

Commercial and Medicare Advantage Prior Authorization CPT/HCPCS Code List

Services Requiring Prior Authorization (Revised March 2024)

Things to Note

- Prior authorization for the services listed is required for both Commercial and Medicare Advantage plans unless otherwise specified in the special instructions column in the list below.
- The terms prior authorization, prior approval, predetermination, advance notice, precertification, preauthorization and prior notification all refer to the same process.
- All service requests are subject to the benefits, limitations and exclusions in a member's specific benefit plan.
- Services that are potentially cosmetic due to diagnosis require prior authorization.
- All genetic testing requires prior authorization.
- All Category III codes require prior authorization.
- Any unlisted or non-specific codes require prior authorization.
- This prior authorization list does not include services that are identified as investigational/experimental and/or not standard of care. A list of services that are considered investigational/experimental can be found at [MedMutual.com/Provider > Policies and Standards > Corporate Medical Policies](https://www.medmutual.com/Provider/Policies-and-Standards/Corporate-Medical-Policies).

Submitting a Prior Authorization

- For all services and procedures in this prior authorization list, Medical Mutual contracted providers must submit prior authorization requests via the web. Only non-contracted providers can submit prior authorization requests via fax. Please submit requests to:
Care Management
 - Web: <https://login.coherehealth.com>
 - Fax: 1-800-221-2640 (Medicare Advantage), 1-877-321-6664 (Commercial) | [Prior Approval Form](#)
- Prior authorization request information for medical drug, PT/OT/ST/chiropractic treatment, transplant, outpatient radiology and radiation/oncology services are not included in this prior authorization list. Prior authorization information for those services can be found here:
 - [Individual and Family Plans \(Commercial Plans\)](#)
 - [Medicare Advantage Plans](#)


Medicare Advantage Prior Authorization

Medical Mutual acts in accordance with guidance and policies from the Centers for Medicare & Medicaid Services (CMS). Medicare coverage is limited to clinically proven items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury, and within the scope of a Medicare benefit category.

CMS National Coverage Determinations (NCDs) are nationwide determinations of whether Medicare will pay for an item or service. Medical Mutual follows NCDs in making prior authorization determinations and in the absence of, or in conjunction with an NCD when specified, Local Coverage Determinations (LCDs) are followed. LCDs are regional determinations implemented by Medicare Administrative Contractors (MACs). LCDs are based upon the reasonable and necessary criteria found in Social Security

Act §1862(a)(1)(A) provisions. With the exception of laboratory testing, which is covered by the MAC responsible for the jurisdiction where the testing occurs, the LCDs used in determinations are maintained by the MAC responsible for the Ohio jurisdiction.

If no NCD, LCD or other CMS published information is available, Medical Mutual utilizes MCG care guidelines Level of Care criteria and selected MCG imaging, procedures and DME criteria; or Corporate Medical Policy (CMP) guidelines. Medical Mutual creates and implements the CMPs based upon current peer-reviewed medical and scientific literature and practice guidelines published by nationally recognized authoritative bodies. In addition, approval by the U.S. Food and Drug Administration and information provided by the Hayes Medical Technology Directory® represent other factors considered in the decision-making process.

To search for specific CPT/HCPCS codes, click on the magnifying glass icon  in the top PDF menu, or click on CTRL + F on your keyboard, and use the search bar to find a procedure code.

Fee schedules, relative value units, conversion factors and/or related components aren't assigned by the AMA, aren't part of CPT, and the AMA isn't recommending their use. The AMA doesn't directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

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Procedure Code	Procedure Code Description	Special Instructions
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS	Prior authorization not required for personal history of breast cancer.
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	Prior authorization not required for personal history of breast cancer.
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)	Prior authorization not required for personal history of breast cancer.
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Prior authorization not required for personal history of breast cancer.
11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT Notes	Prior authorization not required for personal history of breast cancer.

