes	Yes	
V5275	Ear impression, each	Yes	Yes	Yes	
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	Yes	Yes	Yes	
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	Yes	Yes	Yes	
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	Yes	Yes	Yes	
V5284	Assistive listening device, personal FM/DM, ear level receiver	Yes	Yes	Yes	
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	Yes	Yes	Yes	
V5286	Assistive listening device, personal blue tooth FM/DM receiver	Yes	Yes	Yes	
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	Yes	Yes	Yes	
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	Yes	Yes	Yes	
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	Yes	Yes	Yes	
V5290	Assistive listening device, transmitter microphone, any type	Yes	Yes	Yes	
V5298	Hearing aid, not otherwise classified	Yes	Yes	Yes	
V5299	Hearing service, miscellaneous	Yes	Yes	Yes	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Yes	Yes	Yes	

## CPT CODES

11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection)	Yes	Yes	Yes	
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	Yes	Yes	Yes	
11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof.	Yes	Yes	Yes	
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Yes	Yes	Yes	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Yes	Yes	Yes	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Yes	Yes	Yes	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Yes	Yes	Yes	
11970	Replacement of tissue expander with permanent prosthesis	Yes	Yes	Yes	
11970	Replacement of tissue expander with permanent implant	Yes	Yes	Yes	
11971	Removal of tissue expander without insertion of implant	Yes	Yes	Yes	
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Yes	Yes	Yes	
11981	Insertion, non-biodegradable drug delivery implant	Yes	Yes	Yes	
11982	Removal, non-biodegradable drug delivery implant	Yes	Yes	Yes	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	Yes	Yes	Yes	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	Yes	Yes	Yes	
15758	Free fascial flap with microvascular anastomosis	Yes	Yes	Yes	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Yes	Yes	Yes	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breast, scalp, arms and/or legs; 50 cc or less injectate	Yes	Yes	Yes	
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breast, scalp, arms and/or legs; each additional 50 cc injectate, or part thereof [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands and/or feet; 25 cc or less injectate	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Yes	Yes	Yes	
15781	Dermabrasion; segmental, face	Yes	Yes	Yes	
15782	Dermabrasion; regional, other than face	Yes	Yes	Yes	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Yes	Yes	Yes	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
15788	Chemical peel, facial; epidermal	Yes	Yes	Yes	
15789	Chemical peel, facial; dermal	Yes	Yes	Yes	
15792	Chemical peel, nonfacial; epidermal	Yes	Yes	Yes	
15793	Chemical peel, nonfacial; dermal	Yes	Yes	Yes	
15819	Cervicoplasty	Yes	Yes	Yes	
15820	Blepharoplasty, lower eyelid;	Yes	Yes	Yes	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Yes	Yes	Yes	
15822	Blepharoplasty, upper eyelid;	Yes	Yes	Yes	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Yes	Yes	Yes	
15824	Rhytidectomy; forehead	Yes	Yes	Yes	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Yes	Yes	Yes	
15826	Rhytidectomy; glabellar frown lines	Yes	Yes	Yes	
15828	Rhytidectomy; cheek, chin, and neck	Yes	Yes	Yes	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Yes	Yes	Yes	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Yes	Yes	Yes	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Yes	Yes	Yes	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Yes	Yes	Yes	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Yes	Yes	Yes	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Yes	Yes	Yes	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Yes	Yes	Yes	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Yes	Yes	Yes	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Yes	Yes	Yes	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Yes	Yes	Yes	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Yes	Yes	Yes	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Yes	Yes	Yes	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Yes	Yes	Yes	
15845	Graft for facial nerve paralysis; regional muscle transfer	Yes	Yes	Yes	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
15852	Dressing change (for other than burns) under anesthesia (other than local)	Yes	Yes	Yes	
15876	Suction assisted lipectomy; head and neck	Yes	Yes	Yes	
15877	Suction assisted lipectomy; trunk	Yes	Yes	Yes	
15878	Suction assisted lipectomy; upper extremity	Yes	Yes	Yes	
15879	Suction assisted lipectomy; lower extremity	Yes	Yes	Yes	
17380	Electrolysis epilation, each 30 minutes	Yes	Yes	Yes	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Yes	Yes	Yes	
19020	Mastotomy with exploration or drainage of abscess, deep	Yes	Yes	Yes	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Yes	Yes	Yes	
19300	Mastectomy for gynecomastia	Yes	Yes	Yes	
19316	Mastopexy	Yes	Yes	Yes	
19318	Breast reduction	Yes	Yes	Yes	
19325	Breast augmentation with implant	Yes	Yes	Yes	
19328	Removal of intact breast implant	Yes	Yes	Yes	
19330	Removal of ruptured breast implant, including implant contents (ef, saline, silicone gel)	Yes	Yes	Yes	
19340	Insertion of breast implant on the same day of mastectomy (ie, immediate)	Yes	Yes	Yes	
19342	Insertion or replacement of breast implant on separate day from mastectomy	Yes	Yes	Yes	
19350	Nipple/areola reconstruction	Yes	Yes	Yes	
19355	Correction of inverted nipples	Yes	Yes	Yes	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Yes	Yes	Yes	
19361	Breast reconstruction; with latissimus dorsi flap	Yes	Yes	Yes	
19364	Breast reconstruction with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Yes	Yes	Yes	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Yes	Yes	Yes	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Yes	Yes	Yes	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Yes	Yes	Yes	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Yes	Yes	Yes	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Yes	Yes	Yes	
19396	Preparation of mouldage for custom breast implant	Yes	Yes	Yes	
19499	Unlisted procedure, breast	Yes	Yes	Yes	
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	Yes	Yes	Yes	
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	Yes	Yes	Yes	
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
20701	Removal of drug-delivery device(s), deep (eg, subfascial) [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
20703	Removal of drug-delivery device(s), intramedullary [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
20705	Removal of drug-delivery device(s), intra-articular [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Yes	Yes	Yes	
20975	Electrical stimulation to aid bone healing; invasive (operative)	Yes	Yes	Yes	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Yes	Yes	Yes	
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	Yes	Yes	Yes	
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Yes	Yes	Yes	
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
20999	Unlisted procedure, musculoskeletal system, general	Yes	Yes	Yes	
21010	Arthrotomy, temporomandibular joint	Yes	Yes	Yes	
21050	Condylectomy, temporomandibular joint (separate procedure)	Yes	Yes	Yes	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Yes	Yes	Yes	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Yes	Yes	Yes	
21076	Impression and custom preparation; surgical obturator prosthesis	Yes	Yes	Yes	
21077	Impression and custom preparation; orbital prosthesis	Yes	Yes	Yes	
21079	Impression and custom preparation; interim obturator prosthesis	Yes	Yes	Yes	
21080	Impression and custom preparation; definitive obturator prosthesis	Yes	Yes	Yes	
21081	Impression and custom preparation; mandibular resection prosthesis	Yes	Yes	Yes	
21082	Impression and custom preparation; palatal augmentation prosthesis	Yes	Yes	Yes	
21083	Impression and custom preparation; palatal lift prosthesis	Yes	Yes	Yes	
21084	Impression and custom preparation; speech aid prosthesis	Yes	Yes	Yes	
21085	Impression and custom preparation; oral surgical splint	Yes	Yes	Yes	
21086	Impression and custom preparation; auricular prosthesis	Yes	Yes	Yes	
21087	Impression and custom preparation; nasal prosthesis	Yes	Yes	Yes	
21088	Impression and custom preparation; facial prosthesis	Yes	Yes	Yes	
21089	Unlisted maxillofacial prosthetic procedure	Yes	Yes	Yes	
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	Yes	Yes	Yes	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Yes	Yes	Yes	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Yes	Yes	Yes	
21121	Genioplasty; sliding osteotomy, single piece	Yes	Yes	Yes	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Yes	Yes	Yes	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Yes	Yes	Yes	
21125	Augmentation, mandibular body or angle; prosthetic material	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Yes	Yes	Yes	
21137	Reduction forehead; contouring only	Yes	Yes	Yes	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Yes	Yes	Yes	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Yes	Yes	Yes	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Yes	Yes	Yes	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Yes	Yes	Yes	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Yes	Yes	Yes	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Yes	Yes	Yes	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Yes	Yes	Yes	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Yes	Yes	Yes	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Yes	Yes	Yes	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Yes	Yes	Yes	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Yes	Yes	Yes	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Yes	Yes	Yes	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Yes	Yes	Yes	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Yes	Yes	Yes	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Yes	Yes	Yes	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Yes	Yes	Yes	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Yes	Yes	Yes	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Yes	Yes	Yes	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Yes	Yes	Yes	
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Yes	Yes	Yes	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Yes	Yes	Yes	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Yes	Yes	Yes	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Yes	Yes	Yes	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Yes	Yes	Yes	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Yes	Yes	Yes	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Yes	Yes	Yes	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Yes	Yes	Yes	
21198	Osteotomy, mandible, segmental;	Yes	Yes	Yes	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Yes	Yes	Yes	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Yes	Yes	Yes	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Yes	Yes	Yes	
21209	Osteoplasty, facial bones; reduction	Yes	Yes	Yes	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Yes	Yes	Yes	
21215	Graft, bone; mandible (includes obtaining graft)	Yes	Yes	Yes	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Yes	Yes	Yes	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Yes	Yes	Yes	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Yes	Yes	Yes	
21242	Arthroplasty, temporomandibular joint, with allograft	Yes	Yes	Yes	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Yes	Yes	Yes	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Yes	Yes	Yes	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Yes	Yes	Yes	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Yes	Yes	Yes	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Yes	Yes	Yes	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Yes	Yes	Yes	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Yes	Yes	Yes	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Yes	Yes	Yes	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia)	Yes	Yes	Yes	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Yes	Yes	Yes	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Yes	Yes	Yes	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Yes	Yes	Yes	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Yes	Yes	Yes	
21275	Secondary revision of orbitocraniofacial reconstruction	Yes	Yes	Yes	
21280	Medial canthopexy (separate procedure)	Yes	Yes	Yes	
21282	Lateral canthopexy	Yes	Yes	Yes	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	Yes	Yes	Yes	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	Yes	Yes	Yes	
21299	Unlisted craniofacial and maxillofacial procedure	Yes	Yes	Yes	
21499	Unlisted musculoskeletal procedure, head	Yes	Yes	Yes	
21899	Unlisted procedure, neck or thorax	Yes	Yes	Yes	
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Yes	Yes	Yes	
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Yes	Yes	Yes	
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Yes	Yes	Yes	
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Yes	Yes	Yes	
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Yes	Yes	Yes	
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Yes	Yes	Yes	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Yes	Yes	Yes	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	Yes	Yes	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	Yes	Yes	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	Yes	Yes	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Yes	Yes	Yes	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Yes	Yes	Yes	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	Yes	Yes	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Yes	Yes	Yes	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22505	Manipulation of spine requiring anesthesia, any region	Yes	Yes	Yes	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Yes	Yes	Yes	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Yes	Yes	Yes	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Yes	Yes	Yes	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Yes	Yes	Yes	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Yes	Yes	Yes	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	Yes	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	Yes	Yes	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Yes	Yes	Yes	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Yes	Yes	Yes	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Yes	Yes	Yes	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Yes	Yes	Yes	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	Yes	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	Yes	Yes	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, I-s interspace	Yes	Yes	Yes	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Yes	Yes	Yes	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	Yes	Yes	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Yes	Yes	Yes	
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Yes	Yes	Yes	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Yes	Yes	Yes	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Yes	Yes	Yes	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Yes	Yes	Yes	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Yes	Yes	Yes	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Yes	Yes	Yes	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Yes	Yes	Yes	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Yes	Yes	Yes	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Yes	Yes	Yes	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Yes	Yes	Yes	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Yes	Yes	Yes	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Yes	Yes	Yes	
22830	Exploration of spinal fusion	Yes	Yes	Yes	
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminae wiring at C, facet screw fixation) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminae wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminae wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminae wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22849	Reinsertion of spinal fixation device	Yes	Yes	Yes	
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Yes	Yes	Yes	
22852	Removal of posterior segmental instrumentation	Yes	Yes	Yes	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22855	Removal of anterior instrumentation	Yes	Yes	Yes	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Yes	Yes	Yes	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Yes	Yes	Yes	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Yes	Yes	Yes	
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	Yes	Yes	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Yes	Yes	Yes	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	Yes	Yes	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Yes	Yes	Yes	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Yes	Yes	Yes	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
22899	Unlisted procedure, spine	Yes	Yes	Yes	
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	Yes	Yes	Yes	
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	Yes	Yes	Yes	
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	Yes	Yes	Yes	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	Yes	Yes	Yes	
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	Yes	Yes	Yes	
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	Yes	Yes	Yes	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Yes	Yes	Yes	
24365	Arthroplasty, radial head;	Yes	Yes	Yes	
24366	Arthroplasty, radial head; with implant	Yes	Yes	Yes	
25210	Carpectomy; 1 bone	Yes	Yes	Yes	
25215	Carpectomy; all bones of proximal row	Yes	Yes	Yes	
25394	Osteoplasty, carpal bone, shortening	Yes	Yes	Yes	
27054	Arthrotomy with synovectomy, hip joint	Yes	Yes	Yes	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Yes	Yes	Yes	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Yes	Yes	Yes	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Yes	Yes	Yes	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Yes	Yes	Yes	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Yes	Yes	Yes	
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Yes	Yes	Yes	
27146	Osteotomy, iliac, acetabular or innominate bone;	Yes	Yes	Yes	
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Yes	Yes	Yes	
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Yes	Yes	Yes	
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	Yes	Yes	Yes	
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Yes	Yes	Yes	
27161	Osteotomy, femoral neck (separate procedure)	Yes	Yes	Yes	
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Yes	Yes	Yes	
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	Yes	Yes	Yes	
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	Yes	Yes	Yes	
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	Yes	Yes	Yes	
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	Yes	Yes	Yes	
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	Yes	Yes	Yes	
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	Yes	Yes	Yes	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Yes	Yes	Yes	
27282	Arthrodesis, symphysis pubis (including obtaining graft)	Yes	Yes	Yes	
27284	Arthrodesis, hip joint (including obtaining graft);	Yes	Yes	Yes	
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Yes	Yes	Yes	
27290	Interpelviabdominal amputation (hindquarter amputation)	Yes	Yes	Yes	
27295	Disarticulation of hip	Yes	Yes	Yes	
27299	Unlisted procedure, pelvis or hip joint	Yes	Yes	Yes	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	Yes	Yes	Yes	
27305	Fasciotomy, iliotibial (tenotomy), open	Yes	Yes	Yes	
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	Yes	Yes	Yes	
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	Yes	Yes	Yes	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Yes	Yes	Yes	
27325	Neurectomy, hamstring muscle	Yes	Yes	Yes	
27326	Neurectomy, popliteal (gastrocnemius)	Yes	Yes	Yes	
27412	Autologous chondrocyte implantation, knee	Yes	Yes	Yes	
27415	Osteochondral allograft, knee, open	Yes	Yes	Yes	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Yes	Yes	Yes	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Yes	Yes	Yes	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Yes	Yes	Yes	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Yes	Yes	Yes	
27424	Reconstruction of dislocating patella; with patellectomy	Yes	Yes	Yes	
27425	Lateral retinacular release, open	Yes	Yes	Yes	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Yes	Yes	Yes	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Yes	Yes	Yes	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Yes	Yes	Yes	
27430	Quadricepsplasty (eg, Bennett or Thompson type)	Yes	Yes	Yes	
27435	Capsulotomy, posterior capsular release, knee	Yes	Yes	Yes	
27437	Arthroplasty, patella; without prosthesis	Yes	Yes	Yes	
27438	Arthroplasty, patella; with prosthesis	Yes	Yes	Yes	
27440	Arthroplasty, knee, tibial plateau;	Yes	Yes	Yes	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Yes	Yes	Yes	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Yes	Yes	Yes	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Yes	Yes	Yes	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Yes	Yes	Yes	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	Yes	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Yes	Yes	Yes	
27448	Osteotomy, femur, shaft or supracondylar; without fixation	Yes	Yes	Yes	
27450	Osteotomy, femur, shaft or supracondylar; with fixation	Yes	Yes	Yes	
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	Yes	Yes	Yes	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	Yes	Yes	Yes	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	Yes	Yes	Yes	
27465	Osteoplasty, femur; shortening	Yes	Yes	Yes	
27466	Osteoplasty, femur; lengthening	Yes	Yes	Yes	
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	Yes	Yes	Yes	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	Yes	Yes	Yes	
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	Yes	Yes	Yes	
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	Yes	Yes	Yes	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	Yes	Yes	Yes	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	Yes	Yes	Yes	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	Yes	Yes	Yes	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	Yes	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Yes	Yes	Yes	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Yes	Yes	Yes	
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	Yes	Yes	Yes	
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	Yes	Yes	Yes	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
28899	Unlisted procedure, foot or toes	Yes	Yes	Yes	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	Yes	
29804	Arthroscopy, temporomandibular joint, surgical	Yes	Yes	Yes	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	Yes	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Yes	Yes	Yes	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Yes	Yes	Yes	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Yes	Yes	Yes	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Yes	Yes	Yes	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Yes	Yes	Yes	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body(ies))	Yes	Yes	Yes	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body(ies))	Yes	Yes	Yes	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Yes	Yes	Yes	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Yes	Yes	Yes	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Yes	Yes	Yes	
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	Yes	
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	Yes	Yes	Yes	
29835	Arthroscopy, elbow, surgical; synovectomy, partial	Yes	Yes	Yes	
29836	Arthroscopy, elbow, surgical; synovectomy, complete	Yes	Yes	Yes	
29837	Arthroscopy, elbow, surgical; debridement, limited	Yes	Yes	Yes	
29838	Arthroscopy, elbow, surgical; debridement, extensive	Yes	Yes	Yes	
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	Yes	
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	Yes	Yes	Yes	
29844	Arthroscopy, wrist, surgical; synovectomy, partial	Yes	Yes	Yes	
29845	Arthroscopy, wrist, surgical; synovectomy, complete	Yes	Yes	Yes	
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	Yes	Yes	Yes	
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	Yes	Yes	Yes	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	Yes	Yes	Yes	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	Yes	Yes	Yes	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	Yes	Yes	Yes	
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	Yes	Yes	Yes	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Yes	Yes	Yes	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Yes	Yes	Yes	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Yes	Yes	Yes	
29863	Arthroscopy, hip, surgical; with synovectomy	Yes	Yes	Yes	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))	Yes	Yes	Yes	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Yes	Yes	Yes	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Yes	Yes	Yes	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	Yes	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Yes	Yes	Yes	
29873	Arthroscopy, knee, surgical; with lateral release	Yes	Yes	Yes	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Yes	Yes	Yes	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Yes	Yes	Yes	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes	Yes	Yes	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Yes	Yes	Yes	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Yes	Yes	Yes	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Yes	Yes	Yes	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Yes	Yes	Yes	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Yes	Yes	Yes	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	Yes	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	Yes	
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	Yes	Yes	Yes	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Yes	Yes	Yes	
29893	Endoscopic plantar fasciotomy	Yes	Yes	Yes	
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	Yes	Yes	Yes	
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	Yes	Yes	Yes	
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	Yes	Yes	Yes	
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	Yes	Yes	Yes	
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	Yes	Yes	Yes	
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	Yes	Yes	Yes	
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	Yes	Yes	Yes	
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	Yes	Yes	Yes	
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	Yes	Yes	Yes	
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	Yes	Yes	Yes	
29906	Arthroscopy, subtalar joint, surgical; with debridement	Yes	Yes	Yes	
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	Yes	Yes	Yes	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes	Yes	Yes	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes	Yes	Yes	
29916	Arthroscopy, hip, surgical; with labral repair	Yes	Yes	Yes	
29999	Unlisted procedure, arthroscopy	Yes	Yes	Yes	
30115	Excision, nasal polyp(s), extensive	Yes	Yes	Yes	
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	Yes	Yes	Yes	
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	Yes	Yes	Yes	
30120	Excision or surgical planing of skin of nose for rhinophyma	Yes	Yes	Yes	
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	Yes	Yes	Yes	
30130	Excision inferior turbinate, partial or complete, any method	Yes	Yes	Yes	
30140	Submucous resection inferior turbinate, partial or complete, any method	Yes	Yes	Yes	
30150	Rhinectomy; partial	Yes	Yes	Yes	
30160	Rhinectomy; total	Yes	Yes	Yes	
30220	Insertion, nasal septal prosthesis (button)	Yes	Yes	Yes	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Yes	Yes	Yes	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Yes	Yes	Yes	
30420	Rhinoplasty, primary; including major septal repair	Yes	Yes	Yes	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Yes	Yes	Yes	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Yes	Yes	Yes	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Yes	Yes	Yes	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Yes	Yes	Yes	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Yes	Yes	Yes	
30545	Repair choanal atresia; transpalatine	Yes	Yes	Yes	
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	Yes	Yes	Yes	
30600	Repair fistula; oronasal	Yes	Yes	Yes	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Yes	Yes	Yes	
30630	Repair nasal septal perforations	Yes	Yes	Yes	
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	Yes	Yes	Yes	
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	Yes	Yes	Yes	
30999	Unlisted procedure, nose	Yes	Yes	Yes	
31020	Sinusotomy, maxillary (antrotomy); intranasal	Yes	Yes	Yes	
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	Yes	Yes	Yes	
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	Yes	Yes	Yes	
31040	Pterygomaxillary fossa surgery, any approach	Yes	Yes	Yes	
31050	Sinusotomy, sphenoid, with or without biopsy;	Yes	Yes	Yes	
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	Yes	Yes	Yes	
31070	Sinusotomy frontal; external, simple (trephine operation)	Yes	Yes	Yes	
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	Yes	Yes	Yes	
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	Yes	Yes	Yes	
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	Yes	Yes	Yes	
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	Yes	Yes	Yes	
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	Yes	Yes	Yes	
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	Yes	Yes	Yes	
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	Yes	Yes	Yes	
31200	Ethmoidectomy; intranasal, anterior	Yes	Yes	Yes	
31201	Ethmoidectomy; intranasal, total	Yes	Yes	Yes	
31205	Ethmoidectomy; extranasal, total	Yes	Yes	Yes	
31225	Maxillectomy; without orbital exenteration	Yes	Yes	Yes	
31230	Maxillectomy; with orbital exenteration (en bloc)	Yes	Yes	Yes	
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	Yes	Yes	Yes	
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	Yes	Yes	Yes	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Yes	Yes	Yes	
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Yes	Yes	Yes	
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Yes	Yes	Yes	
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	Yes	Yes	Yes	
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	Yes	Yes	Yes	
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	Yes	Yes	Yes	
31256	Nasal/sinus endoscopy, surgical; with maxillary antrostomy;	Yes	Yes	Yes	
31267	Nasal/sinus endoscopy, surgical; with maxillary antrostomy; with removal of tissue from maxillary sinus	Yes	Yes	Yes	
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	Yes	Yes	Yes	
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	Yes	Yes	Yes	
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	Yes	Yes	Yes	
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	Yes	Yes	Yes	
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	Yes	Yes	Yes	
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	Yes	Yes	Yes	
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	Yes	Yes	Yes	
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	Yes	Yes	Yes	
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Yes	Yes	Yes	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Yes	Yes	Yes	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Yes	Yes	Yes	
31299	Unlisted procedure, accessory sinuses	Yes	Yes	Yes	
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, corpectomy	Yes	Yes	Yes	
32491	Removal of lung, other than pneumonectomy; with resection-pliication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	Yes	Yes	Yes	
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Yes	Yes	Yes	
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Yes	Yes	Yes	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Yes	Yes	Yes	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	Yes	Yes	Yes	
33745	Transcatheter intracardiac shunt (TIS) created by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac abnormalities, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	Yes	Yes	Yes	
33746	Transcatheter intracardiac shunt (TIS) created by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac abnormalities, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location	Yes	Yes	Yes	
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral [List separately in addition to code for primary procedure]	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	Yes	Yes	Yes	
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	Yes	Yes	Yes	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Yes	Yes	Yes	
36261	Revision of implanted intra-arterial infusion pump	Yes	Yes	Yes	
36262	Removal of implanted intra-arterial infusion pump	Yes	Yes	Yes	
36299	Unlisted procedure, vascular injection	Yes	Yes	Yes	
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	Yes	Yes	Yes	
36470	Injection of sclerosing solution; single vein	Yes	Yes	Yes	
36471	Injection of sclerosing solution; multiple veins, same leg	Yes	Yes	Yes	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	Yes	Yes	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Yes	Yes	Yes	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Yes	Yes	Yes	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
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	Yes	Yes	Yes	
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)	Yes	Yes	Yes	
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	Yes	Yes	Yes	
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Yes	Yes	Yes	
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	Yes	Yes	Yes	
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	Yes	Yes	Yes	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Yes	Yes	Yes	
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Yes	Yes	Yes	
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Yes	Yes	Yes	
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Yes	Yes	Yes	
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Yes	Yes	Yes	
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Yes	Yes	Yes	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Yes	Yes	Yes	