15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	Requires prior authorization for microsurgical treatment of lymphedema only.
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	Prior authorization not required for personal history of breast cancer.
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	Prior authorization not required for personal history of breast cancer.
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	
15789	CHEMICAL PEEL, FACIAL; DERMAL	
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	
15819	CERVICOPLASTY	
15820	BLEPHAROPLASTY, LOWER EYELID	
15821	BLEPHAROPLASTY, LOWER EYELIDS; WITH EXTENSIVE HERNIATED FAT PADS	
15822	BLEPHAROPLASTY, UPPER EYELID;	

15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIPS	
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCKS	
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARMS	
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INDCLUDING LIPECTOMY); SUBMENTAL FAT PAD	
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	
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)	
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	

15877	SUCTION ASSISTED LIPECTOMY; TRUNK	
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	Please refer to the Corporate Medical Policy to determine if condition requires prior authorization. Prior authorization not required for Medicare Advantage plans.
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 / 50 SQ CM	Please refer to the Corporate Medical Policy to determine if condition requires prior authorization. Prior authorization not required for Medicare Advantage plans.
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50 SQ CM	Please refer to the Corporate Medical Policy to determine if condition requires prior authorization. Prior authorization not required for Medicare Advantage plans.
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	
19300	MASTECTOMY FOR GYNECOMASTIA	
19303	MASTECTOMY, SIMPLE, COMPLETE	Prior authorization not required for personal history of breast cancer.
19316	MASTOPEXY	Prior authorization not required for personal history of breast cancer.
19318	BREAST REDUCTION	

19325	BREAST AUGMENTATION WITH IMPLANT	
19328	REMOVAL OF INTACT BREAST IMPLANT	Prior authorization not required for personal history of breast cancer.
19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	Prior authorization not required for personal history of breast cancer.
19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Prior authorization not required for personal history of breast cancer.
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Prior authorization not required for personal history of breast cancer.
19350	NIPPLE/AREOLA RECONSTRUCTION	Prior authorization not required for personal history of breast cancer.
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Prior authorization not required for personal history of breast cancer.
19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	Prior authorization not required for personal history of breast cancer.
19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, fTRAM, DIEP, SIEA, GAP FLAP)	Prior authorization not required for personal history of breast cancer.
19367	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	Prior authorization not required for personal history of breast cancer.
19368	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP, REQUIRING SEPARATE MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)	Prior authorization not required for personal history of breast cancer.
19369	BREAST RECONSTRUCTION; WITH BIPEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	Prior authorization not required for personal history of breast cancer.

19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Prior authorization not required for personal history of breast cancer.
19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Prior authorization not required for personal history of breast cancer.
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)	Prior authorization not required for personal history of breast cancer.
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	Prior authorization not required for personal history of breast cancer.
19499	UNLISTED PROCEDURE; BREAST	Prior authorization not required for personal history of breast cancer.
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	Prior authorization not required for Medicare Advantage plans only.
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	Prior authorization not required for Medicare Advantage plans only.
20912	CARTILAGE GRAFT; NASAL SEPTUM	
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization required for Recombinant bone morphogenic proteins
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization required for Recombinant bone morphogenic proteins
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NON OPERATIVE)	
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	

20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	
20982	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE METASTASIS INCLUDING ADJACENT SOFT TISSUE WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED; RADIOFREQUENCY	
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	Prior authorization not required for Medicare Advantage plans only.
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)	
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING GRAFTS)	
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	

21137	REDUCTION FOREHEAD; CONTOURING ONLY	
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	
21172	RECONSTRUCTION SUPERIOR\LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR\LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGONOCEPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)	

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	
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	
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	
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	
21195	RECONSTRUCT MANDIBULAR RAMI; W/O INTERNAL RIGID FIXATION	
21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	
21235	GRAFT; EAR CARTILAGE, AUTOGRAFT, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	
21244	RECONSTRUCT OF MANDIBLE EXTRAORAL, W/ BONE PLATE	
21249	RECONSTRUCT MANDIBLE/MAXILLA ENDOSTEAL IMPLANT, COMPLETE	

21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO\OPHTHALMIA)	
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	
21282	LATERAL CANTHOPEXY	
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY	
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY	
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	
22514	PERC VRTBRL AUGMNTATION, 1 VRTBRL BODY, UNI/BI CANNULATION, INCL IMAGE; LUMBAR	
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	

22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE, INCLUDES BONE GRAFT WHEN PERFORMED, L5-S1 INTERSPACE	
22610	ARTHRODESIS, POSTERIOR/POSTEROLATERAL, SINGLE LEVEL; THORACIC	
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
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	
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)	
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS	
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	
22836	ANTERIOR THORACIC VERTEBRAL BODY TETHERING, INCLUDING THORACOSCOPY, WHEN PERFORMED; UP TO 7 VERTEBRAL SEGMENTS	
22837	ANTERIOR THORACIC VERTEBRAL BODY TETHERING, INCLUDING THORACOSCOPY, WHEN PERFORMED; 8 OR MORE VERTEBRAL SEGMENTS	
22838	REVISION (EG, AUGMENTATION, DIVISION OF TETHER), REPLACEMENT, OR REMOVAL OF THORACIC VERTEBRAL BODY TETHERING, INCLUDING THORACOSCOPY, WHEN PERFORMED	
22852	REMOVE POSTERIOR SEGMENTAL INSTRUMENTATION	
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION, SINGLE INTERSPACE, LUMBAR	
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH ENDPLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SECOND INTERSPACE, LUMBAR	
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR	
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	
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)	
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL	
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)	
22899	UNLISTED PROCEDURE, SPINE	
23929	UNLISTED PROCEDURE, SHOULDER	
24362	ARTHROPLASTY, ELBOW; W/ IMPLANT AND FASCIA LATA LIGAMENT	

24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	
25999	UNLISTED PROCEDURE, FOREARM OR WRIST	
26989	UNLISTED PROCEDURE; HANDS OR FINGERS	
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	
27278	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS, WITH IMAGE GUIDANCE, INCLUDING PLACEMENT OF INTRA-ARTICULAR IMPLANT(S) (EG, BONE ALLOGRAFT(S), SYNTHETIC DEVICE(S)), WITHOUT PLACEMENT OF TRANSFIXATION DEVICE	
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Prior authorization not required for Medicare Advantage plans only.
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFTS)	
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	
27899	UNLISTED PROCEDURE, LEG AND ANKLE	
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT(S))	

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	
28899	UNLISTED PROCEDURE, FOOT OR TOES	
29807	ARTHROSCOPY, SHOULDER, SURG; REPAIR SLAP LESION	
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)	
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)	
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT(S))	
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	
29999	UNLISTED PROCEDURE, ARTHROSCOPY	
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	

30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY	
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES	
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG. SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	
30469	REPAIR OF NASAL VALVE COLLAPSE WITH LOW ENERGY, TEMPERATURE-CONTROLLED (IE, RADIOFREQUENCY) SUBCUTANEOUS/SUBMUCOSAL REMODELING	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	

30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	
30999	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	
31242	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DESTRUCTION BY RADIOFREQUENCY ABLATION, POSTERIOR NASAL NERVE	Prior authorization required for Commercial Plans only.
31243	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DESTRUCTION BY CRYOABLATION, POSTERIOR NASAL NERVE	Prior authorization required for Commercial Plans only.
31660	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE	
31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	
31830	REVISION OF TRACHEOSTOMY SCAR	
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	
32491	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; W/RESECTION\PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON\BULLOUS) FOR LUNG VOLUME REDUCTION, STERNAL SPLIT OR TRANSTHORACIC APPROACH, INCLUDES ANY PLEURAL PROCEDURE, WHEN PERFORMED	
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	Please refer to the Corporate Medical Policy to determine if condition requires prior authorization.
32672	THORACOSCOPY, SURGICAL; WITH RESECTION\PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR NON\BULLOUS) FOR LUNG VOLUME REDUCTION (LVRS), UNILATERAL INCLUDES ANY PLEURAL PROCEDURE, WHEN PERFORMED	