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37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Yes	Yes	Yes	
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Yes	Yes	Yes	
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Yes	Yes	Yes	
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Yes	Yes	Yes	
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Yes	Yes	Yes	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Yes	Yes	Yes	
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Yes	Yes	Yes	
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Yes	Yes	Yes	
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	Yes	Yes	Yes	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
38100	Splenectomy; total (separate procedure)	Yes	Yes	Yes	
41512	Tongue base suspension, permanent suture technique	Yes	Yes	Yes	
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	Yes	Yes	Yes	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Yes	Yes	Yes	
41599	Unlisted procedure, tongue, floor of mouth	Yes	Yes	Yes	
41870	Periodontal mucosal grafting	Yes	Yes	Yes	
41872	Gingivoplasty, each quadrant (specify)	Yes	Yes	Yes	
41874	Alveoloplasty, each quadrant (specify)	Yes	Yes	Yes	
41899	Unlisted procedure, dentoalveolar structures	Yes	Yes	Yes	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Yes	Yes	Yes	
42260	Repair of nasolabial fistula	Yes	Yes	Yes	
42280	Maxillary impression for palatal prosthesis	Yes	Yes	Yes	
42299	Unlisted procedure, palate, uvula	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
42699	Unlisted procedure, salivary glands or ducts	Yes	Yes	Yes	
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	Yes	Yes	Yes	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Yes	Yes	Yes	
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	Yes	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Yes	Yes	Yes	
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	Yes	
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Yes	Yes	Yes	
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	Yes	Yes	Yes	
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	Yes	Yes	Yes	
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	Yes	Yes	Yes	
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	Yes	Yes	Yes	
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	Yes	Yes	Yes	
43499	Unlisted procedure, esophagus	Yes	Yes	Yes	
43620	Gastrectomy, total; with esophagoenterostomy	Yes	Yes	Yes	
43621	Gastrectomy, total; with Roux-en-Y reconstruction	Yes	Yes	Yes	
43622	Gastrectomy, total; with formation of intestinal pouch, any type	Yes	Yes	Yes	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	Yes	Yes	Yes	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Yes	Yes	Yes	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Yes	Yes	Yes	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	Yes	Yes	Yes	
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	Yes	Yes	Yes	
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	Yes	Yes	Yes	
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	Yes	Yes	Yes	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Yes	Yes	Yes	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Yes	Yes	Yes	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Yes	Yes	Yes	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Yes	Yes	Yes	
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	Yes	Yes	Yes	
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	Yes	Yes	Yes	
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	Yes	Yes	Yes	
43659	Unlisted laparoscopy procedure, stomach	Yes	Yes	Yes	
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	Yes	Yes	Yes	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Yes	Yes	Yes	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Yes	Yes	Yes	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Yes	Yes	Yes	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Yes	Yes	Yes	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Yes	Yes	Yes	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Yes	Yes	Yes	
43800	Pyloroplasty	Yes	Yes	Yes	
43810	Gastroduodenostomy	Yes	Yes	Yes	
43820	Gastrojejunostomy; without vagotomy	Yes	Yes	Yes	
43825	Gastrojejunostomy; with vagotomy, any type	Yes	Yes	Yes	
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	Yes	Yes	Yes	
43831	Gastrostomy, open; neonatal, for feeding	Yes	Yes	Yes	
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	Yes	Yes	Yes	
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	Yes	Yes	Yes	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Yes	Yes	Yes	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Yes	Yes	Yes	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenal ileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Yes	Yes	Yes	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Yes	Yes	Yes	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Yes	Yes	Yes	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Yes	Yes	Yes	
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	Yes	Yes	Yes	
43860	Revision of gastrojejunal anastomosis (gastrojejunoscopy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Yes	Yes	Yes	
43865	Revision of gastrojejunal anastomosis (gastrojejunoscopy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Yes	Yes	Yes	
43870	Closure of gastrotomy, surgical	Yes	Yes	Yes	
43880	Closure of gastrocolic fistula	Yes	Yes	Yes	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Yes	Yes	Yes	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Yes	Yes	Yes	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Yes	Yes	Yes	
43999	Unlisted procedure, stomach	Yes	Yes	Yes	
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	Yes	Yes	Yes	
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	Yes	
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	Yes	
44388	Colonoscopy through stoma; Diagnostic/Screening, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	Yes	
45108	Anorectal myomectomy	Yes	Yes	Yes	
45399	Unlisted procedure, colon	Yes	Yes	Yes	
45999	Unlisted procedure, rectum	Yes	Yes	Yes	
46020	Placement of seton	Yes	Yes	Yes	
46505	Chemodenervation of internal anal sphincter	Yes	Yes	Yes	
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	Yes	Yes	Yes	
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	Yes	Yes	Yes	
47379	Unlisted laparoscopic procedure, liver	Yes	Yes	Yes	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Yes	Yes	Yes	
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	Yes	Yes	Yes	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Yes	Yes	Yes	
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Yes	Yes	Yes	
47399	Unlisted procedure, liver	Yes	Yes	Yes	
47579	Unlisted laparoscopy procedure, biliary tract	Yes	Yes	Yes	
48999	Unlisted procedure, pancreas	Yes	Yes	Yes	
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	Yes	Yes	Yes	
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	Yes	Yes	Yes	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Yes	Yes	Yes	
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	Yes	Yes	Yes	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Yes	Yes	Yes	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Yes	Yes	Yes	
50370	Removal of transplanted renal allograft	Yes	Yes	Yes	
50380	Renal autotransplantation, reimplantation of kidney	Yes	Yes	Yes	
50541	Laparoscopy, surgical; ablation of renal cysts	Yes	Yes	Yes	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	Yes	Yes	Yes	
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Yes	Yes	Yes	
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Yes	Yes	Yes	
51999	Unlisted Procedure laparoscopy procedure, bladder	Yes	Yes	Yes	
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)Yes	Yes	Yes	Yes	
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	Yes	Yes	Yes	
52640	Transurethral resection; of postoperative bladder neck contracture	Yes	Yes	Yes	
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Yes	Yes	Yes	
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Yes	Yes	Yes	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Yes	Yes	Yes	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	Yes	Yes	Yes	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Yes	Yes	Yes	
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Yes	Yes	Yes	
53899	Unlisted Procedure procedure, urinary system	Yes	Yes	Yes	
54120	Amputation of penis; partney	Yes	Yes	Yes	
54125	Amputation of penis; complete	Yes	Yes	Yes	
54130	Amputation of penis, radical; with bilateral inguinofoemoral lymphadenectomy	Yes	Yes	Yes	
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Yes	Yes	Yes	
54360	Plastic operation on penis to correct angulation	Yes	Yes	Yes	
54380	Plastic operation on penis for epispadias distal to external sphincter	Yes	Yes	Yes	
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	Yes	Yes	Yes	
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	Yes	Yes	Yes	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Yes	Yes	Yes	
54401	Insertion of penile prosthesis; inflatable (self-contained)	Yes	Yes	Yes	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Yes	Yes	Yes	
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Yes	Yes	Yes	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Yes	Yes	Yes	
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Yes	Yes	Yes	
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Yes	Yes	Yes	
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Yes	Yes	Yes	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Yes	Yes	Yes	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Yes	Yes	Yes	
54440	Plastic operation of penis for injury	Yes	Yes	Yes	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Yes	Yes	Yes	
55120	Removal of foreign body in scrotum	Yes	Yes	Yes	
55150	Resection of scrotum	Yes	Yes	Yes	
55175	Scrotoplasty; simple	Yes	Yes	Yes	
55180	Scrotoplasty; complicated	Yes	Yes	Yes	
55870	Electroejaculation	Yes	Yes	Yes	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)0	Yes	Yes	Yes	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Yes	Yes	Yes	
55899	Unlisted Procedure procedure, male genital system	Yes	Yes	Yes	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Yes	Yes	Yes	
55970	Intersex surgery; male to female	Yes	Yes	Yes	
55980	Intersex surgery; female to male	Yes	Yes	Yes	
56620	Vulvectomy simple; partney	Yes	Yes	Yes	
56625	Vulvectomy simple; complete	Yes	Yes	Yes	
56805	Clitoroplasty for intersex state	Yes	Yes	Yes	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Yes	Yes	Yes	
57110	Vaginectomy, complete removal of vaginal wall	Yes	Yes	Yes	
57291	Construction of artificial vagina; without graft	Yes	Yes	Yes	
57292	Construction of artificial vagina; with graft	Yes	Yes	Yes	
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Yes	Yes	Yes	
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Yes	Yes	Yes	
57335	Vaginoplasty for intersex state	Yes	Yes	Yes	
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	Yes	Yes	Yes	
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	Yes	Yes	Yes	
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	Yes	Yes	Yes	
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	Yes	Yes	Yes	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Yes	Yes	Yes	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes	
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes	
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Yes	Yes	Yes	
58260	Vaginal hysterectomy, for uterus 250 g or less	Yes	Yes	Yes	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Yes	Yes	Yes	
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Yes	Yes	Yes	
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrostomy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Yes	Yes	Yes	
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Yes	Yes	Yes	
58275	Vaginal hysterectomy, with total or partial vaginectomy	Yes	Yes	Yes	
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Yes	Yes	Yes	
58285	Vaginal hysterectomy, radical (Schauta type operation)	Yes	Yes	Yes	
58290	Vaginal hysterectomy, for uterus greater than 250 g	Yes	Yes	Yes	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Yes	Yes	Yes	
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Yes	Yes	Yes	
58321	Artificial insemination; intra-cervical	Yes	Yes	Yes	
58322	Artificial insemination; intra-uterine	Yes	Yes	Yes	
58323	Sperm washing for artificial insemination	Yes	Yes	Yes	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	Yes	Yes	Yes	
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	Yes	Yes	Yes	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	Yes	Yes	Yes	
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	Yes	Yes	Yes	
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	Yes	Yes	Yes	
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	Yes	Yes	Yes	
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	Yes	Yes	Yes	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Yes	Yes	Yes	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	Yes	Yes	Yes	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes	
58578	Unlisted Procedure laparoscopy procedure, uterus	Yes	Yes	Yes	
58579	Unlisted Procedure hysteroscopy procedure, uterus	Yes	Yes	Yes	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	Yes	Yes	Yes	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	Yes	Yes	Yes	
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Yes	Yes	Yes	
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Yes	Yes	Yes	
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	Yes	Yes	Yes	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	Yes	Yes	Yes	
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	Yes	Yes	Yes	
58672	Laparoscopy, surgical; with fimbrioplasty	Yes	Yes	Yes	
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	Yes	Yes	Yes	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Yes	Yes	Yes	
58679	Unlisted Procedure laparoscopy procedure, oviduct, ovary	Yes	Yes	Yes	
58740	Lysis of adhesions (salpingolysis, ovariolysis)	Yes	Yes	Yes	
58750	Tubotubal anastomosis	Yes	Yes	Yes	
58752	Tubouterine implantation	Yes	Yes	Yes	
58760	Fimbrioplasty	Yes	Yes	Yes	
58770	Salpingostomy (salpingoneostomy)	Yes	Yes	Yes	
58825	Transposition, ovary(s)	Yes	Yes	Yes	
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	Yes	Yes	Yes	
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Yes	Yes	Yes	
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Yes	Yes	Yes	
58999	Unlisted Procedure procedure, female genital system (nonobstetrical)	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	Yes	Yes	Yes	
59840	Induced abortion, by dilation and curettage	Yes	Yes	Yes	
59841	Induced abortion, by dilation and evacuation	Yes	Yes	Yes	
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines	Yes	Yes	Yes	
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Yes	Yes	Yes	
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	Yes	Yes	Yes	
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines	Yes	Yes	Yes	
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Yes	Yes	Yes	
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	Yes	Yes	Yes	
59866	Multifetal pregnancy reduction(s) (MPR)	Yes	Yes	Yes	
60699	Unlisted procedure, endocrine system	Yes	Yes	Yes	
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	Yes	Yes	Yes	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Yes	Yes	Yes	
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Yes	Yes	Yes	
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Yes	Yes	Yes	
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Yes	Yes	Yes	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Yes	Yes	Yes	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Yes	Yes	Yes	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Yes	Yes	Yes	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Yes	Yes	Yes	
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	Yes	Yes	Yes	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Yes	Yes	Yes	
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	Yes	Yes	Yes	
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	Yes	Yes	Yes	
61880	Revision or removal of intracranial neurostimulator electrodes1	Yes	Yes	Yes	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Yes	Yes	Yes	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Yes	Yes	Yes	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Yes	Yes	Yes	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Yes	Yes	Yes	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Yes	Yes	Yes	
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for Diagnostic/Screening purposes	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Yes	Yes	Yes	
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	Yes	Yes	Yes	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Yes	Yes	Yes	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	Yes	Yes	Yes	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Yes	Yes	Yes	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Yes	Yes	Yes	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Yes	Yes	Yes	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Yes	Yes	Yes	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	Yes	Yes	Yes	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Yes	Yes	Yes	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Yes	Yes	Yes	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	Yes	Yes	Yes	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Yes	Yes	Yes	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Yes	Yes	Yes	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Yes	Yes	Yes	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	Yes	Yes	Yes	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Yes	Yes	Yes	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Yes	Yes	Yes	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Yes	Yes	Yes	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Yes	Yes	Yes	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Yes	Yes	Yes	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Yes	Yes	Yes	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Yes	Yes	Yes	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	Yes	Yes	Yes	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	Yes	Yes	Yes	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Yes	Yes	Yes	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Yes	Yes	Yes	
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Yes	Yes	Yes	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Yes	Yes	Yes	
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Yes	Yes	Yes	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Yes	Yes	Yes	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Yes	Yes	Yes	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Yes	Yes	Yes	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	Yes	Yes	Yes	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	Yes	Yes	Yes	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Yes	Yes	Yes	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Yes	Yes	Yes	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Yes	Yes	Yes	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	Yes	Yes	Yes	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Yes	Yes	Yes	
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Yes	Yes	Yes	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Yes	Yes	Yes	
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	Yes	Yes	Yes	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Yes	Yes	Yes	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Yes	Yes	Yes	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Yes	Yes	Yes	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Yes	Yes	Yes	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Yes	Yes	Yes	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Yes	Yes	Yes	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Yes	Yes	Yes	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Yes	Yes	Yes	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Yes	Yes	Yes	
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Yes	Yes	Yes	