32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL; RADIOFREQUENCY	
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	Prior authorization required for Medicare Advantage only.
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization required for Medicare Advantage only.
33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, VENTRICULOGRAPHY, FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG, INTERROGATION OR PROGRAMMING), WHEN PERFORMED	
33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, VENTRICULOGRAPHY, FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG, INTERROGATION OR PROGRAMMING), WHEN PERFORMED	
33275	TRANSCATHETER REMOVAL OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, VENTRICULOGRAPHY, FEMORAL VENOGRAPHY), WHEN PERFORMED	
33276	INSERTION OF PHRENIC NERVE STIMULATOR SYSTEM (PULSE GENERATOR AND STIMULATING LEAD(S)), INCLUDING VESSEL CATHETERIZATION, ALL IMAGING GUIDANCE, AND PULSE GENERATOR INITIAL ANALYSIS WITH DIAGNOSTIC MODE ACTIVATION, WHEN PERFORMED	
33277	INSERTION OF PHRENIC NERVE STIMULATOR TRANSVENOUS SENSING LEAD (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

33278	REMOVAL OF PHRENIC NERVE STIMULATOR, INCLUDING VESSEL CATHETERIZATION, ALL IMAGING GUIDANCE, AND INTERROGATION AND PROGRAMMING, WHEN PERFORMED; SYSTEM, INCLUDING PULSE GENERATOR AND LEAD(S)	
33279	REMOVAL OF PHRENIC NERVE STIMULATOR, INCLUDING VESSEL CATHETERIZATION, ALL IMAGING GUIDANCE, AND INTERROGATION AND PROGRAMMING, WHEN PERFORMED; TRANSVENOUS STIMULATION OR SENSING LEAD(S) ONLY	
33280	REMOVAL OF PHRENIC NERVE STIMULATOR, INCLUDING VESSEL CATHETERIZATION, ALL IMAGING GUIDANCE, AND INTERROGATION AND PROGRAMMING, WHEN PERFORMED; PULSE GENERATOR ONLY	
33281	REPOSITIONING OF PHRENIC NERVE STIMULATOR TRANSVENOUS LEAD(S)	
33287	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR, INCLUDING VESSEL CATHETERIZATION, ALL IMAGING GUIDANCE, AND INTERROGATION AND PROGRAMMING, WHEN PERFORMED; PULSE GENERATOR	
33288	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR, INCLUDING VESSEL CATHETERIZATION, ALL IMAGING GUIDANCE, AND INTERROGATION AND PROGRAMMING, WHEN PERFORMED; TRANSVENOUS STIMULATION OR SENSING LEAD(S)	
33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING, INCLUDING DEPLOYMENT AND CALIBRATION OF THE SENSOR, RIGHT HEART CATHETERIZATION, SELECTIVE PULMONARY CATHETERIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND PULMONARY ARTERY ANGIOGRAPHY, WHEN PERFORMED	Prior authorization required for Medicare Advantage only. Refer to the Corporate Medical Policy for commercial plans.
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	

33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	
33362	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	
33363	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH	
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (EG, MEDIAN STERNOTOMY, MEDIASTINOTOMY)	
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY)	
33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS	
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; ADDITIONAL PROSTHESIS DURING SAME SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
33477	TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF THE VALVE DELIVERY SITE, WHEN PERFORMED	
33927	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY	
33928	REMOVAL AND REPLACEMENT OF TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART)	

33929	REMOVAL OF TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) FOR HEART TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE	
33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP	
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT CARDIOPULMONARY BYPASS	
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY BYPASS	
33988	INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY) FOR ECMO/ECLS	
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY	
33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, BOTH ARTERIAL AND VENOUS ACCESS, WITH TRANSEPTAL PUNCTURE	
33993	REPOSITIONING OF PERCUTANEOUS RIGHT OR LEFT HEART VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	

33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY	
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN)	Prior authorization not required for the initial 8 treatments. Any additional treatments please refer to MCG criteria.
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN) SAME LEG	Prior authorization not required for the initial 8 treatments. Any additional treatments please refer to MCG criteria.
36468	INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS; LIMB OR TRUNK	
36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Prior authorization not required for the initial 8 treatments. Any additional treatments please refer to MCG criteria.
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE INCOMPETENT VEINS, (OTHER THAN TELANGIECTASIA), SAME LEG	Prior authorization not required for the initial 8 treatments. Any additional treatments please refer to MCG criteria.
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED	
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)	
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	
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)	
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	
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)	
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	
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)	
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	
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	
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	
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)	
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)	
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	
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	

37799	UNLISTED PROCEDURE, VASCULAR SURGERY	
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	
42145	PALATOPHARYNGOPLASTY (EG. UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	
42299	UNLISTED PROCEDURE, PALATE, UVULA LASER ASSISTED UVOLOPLASTY (LAUP); SOMNOPLASTY ARE INVESTIGATIONAL	
42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION	
42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION	
43201	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	
43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES DUODENOSCOPY WHEN PERFORMED	
43236	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED SUBMUSOCAL INJECTION(S), ANY SUBSTANCE	
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	

43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED	
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	
43290	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DEPLOYMENT OF INTRAGASTRIC BARIATRIC BALLOON	
43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL (IE, PERORAL ENDOSCOPIC MYOTOMY [POEM])	
43499	UNLISTED PROCEDURE, ESOPHAGUS GASTROESOPHAGEAL REFLUX DISEASE (GERD) TREATMENT DEVICES ARE INVESTIGATIONAL.	
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX EN Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	

43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL\BANDED GASTROPLASTY	
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL\BANDED GASTROPLASTY	
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS\PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX EN Y GASTROENTEROSTOMY	
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY: WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)	
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	

43999	UNLISTED PROCEDURE, STOMACH	
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	
44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESSMENT OF DONOR SPECIMEN	Prior authorization not required for Medicare Advantage plans only.
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA (SIS))	
46999	UNLISTED PROCEDURE, ANUS	
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	
47399	UNLISTED PROCEDURE, LIVER	
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLET CELLS	
48999	UNLISTED PROCEDURE, PANCREAS	
49904	OMENTAL FLAP, EXTRA\ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)	
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	

50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, IF PERFORMED	
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, WHEN PERFORMED	
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	Prior authorization required for Medicare Advantage only.
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP, RESERVOIR, AND CUFF	Prior authorization required for Medicare Advantage only.
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TISSUE	Prior authorization required for Medicare Advantage only.
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	
53860	TRANSURETHRAL RADIOFREQUENCY MICROREMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE	Prior authorization required for Medicare Advantage only.

53899	UNLISTED PROCEDURE, URINARY SYSTEM 1. EXTRACORPOREAL MAGNETIC STIMULATION IS INVESTIGATIONAL 2. RADIOFREQUENCY THERAPY FOR URINARY INCONTINENCE IS INVESTIGATIONAL	
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	
56810	PERINEOPLASTY, NONOBSTETRICAL	
57335	VAGINOPLASTY FOR INTERSEX STATE	Prior authorization not required for Medicare Advantage plans only.
58140	MYOMECTOMY, 1-4 INTRAMURAL MYOMAS; ABDOM APPROACH	
58262	VAG HYSTERECTOMY, FOR UTERUS 250 GM OR LESS; W/REMOVAL TUBE(S) AND/OR OVARY(S)	Prior authorization not required for personal history of cancer.
58578	UNLISTED LAPAROSCOPY PROC, UTERUS	
58580	TRANSCERVICAL ABLATION OF UTERINE FIBROID(S), INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	Prior authorization required for Commercial Plans only.
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM NONOBSTETRICAL	
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	

59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	
59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	
61736	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION, INTRACRANIAL, INCLUDING BURR HOLE(S), WITH MAGNETIC RESONANCE IMAGING GUIDANCE, WHEN PERFORMED; SINGLE TRAJECTORY FOR 1 SIMPLE LESION	
61737	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION, INTRACRANIAL, INCLUDING BURR HOLE(S), WITH MAGNETIC RESONANCE IMAGING GUIDANCE, WHEN PERFORMED; MULTIPLE TRAJECTORIES FOR MULTIPLE OR COMPLEX LESION(S)	
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	Prior authorization required for Medicare Advantage only.
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)	Prior authorization required for Medicare Advantage only.
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	Prior authorization required for Medicare Advantage only.
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO TWO OR MORE ELECTRODE ARRAYS	

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	
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	
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, 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	May require prior authorization. Refer to Corporate Medical Policy.
63266	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	

64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	Please refer to the Corporate Medical Policy to determine if condition requires prior authorization.
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED	
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	
64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	
64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	

64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	
64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	
64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	
64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) Notes	
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	
66989	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG. IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESEVOIR, INTERNAL APPROACH, ONE OR MORE	
66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESEVOIR, INTERNAL APPROACH, ONE OR MORE	
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	
67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	Prior authorization is only required for members ≥18 years old.
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	Prior authorization is only required for members ≥18 years old.
67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)	Prior authorization is only required for members ≥18 years old.