CPT	Description	Commercial HMO-Auth	Commercial PPO-Auth	Exchange HMO-Auth	Product Line Notes
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	Yes	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Yes	Yes	Yes	
64461	Paravertebral block (PVB) (paraspinal block), thoracic; single injection site (includes imaging guidance, when performed)	Yes	Yes	Yes	
64462	Paravertebral block (PVB) (paraspinal block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64463	Paravertebral block (PVB) (paraspinal block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	Yes	Yes	Yes	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Yes	Yes	Yes	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes	Yes	Yes	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Yes	Yes	Yes	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Yes	Yes	Yes	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Yes	Yes	Yes	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Yes	Yes	Yes	
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Yes	Yes	Yes	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Yes	Yes	Yes	
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	Yes	Yes	Yes	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Yes	Yes	Yes	
64585	Revision or removal of peripheral neurostimulator electrode array	Yes	Yes	Yes	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Yes	Yes	Yes	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Yes	Yes	Yes	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	Yes	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	Yes	Yes	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	Yes	Yes	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Yes	Yes	Yes	
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Yes	Yes	Yes	
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64644	Chemodenervation of one extremity; 5 or more muscles	Yes	Yes	Yes	
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Yes	Yes	Yes	
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	Yes	Yes	Yes	
64650	Chemodenervation of eccrine glands; both axillae	Yes	Yes	Yes	
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	Yes	Yes	Yes	
64702	Neuroplasty; digital, 1 or both, same digit	Yes	Yes	Yes	
64704	Neuroplasty; nerve of hand or foot	Yes	Yes	Yes	
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	Yes	Yes	Yes	
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	Yes	Yes	Yes	
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	Yes	Yes	Yes	
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	Yes	Yes	Yes	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Yes	Yes	Yes	
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	Yes	Yes	Yes	
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	Yes	Yes	Yes	
64722	Decompression; unspecified nerve(s) (specify)	Yes	Yes	Yes	
64726	Decompression; plantar digital nerve	Yes	Yes	Yes	
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	Yes	Yes	Yes	
64732	Transection or avulsion of; supraorbital nerve	Yes	Yes	Yes	
64734	Transection or avulsion of; infraorbital nerve	Yes	Yes	Yes	
64736	Transection or avulsion of; mental nerve	Yes	Yes	Yes	
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Yes	Yes	Yes	
64740	Transection or avulsion of; lingual nerve	Yes	Yes	Yes	
64742	Transection or avulsion of; facial nerve, differential or complete	Yes	Yes	Yes	
64744	Transection or avulsion of; greater occipital nerve	Yes	Yes	Yes	
64746	Transection or avulsion of; phrenic nerve	Yes	Yes	Yes	
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	Yes	Yes	Yes	