67316	STRABISMUS SURGERY, RESECTION OR RESECTION PROCEDURE; TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)	Prior authorization is only required for members ≥18 years old.
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	Prior authorization is only required for members ≥18 years old.
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization is only required for members ≥18 years old.
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization is only required for members ≥18 years old.
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization is only required for members ≥18 years old.
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization is only required for members ≥18 years old.
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)	Prior authorization is only required for members ≥18 years old.
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization is only required for members ≥18 years old.
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID FOREHEAD OR CORONAL APPROACH)	
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	
67902	REPAIR BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FACIAL SLING (INCLUDES OBTAINING FASCIA)	

67903	REPAIR BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	
67904	REPAIR BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	
67906	REPAIR BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO\TARSO\MULLER'S MUSCLE\LEVATOR RESECTION (EG, FASANELLA\SERVAT TYPE)	
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	
67911	CORRECTION OF LID RETRACTION	
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFEROR REARRANGEMENT; UP TO ONE FOURTH OF LID MARGIN	
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	
69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); UNILATERAL	
69706	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); BILATERAL	Prior authorization not required for Medicare Advantage plans only.
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	

69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	
69716	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHEMENT TO EXTERNAL SPEECH PROCESSOR	
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY	
69719	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	
69729	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE OF THE MASTOID AND RESULTING IN REMOVAL OR GREATER THAN OR EQUAL TO 100 SQ MM SURGACE AREA OF BONE DEEP TO THE OUTER CRANIAL COTEX	
69730	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURGACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORETEX	
69799	UNLISTED PROCEDURE, MIDDLE EAR	
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD.	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.

76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)	Prior authorization not required for Medicare Advantage plans only.
76982	ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION	Prior authorization not required for Medicare Advantage plans only.
76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	
77080	DUAL ENERGY X RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
77081	DUAL ENERGY XRAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE), INCLUDING VERTEBRAL FRACTURE ASSESSMENT	
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	
80299	ASSAY OF QUANTITATION OF THERAPEUTIC DRUG, NOT ELSEWHERE SPECIFIED	
80322	ALCOHOL BIOMARKERS; 3 OR MORE	
80328	ANABOLIC STEROIDS; 3 OR MORE	
80340	ANTIPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	

80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	
80351	CANNABINOIDS, SYNTHETIC; 4-6	
80374	STEREISOISOMER (ENANTIOMER) ANALYSIS, SINGLE DRUG CLASS	
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 4-6	
81105	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN, BETA 3 (PLATELET GLYCOPROTEIN IIIA), ANTIGEN CD61 (GPIIA) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-1A/B (L33P)	
81106	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPROTEIN IB (PLATELET), ALPHA POLYPEPTIDE (GPIBA) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-2A/B (T145m0	
81107	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN, ALPHA 2B (PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX), ANTIGEN CD41 (GPIIB) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-3A/B (1843S)	
81108	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN, BETA 3 (PLATELET GLYCOPROTEIN IIIA), ANTIGEN CD61 (GPIIIA) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-4A/B (R143Q)	
81109	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2(INTEGRIN, ALPHA 2 (CD49B, ALPHA 2 SUBUNIT OF VLA-2 RECEPTOR) (GPIA) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT (EG, HPA-5A/B (K505E))	

81110	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W), ITGB3 (INTEGRIN, BETA 3 (PLATELET GLYCOPROTEIN IIIA, ANTIGEN CD61) (GPIIIA) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-6A/B (R489Q)	
81111	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W), ITGA2B (INTEGRIN, ALPHA 2B (PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX, ANTIGEN CD41) (GPIIB) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-9A/B (V837M)	
81112	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15), CD109 (CD109 MOLECULE) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA (NAIT), POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-15A/B (S682Y)	
81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 (NADP+), SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (EG, R132H, R132C)	
81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 (NADP+), MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (EG, R140, R172M)	
81162	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS)	
81163	BRCA1, (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (IE, DETECTION OF LARGE GENE REARRANGEMENTS)	

81168	CCND1/IGH (T (11;14)) (EG, MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUALITATIVE AND QUANTITATIVE, IF PERFORMED	
81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENE ANALYSIS, VARIANTS IN THE KINASE DOMAIN	
81171	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), FULL GENE SEQUENCE	
81172	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 (FMR2)) (EG, FRAGILE X MENTAL RETARDATION 2 (FRAXE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE AND METHYLATION STATUS)	
81173	AFF2 (AF4/FMR2 FAMILY, MEMBER 2 (FMR2)) (EG, FRAGILE X MENTAL RETARDATION 2 (FRAXE) GENE ANALYSIS; FULL GENE SEQUENCE	
81174	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (EG, ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), KNOWN FAMILIAL VARIANT	
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)	
81177	ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81178	ATXN1 (ATAXIN 1) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81179	ATXN2 (ATAXIN 2) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81180	ATXN3 (ATAXIN 3) (EG, SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH DISEASE) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	

81181	ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81182	ATXN8OS (ATXN8 OPPOSITE STRAND (NON-PROTEIN CODING) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81183	ATXN10 (ATAXIN 10) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81184	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG, MYOTONIC DYSTROPHY TYPE 2) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81188	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81189	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQUENCE	
81190	CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS/FAP, ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE	
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS FAP, ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	

81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSISFAP, ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
81204	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE OR METHYLATION STATUS)	
81206	BCR/ABL1 (T (9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	
81207	BCR/ABL1 (T (9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	
81208	BCR/ABL1 (T (9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	
81210	BRAF (RAF PROTO-ONCOGENE SERINE/THREONINE KINASE) (EG, COLON CANCER, MELANOMA), GENE ANALYSIS, V600E VARIANT (S);	
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS;185DELAG, 5385INSC, 6174DELT VARIANTS	
81215	BRAC 1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
81216	BRAC2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81217	BRAC2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
81218	CEBPA (CCAAT/ENHANCE BINDING PROTEIN (C/EBP), ALPHA) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, FULL GENE SEQUENCE	
81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	

81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY\T ANALYSIS (EG, MALE INFERTILITY)	
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)	
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)	
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (*2, *3, *5, *6)	
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)	
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME\WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	
81230	CYP3A4 (CYTOCHROME P450, FAMILY 3, SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (*2, *22)	
81231	CYP3A5 (CYTOCHROME P450, FAMILY 3, SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	

81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)	
81233	BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, C481S, C481R, C481F)	
81234	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	
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)	
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, MYELOYDYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS) GENE ANALYSIS, FULL GENE SEQUENCE	
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, DIFFUSE LARGE B-CELL LYMPHOMA) GENE ANALYSIS, COMMON VARIANT(S) (EG, CODON 646)	
81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE	
81239	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT	
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A>T)	

81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81244	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE AND METHYLATION STATUS)	
81245	FLT3 (FMS\RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE, EXONS 14, 15)	
81246	FLT3 (FMS\RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS; TYROSINE KINASE DOMAIN (TKD) VARIANTS (EG, D835, I836)	
81247	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (EG, A, A-)	
81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	
81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	
81250	G6PC (GLUCOSE\6\PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, TYPE 1A, VON GIERKE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, R83C, Q347X)	
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G>A)	
81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26) (EG, NON\ SYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE	
81253	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN26) (EG, NON\ SYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	