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64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	Yes	Yes	Yes	
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	Yes	Yes	Yes	
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	Yes	Yes	Yes	
64771	Transection or avulsion of other cranial nerve, extradural	Yes	Yes	Yes	
64772	Transection or avulsion of other spinal nerve, extradural	Yes	Yes	Yes	
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	Yes	Yes	Yes	
64776	Excision of neuroma; digital nerve, 1 or both, same digit	Yes	Yes	Yes	
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64782	Excision of neuroma; hand or foot, except digital nerve	Yes	Yes	Yes	
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64784	Excision of neuroma; major peripheral nerve, except sciatic	Yes	Yes	Yes	
64786	Excision of neuroma; sciatic nerve	Yes	Yes	Yes	
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	Yes	Yes	Yes	
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	Yes	Yes	Yes	
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	Yes	Yes	Yes	
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	Yes	Yes	Yes	
64802	Sympathectomy, cervical	Yes	Yes	Yes	
64804	Sympathectomy, cervicothoracic	Yes	Yes	Yes	
64809	Sympathectomy, thoracolumbar	Yes	Yes	Yes	
64818	Sympathectomy, lumbar	Yes	Yes	Yes	
64820	Sympathectomy; digital arteries, each digit	Yes	Yes	Yes	
64821	Sympathectomy; radial artery	Yes	Yes	Yes	
64822	Sympathectomy; ulnar artery	Yes	Yes	Yes	
64823	Sympathectomy; superficial palmar arch	Yes	Yes	Yes	
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
64905	Nerve pedicle transfer; first stage	Yes	Yes	Yes	
64907	Nerve pedicle transfer; second stage	Yes	Yes	Yes	
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	Yes	Yes	Yes	
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	Yes	Yes	Yes	
64999	Unlisted procedure, nervous system	Yes	Yes	Yes	
65091	Evisceration of ocular contents; without implant	Yes	Yes	Yes	
65093	Evisceration of ocular contents; with implant	Yes	Yes	Yes	
65101	Enucleation of eye; without implant	Yes	Yes	Yes	
65103	Enucleation of eye; with implant, muscles not attached to implant	Yes	Yes	Yes	
65105	Enucleation of eye; with implant, muscles attached to implant	Yes	Yes	Yes	
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	Yes	Yes	Yes	
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	Yes	Yes	Yes	
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	Yes	Yes	Yes	
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	Yes	Yes	Yes	
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	Yes	Yes	Yes	
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	Yes	Yes	Yes	
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	Yes	Yes	Yes	
65150	Reinsertion of ocular implant; with or without conjunctival graft	Yes	Yes	Yes	
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	Yes	Yes	Yes	
65175	Removal of ocular implant	Yes	Yes	Yes	
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	Yes	Yes	Yes	
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	Yes	Yes	Yes	
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	Yes	Yes	Yes	
65770	Keratoprosthesis	Yes	Yes	Yes	
65771	Radial keratotomy	Yes	Yes	Yes	
65778	Placement of amniotic membrane on the ocular surface; without sutures	Yes	Yes	Yes	
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Yes	Yes	Yes	
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Yes	Yes	Yes	
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	Yes	Yes	Yes	
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	Yes	Yes	Yes	
65785	Implantation of intrastromal corneal ring segments	Yes	Yes	Yes	
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	Yes	Yes	Yes	
65820	Goniotomy	Yes	Yes	Yes	
65850	Trabeculotomy ab externo	Yes	Yes	Yes	
65855	Trabeculoplasty by laser surgery	Yes	Yes	Yes	



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65860	Severing adhesions of anterior segment, laser technique (separate procedure)	Yes	Yes	Yes	
65920	Removal of implanted material, anterior segment of eye	Yes	Yes	Yes	
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	Yes	Yes	Yes	
66030	Injection, anterior chamber of eye (separate procedure); medication	Yes	Yes	Yes	
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	Yes	Yes	Yes	
66999	Unlisted procedure, anterior segment of eye	Yes	Yes	Yes	
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	Yes	Yes	Yes	
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	Yes	Yes	Yes	
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Yes	Yes	Yes	
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	Yes	Yes	Yes	
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	Yes	Yes	Yes	
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	Yes	Yes	Yes	
67399	Unlisted procedure, extraocular muscle	Yes	Yes	Yes	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Yes	Yes	Yes	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Yes	Yes	Yes	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Yes	Yes	Yes	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Yes	Yes	Yes	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Yes	Yes	Yes	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Yes	Yes	Yes	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Yes	Yes	Yes	
67909	Reduction of overcorrection of ptosis	Yes	Yes	Yes	
67999	Unlisted procedure, eyelids	Yes	Yes	Yes	
68399	Unlisted procedure, conjunctiva	Yes	Yes	Yes	
68899	Unlisted procedure, lacrimal system	Yes	Yes	Yes	
69090	Ear piercing	Yes	Yes	Yes	
69300	Otoplasty, protruding ear, with or without size reduction	Yes	Yes	Yes	
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	Yes	Yes	Yes	
69320	Reconstruction external auditory canal for congenital atresia, single stage	Yes	Yes	Yes	
69399	Unlisted procedure, external ear	Yes	Yes	Yes	
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube [ie, balloon dilation]; unilateral	Yes	Yes	Yes	
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube [ie, balloon dilation]; bilateral	Yes	Yes	Yes	
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Yes	Yes	Yes	
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	Yes	Yes	Yes	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Yes	Yes	Yes	
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Yes	Yes	Yes	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Yes	Yes	Yes	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Yes	Yes	Yes	
69930	Cochlear device implantation, with or without mastoidectomy	Yes	Yes	Yes	
69949	Unlisted procedure, inner ear	Yes	Yes	Yes	
69950	Vestibular nerve section, transcranial approach	Yes	Yes	Yes	
69955	Total facial nerve decompression and/or repair (may include graft)	Yes	Yes	Yes	
69960	Decompression internal auditory canal	Yes	Yes	Yes	
69979	Unlisted procedure, temporal bone, middle fossa approach	Yes	Yes	Yes	
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Yes	Yes	Yes	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	Yes	Yes	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	Yes	Yes	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
70544	Magnetic resonance angiography, head; without contrast material(s)	Yes	Yes	Yes	
70545	Magnetic resonance angiography, head; with contrast material(s)	Yes	Yes	Yes	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
70547	Magnetic resonance angiography, neck; without contrast material(s)	Yes	Yes	Yes	
70548	Magnetic resonance angiography, neck; with contrast material(s)	Yes	Yes	Yes	



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70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yes	Yes	Yes	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Yes	Yes	Yes	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Yes	Yes	Yes	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Yes	Yes	Yes	
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	Yes	Yes	Yes	
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	Yes	Yes	Yes	
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes	Yes	Yes	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes	Yes	Yes	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Yes	Yes	Yes	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Yes	Yes	Yes	
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Yes	Yes	Yes	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Yes	Yes	Yes	
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Yes	Yes	Yes	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Yes	Yes	Yes	
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Yes	Yes	Yes	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Yes	Yes	Yes	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Yes	Yes	Yes	
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Yes	Yes	Yes	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Yes	Yes	Yes	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Yes	Yes	Yes	
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Yes	Yes	Yes	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Yes	Yes	Yes	
72240	Myelography, cervical, radiological supervision and interpretation	Yes	Yes	Yes	
72255	Myelography, thoracic, radiological supervision and interpretation	Yes	Yes	Yes	
72265	Myelography, lumbosacral, radiological supervision and interpretation	Yes	Yes	Yes	
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	Yes	Yes	Yes	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Yes	Yes	Yes	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Yes	Yes	Yes	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Yes	Yes	Yes	
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Yes	Yes	Yes	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Yes	Yes	Yes	
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Yes	Yes	Yes	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Yes	Yes	Yes	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Yes	Yes	Yes	
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Yes	Yes	Yes	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	Yes	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Yes	Yes	Yes	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Yes	Yes	Yes	



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74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Yes	Yes	Yes	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Yes	Yes	Yes	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Yes	Yes	Yes	
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	Yes	Yes	Yes	
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	Yes	Yes	Yes	
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	Yes	Yes	Yes	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes	Yes	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	Yes	Yes	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Yes	Yes	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Yes	Yes	Yes	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes	Yes	Yes	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
76390	Magnetic resonance spectroscopy	Yes	Yes	Yes	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	Yes	Yes	
76499	Unlisted diagnostic radiographic procedure	Yes	Yes	Yes	
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Yes	Yes	Yes	
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	Yes	Yes	Yes	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	Yes	Yes	
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Yes	Yes	Yes	
78013	Thyroid imaging (including vascular flow, when performed);	Yes	Yes	Yes	
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Yes	Yes	Yes	
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	Yes	Yes	Yes	
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	Yes	Yes	Yes	
78102	Bone marrow imaging; limited area	Yes	Yes	Yes	
78103	Bone marrow imaging; multiple areas	Yes	Yes	Yes	
78104	Bone marrow imaging; whole body	Yes	Yes	Yes	
78300	Bone and/or joint imaging; limited area	Yes	Yes	Yes	
78305	Bone and/or joint imaging; multiple areas	Yes	Yes	Yes	
78306	Bone and/or joint imaging; whole body	Yes	Yes	Yes	
78315	Bone and/or joint imaging; 3 phase study	Yes	Yes	Yes	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), with concurrently acquired computed tomography transmission scan	Yes	Yes	Yes	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes	Yes	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); multiple studies, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes	Yes	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); dual radiotracer (eg, myocardial viability);	Yes	Yes	Yes	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes	Yes	Yes	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), single study;	Yes	Yes	Yes	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes	Yes	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); multiple studies, at rest or stress (exercise or pharmacologic)	Yes	Yes	Yes	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	Yes	Yes	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Yes	Yes	Yes	
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	Yes	Yes	Yes	



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78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	Yes	Yes	Yes	
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	Yes	Yes	Yes	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	Yes	Yes	Yes	
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	Yes	Yes	Yes	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	Yes	Yes	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	Yes	Yes	
78813	Positron emission tomography (PET) imaging; whole body	Yes	Yes	Yes	
78814	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Yes	Yes	Yes	
78815	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Yes	Yes	Yes	
78816	Positron emission tomography (PET) with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body	Yes	Yes	Yes	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Yes	Yes	Yes	
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Yes	Yes	Yes	
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Yes	Yes	Yes	
78835	Radiopharmaceutical quantification measurement(s) single area [List separately in addition to code for primary procedure]	Yes	Yes	Yes	
80143	Therapeutic Drug Assay; Acetaminophen	Yes	Yes	Yes	
80145	Therapeutic Drug Assay; Adalimumab	Yes	Yes	Yes	
80151	Therapeutic Drug Assay; Amiodarone	Yes	Yes	Yes	
80161	Therapeutic Drug Assay; -10, 11-epoxide	Yes	Yes	Yes	
80167	Therapeutic Drug Assay; Felbamate	Yes	Yes	Yes	
80179	Therapeutic Drug Assay; Salicylate	Yes	Yes	Yes	
80181	Therapeutic Drug Assay; Flecainide	Yes	Yes	Yes	
80187	Therapeutic Drug Assay; Posaconazole	Yes	Yes	Yes	
80189	Therapeutic Drug Assay; Itraconazole	Yes	Yes	Yes	
80193	Therapeutic Drug Assay; Leflunomide	Yes	Yes	Yes	
80204	Therapeutic Drug Assay; Methotrexate	Yes	Yes	Yes	
80210	Therapeutic Drug Assay; Rufinamide	Yes	Yes	Yes	
80230	Therapeutic Drug Assay; Infliximab	Yes	Yes	Yes	
80235	Therapeutic Drug Assay; Lacosamide	Yes	Yes	Yes	
80280	Therapeutic Drug Assay; Vedolizumab	Yes	Yes	Yes	
80285	Therapeutic Drug Assay; Voriconazole	Yes	Yes	Yes	
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	Yes	Yes	Yes	no auth if done while inpatient, observation or ED
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	Yes	Yes	Yes	no auth if done while inpatient, observation or ED
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	Yes	Yes	Yes	*In-Network providers get one per month without authorization; if more than one per month or an OON provider-auth is required. **No auth required if done while inpatient, observation or ED.
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Yes	Yes	Yes	
81162	BRCA1, (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) Gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Yes	Yes	
81168	CCND1/IGH (t(11;14))(eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	Yes	Yes	Yes	



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81170	ABL1 GENE (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance) gene analysis, variants in the kinase domain	Yes	Yes	Yes	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Yes	Yes	Yes	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Yes	Yes	Yes	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1)(eg, solid tumors) translocation analysis	Yes	Yes	Yes	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2)(eg, solid tumors) translocation analysis	Yes	Yes	Yes	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3)(eg, solid tumors) translocation analysis	Yes	Yes	Yes	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, 3)(eg, solid tumors) translocation analysis	Yes	Yes	Yes	
81200	ASPA GENE (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Yes	Yes	Yes	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Yes	Yes	Yes	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Yes	Yes	Yes	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Yes	Yes	Yes	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Yes	Yes	Yes	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Yes	Yes	Yes	
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Yes	Yes	Yes	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281delGins7 variant	Yes	Yes	Yes	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Yes	Yes	Yes	
81212	BRCA1, (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) Gene analysis; 185delAG, 5385insC, 6174delT variants	Yes	Yes	Yes	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes	Yes	Yes	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	Yes	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes	Yes	Yes	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Yes	Yes	Yes	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Yes	Yes	Yes	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Yes	Yes	Yes	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Yes	Yes	Yes	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Yes	Yes	Yes	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Yes	Yes	Yes	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Yes	Yes	Yes	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Yes	Yes	Yes	
81227	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Yes	Yes	Yes	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Yes	Yes	Yes	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Yes	Yes	Yes	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Yes	Yes	Yes	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Yes	Yes	Yes	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Yes	Yes	Yes	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Yes	Yes	Yes	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	Yes	Yes	Yes	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Yes	Yes	Yes	
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Yes	Yes	Yes	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Yes	Yes	Yes	
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Yes	Yes	Yes	
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Yes	Yes	Yes	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Yes	Yes	Yes	
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Yes	Yes	Yes	



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81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Yes	Yes	Yes	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Yes	Yes	Yes	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis; common variants (eg, R83C, Q347X)	Yes	Yes	Yes	
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis; common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Yes	Yes	Yes	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Yes	Yes	Yes	
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Yes	Yes	Yes	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis; common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Yes	Yes	Yes	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis; common variants (eg, 1278insTATC, 1421+1G>C, G269S)	Yes	Yes	Yes	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis; common variants (eg, C282Y, H63D)	Yes	Yes	Yes	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Yes	Yes	Yes	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Yes	Yes	Yes	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Yes	Yes	Yes	
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis; common variants (eg, 2507+6T>C, R696P)	Yes	Yes	Yes	
81261	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis; common variants (eg, 2507+6T>C, R696P)	Yes	Yes	Yes	
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Yes	Yes	Yes	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Yes	Yes	Yes	
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Yes	Yes	Yes	
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Yes	Yes	Yes	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Yes	Yes	Yes	
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Yes	Yes	Yes	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Yes	Yes	Yes	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Yes	Yes	Yes	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Yes	Yes	Yes	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Yes	Yes	Yes	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Yes	Yes	Yes	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Yes	Yes	Yes	
81278	IGH@/BCL2(t(14;18))(eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Yes	Yes	Yes	
81279	JAK2 (Janus kinase 2)(eg,myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes	Yes	Yes	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), promoter methylation analysis	Yes	Yes	Yes	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Yes	Yes	Yes	
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis; common variants (eg, IVS3-2A>G, del6.4kb)	Yes	Yes	Yes	
81291	MTFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis; common variants (eg, 677T, 1298C)	Yes	Yes	Yes	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes	Yes	Yes	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes	Yes	Yes	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes	Yes	Yes	



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81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes	Yes	Yes	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes	Yes	Yes	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes	Yes	Yes	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Yes	Yes	Yes	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Yes	Yes	Yes	
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Yes	Yes	Yes	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Yes	Yes	Yes	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Yes	Yes	Yes	
81309	PIK3CA (phosphatidylinositol-4, 5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis; targeted sequence analysis (eg, exons 7, 9, 20)	Yes	Yes	Yes	
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Yes	Yes	Yes	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Yes	Yes	Yes	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Yes	Yes	Yes	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis; targeted sequence analysis (eg, exons 12, 18)	Yes	Yes	Yes	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Yes	Yes	Yes	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Yes	Yes	Yes	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Yes	Yes	Yes	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Yes	Yes	Yes	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Yes	Yes	Yes	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Yes	Yes	Yes	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Yes	Yes	Yes	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Yes	Yes	Yes	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Yes	Yes	Yes	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Yes	Yes	Yes	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Yes	Yes	Yes	
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Yes	Yes	Yes	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Yes	Yes	Yes	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Yes	Yes	Yes	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Yes	Yes	Yes	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Yes	Yes	Yes	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Yes	Yes	Yes	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor)(eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Yes	Yes	Yes	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor)(eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Yes	Yes	Yes	
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Yes	Yes	Yes	
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Yes	Yes	Yes	
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Yes	Yes	Yes	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Yes	Yes	Yes	



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81347	SF3B1 (splicing factor [3b] subunit B1)(eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Yes	Yes	Yes	
81348	SRSF2 (serine and arginine-rich splicing factor 2)(eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95F, P95L)	Yes	Yes	Yes	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]); gene analysis, common variants (eg, *28, *36, *37)	Yes	Yes	Yes	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Yes	Yes	Yes	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes	Yes	Yes	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Yes	Yes	Yes	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Yes	Yes	Yes	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1)(eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Yes	Yes	Yes	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2)(eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s)(eg, E65fs, E122fs, R448fs)	Yes	Yes	Yes	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Yes	Yes	Yes	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Yes	Yes	Yes	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Yes	Yes	Yes	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Yes	Yes	Yes	
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Yes	Yes	Yes	
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Yes	Yes	Yes	
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Yes	Yes	Yes	
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Yes	Yes	Yes	
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Yes	Yes	Yes	
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Yes	Yes	Yes	
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Yes	Yes	Yes	
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Yes	Yes	Yes	
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Yes	Yes	Yes	
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Yes	Yes	Yes	
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Yes	Yes	Yes	
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Yes	Yes	Yes	
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Yes	Yes	Yes	
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Yes	Yes	Yes	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Yes	Yes	Yes	
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	Yes	Yes	Yes	
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy[UPD])	Yes	Yes	Yes	
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	Yes	Yes	Yes	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Yes	Yes	Yes	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	Yes	Yes	Yes	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)	Yes	Yes	Yes	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	Yes	Yes	Yes	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Yes	Yes	Yes	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Yes	Yes	Yes	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	Yes	Yes	Yes	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Yes	Yes	Yes	



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81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	Yes	Yes	Yes	
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	Yes	Yes	Yes	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Yes	Yes	Yes	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Yes	Yes	Yes	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Yes	Yes	Yes	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Yes	Yes	Yes	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Yes	Yes	Yes	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Yes	Yes	Yes	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Yes	Yes	Yes	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	Yes	Yes	Yes	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Yes	Yes	Yes	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Yes	Yes	Yes	
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	Yes	Yes	Yes	
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	Yes	Yes	Yes	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Yes	Yes	Yes	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	Yes	Yes	Yes	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	Yes	Yes	Yes	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	Yes	Yes	Yes	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Yes	Yes	Yes	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Yes	Yes	Yes	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MP2, REEP1, SPAST, SPG11, SPTLC1)	Yes	Yes	Yes	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Yes	Yes	Yes	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Yes	Yes	Yes	



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81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Yes	Yes	Yes	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Yes	Yes	Yes	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Yes	Yes	Yes	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Yes	Yes	Yes	
81479	Unlisted molecular pathology procedure	Yes	Yes	Yes	
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	Yes	Yes	Yes	
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of RNA markers for Gardnerella vaginalis, Atopobium vaginae, Megaphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata Candida Krusei when reported	Yes	Yes	Yes	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Yes	Yes	Yes	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Yes	Yes	Yes	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Yes	Yes	Yes	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentineal lymph node metastasis	Yes	Yes	Yes	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Yes	Yes	Yes	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Yes	Yes	Yes	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Yes	Yes	Yes	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Yes	Yes	Yes	
81599	Unlisted multianalyte assay with algorithmic analysis	Yes	Yes	Yes	
82013	Acetylcholinesterase	Yes	Yes	Yes	
82104	Alpha-1-antitrypsin; phenotype. This test is used to detect hereditary decreases in the production of alpha1-antitrypsin by specific phenotype	Yes	Yes	Yes	
82135	Aminolevulinic acid, delta (ALA)	Yes	Yes	Yes	
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	Yes	Yes	Yes	
84311	Spectrophotometry, analyte not elsewhere specified	Yes	Yes	Yes	
84999	Unlisted chemistry procedure	Yes	Yes	Yes	
87152	Culture, typing; identification by pulse field gel typing	Yes	Yes	Yes	
88130	Sex chromatin identification; Barr bodies	Yes	Yes	Yes	
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	Yes	Yes	Yes	
88230	Tissue culture for non-neoplastic disorders; lymphocyte	Yes	Yes	Yes	
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	Yes	Yes	Yes	
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	Yes	Yes	Yes	
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	Yes	Yes	Yes	
88239	Tissue culture for neoplastic disorders; solid tumor	Yes	Yes	Yes	
88240	Cryopreservation, freezing and storage of cells, each cell line	Yes	Yes	Yes	
88241	Thawing and expansion of frozen cells, each aliquot	Yes	Yes	Yes	
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	Yes	Yes	Yes	
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	Yes	Yes	Yes	
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	Yes	Yes	Yes	
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	Yes	Yes	Yes	
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	Yes	Yes	Yes	
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	Yes	Yes	Yes	



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88264	Chromosome analysis; analyze 20-25 cells	Yes	Yes	Yes	
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	Yes	Yes	Yes	
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	Yes	Yes	Yes	
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	Yes	Yes	Yes	
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	Yes	Yes	Yes	
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	Yes	Yes	Yes	
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	Yes	Yes	Yes	
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	Yes	Yes	Yes	
88280	Chromosome analysis; additional karyotypes, each study	Yes	Yes	Yes	
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	Yes	Yes	Yes	
88285	Chromosome analysis; additional cells counted, each study	Yes	Yes	Yes	
88289	Chromosome analysis; additional high resolution study	Yes	Yes	Yes	
88291	Cytogenetics and molecular cytogenetics, interpretation and report	Yes	Yes	Yes	
88299	Unlisted cytogenetic study	Yes	Yes	Yes	
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Yes	Yes	Yes	
	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)				
88364		Yes	Yes	Yes	
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	Yes	Yes	Yes	
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	Yes	Yes	Yes	
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	Yes	Yes	Yes	
90377	Rabies immune globulin, heat- and solvent/detergent-treated (Rig-HT S/D), human, for intramuscular and/or subcutaneous use	Yes	Yes	Yes	
	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management				
90867		Yes	Yes	Yes	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Yes	Yes	Yes	
	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management				
90869		Yes	Yes	Yes	
90870	Electroconvulsive therapy (includes necessary monitoring)	Yes	Yes	Yes	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Yes	Yes	Yes	
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Yes	Yes	Yes	
	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation				
93241		Yes	Yes	Yes	
	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)				
93242		Yes	Yes	Yes	
	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report				
93243		Yes	Yes	Yes	
	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation				
93244		Yes	Yes	Yes	
	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation				
93245		Yes	Yes	Yes	
	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)				
93246		Yes	Yes	Yes	
	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report				
93247		Yes	Yes	Yes	
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; v	Yes	Yes	Yes	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes	Yes	Yes	
	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist				
95783		Yes	Yes	Yes	
	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time				
95800		Yes	Yes	Yes	
	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)				
95801		Yes	Yes	Yes	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Yes	Yes	Yes	
	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness				
95805		Yes	Yes	Yes	
	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)				
95806		Yes	Yes	Yes	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Yes	Yes	Yes	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Yes	Yes	Yes	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Yes	Yes	Yes	



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95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	Yes	Yes	Yes	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Yes	Yes	Yes	
99429	Unlisted preventive medicine service	Yes	Yes	Yes	
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Yes	Yes	Yes	
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30 day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified HCP, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.	Yes	Yes	Yes	
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	Yes	Yes	Yes	
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Yes	Yes	Yes	
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	Yes	Yes	Yes	Instructional Notes, Guidelines and References
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Yes	Yes	Yes	
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	Yes	Yes	Yes	
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Yes	Yes	Yes	
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Yes	Yes	Yes	
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Yes	Yes	Yes	
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Yes	Yes	Yes	
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	Yes	Yes	Yes	
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Yes	Yes	Yes	
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Yes	Yes	Yes	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	Yes	Yes	Yes	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	Yes	Yes	Yes	



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0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0157U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0158U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0161U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0162U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	Yes	Yes	Yes	
0163U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	Yes	Yes	Yes	
0164U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	Yes	Yes	Yes	
0165U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	Yes	Yes	Yes	
0166U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	Yes	Yes	Yes	
0167U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	Yes	Yes	Yes	
0168U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Yes	Yes	Yes	
0169U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Yes	Yes	Yes	
0170U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	Yes	Yes	Yes	
0171U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Yes	Yes	Yes	
0172U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Yes	Yes	Yes	
0173U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	Yes	Yes	Yes	
0174U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Yes	Yes	Yes	
0175U	Cytotoxicity (distending toxin B [CdtB] and vinculin IgG antibodies by immunoassay (ie, ELISA))	Yes	Yes	Yes	
0176U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Yes	Yes	Yes	
0177U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	Yes	Yes	Yes	
0178U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	Yes	Yes	Yes	
0179U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Yes	Yes	Yes	
0180U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Yes	Yes	Yes	
0181U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	Yes	Yes	Yes	
0182U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Yes	Yes	Yes	
0183U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	Yes	Yes	Yes	
0184U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	Yes	Yes	Yes	
0185U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	Yes	Yes	Yes	
0186U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	Yes	Yes	Yes	
0187U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	Yes	Yes	Yes	
0188U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	Yes	Yes	Yes	
0189U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudodexon 3	Yes	Yes	Yes	
0190U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	Yes	Yes	Yes	
0191U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	Yes	Yes	Yes	



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0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	Yes	Yes	Yes	
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	Yes	Yes	Yes	
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	Yes	Yes	Yes	
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	Yes	Yes	Yes	
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Yes	Yes	Yes	
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	Yes	Yes	Yes	
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Yes	Yes	Yes	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	Yes	Yes	Yes	
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	Yes	Yes	Yes	
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	Yes	Yes	Yes	
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Yes	Yes	Yes	
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	Yes	Yes	Yes	
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Yes	Yes	Yes	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amylosporoid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Yes	Yes	Yes	
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	Yes	Yes	Yes	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Yes	Yes	Yes	
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	Yes	Yes	Yes	
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Yes	Yes	Yes	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Yes	Yes	Yes	
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	Yes	Yes	Yes	
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Yes	Yes	Yes	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	Yes	Yes	Yes	
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Yes	Yes	Yes	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Yes	Yes	Yes	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Yes	Yes	Yes	
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	Yes	Yes	Yes	
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Yes	Yes	Yes	
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	Yes	Yes	Yes	



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0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	Yes	Yes	Yes	
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Yes	Yes	Yes	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Yes	Yes	Yes	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Yes	Yes	Yes	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Yes	Yes	Yes	
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Yes	Yes	Yes	
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Yes	Yes	Yes	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes	Yes	Yes	
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes	Yes	Yes	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes	Yes	Yes	
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Yes	Yes	Yes	
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	Yes	Yes	Yes	
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	Yes	Yes	Yes	
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Yes	Yes	Yes	
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Yes	Yes	Yes	
0621T	Trabeculectomy ab interno by laser;	Yes	Yes	Yes	
0622T	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope	Yes	Yes	Yes	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	Yes	Yes	
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	Yes	Yes	
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes	Yes	
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	Yes	Yes	Yes	
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Yes	Yes	Yes	
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	Yes	Yes	Yes	
3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)	Yes	Yes	Yes	