81254	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (EG, NON\SYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (EG, 309KB, DELGJB6\D13S1830) AND 232KB (DELGJB6\D13S1854)	
81255	HEXA (HEXOSAMINIDASE A (ALPHA POLYPEPTIDE)) (EG, TAY\SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G>C, G269S)	
81256	HFE (HEMOCHROMATOSIS)(EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	
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 ASIA, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, AND CONSTANT SPRING)	
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	
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	
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B\CELL KINASE COMPLEX\ASSOCIATED PROTEIN) (EG, FAMILIAL DYAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)	
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B\CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); AMPLIFIED METHODOLOGY (EG, POLYMERASE CHAIN REACTION)	
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); DIRECT METHODOLOGY (EG, SOUTHERN BLOT)	
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS	

81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B\CELL), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE\TRANSPLANT RECIPIENT AND DONOR GERMLINE TESTING, POST\TRASPLANT 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)	
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)	
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITHOUT CELL SELECTION	
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	
81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	
81271	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
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)	
81273	KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, MASTOCYTOSIS), GENE ANALYSIS, DB16 VARIANT(S)	
81274	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	
81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS, VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	
81276	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2, ADDITIONAL VARIANT(S) (EG, CODON 61, CODON 146)	
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS FOR CHROMOSOMAL ABNORMALITIES	
81278	IGH@/BCL2 (T (14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	
81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	
81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT	
81284	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	
81285	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	
81286	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	

81287	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME), METHYLATION ANALYSIS	
81288	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NONPOLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS	
81289	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3\2A>G, DEL6.4KB)	
81291	MTHFR (5,10\METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)	
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	

81298	MSH6 (MUTS HOMOLOG 6 (E. COLI)) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81299	MSH6 (MUTS HOMOLOG 6 (E. COLI)) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	
81300	MSH6 (MUTS HOMOLOG 6 (E. COLI)) (EG, HEREDITARY NON\POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/ DELETION VARIANTS	
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	
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
81305	MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG, WALDENSTROM'S MACROGLOBULINEMIA, LYMPHOPLASMACYTIC LEUKEMIA) GENE ANALYSIS, p.Leu265Pro(L265P) VARIANT	
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)	
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAR VARIANT	
81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, BIPHOSPHAT 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, COLORECTAL ADN BREAST CANCER) GENE ANALYSIS, TARGETED SEQUENCE ANAYLSIS (EG, EXONS 7,9,20)	

81312	PABPN1 (POLY(A) BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3, NON-PROTEIN CODING/KALLIKREIN RELATED PEPTIDASE 3, PROSTATE SPECIFIC ANTIGEN) RATIO (EG, PROSTATE CANCER)	
81314	PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) (EG, GASTROINTESTINAL STROMAL TUMOR (GIST), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 12,18)	
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	
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	
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 (S. CEREVISIAE)) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 (S. CEREVISIAE)) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 (S. CEREVISIAE)) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	
81320	PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, R665W, S707F, L845F)	
81321	PTEN (PHOSPHATE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	

81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT	
81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT\MARIE\TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS	
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT\MARIE\TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT\MARIE\TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
81327	SEPT9 (SEPTIN9) EG, COLORECTAL CANCER) METHYLATION ANALYSIS	
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	
81329	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS (EG, CARRIER TESTING), INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) ANALYSIS, IF PERFORMED	
81330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN\PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)	
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONECLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG, PRADER\WILLI SYNDROME AND/OR ANGELMAN SYNDROME), METHYLATION ANALYSIS	

81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA\1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (EG, ALPHA\A\ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS (EG, *S AND *Z)	
81333	TGFBI (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG, CORNEAL DYSTROPHY) GENE ANALYSIS, COMMON VARIANTS (EG, R124H, R124C, R124L, R555W, R555Q)	
81334	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS	
81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, *2, *3)	
81336	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE	
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; KNOWN FAMILIAL SEQUENCE VARIANT(S)	
81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	
81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA) GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING AMPLICIFICATION METHODOLOGY (EG, POLYMERASE CHAIN REACTION)	
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)	
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	

81343	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT Bbeta) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81344	TBP (TATA BOX BINDING PROTEIN) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	
81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, GLIOBLASTOMA MULTIFORME) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, PROMOTER REGION)	
81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)	
81347	SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, A672T, E622D, L833F, R625C, R625L)	
81348	SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, P95H, P95L)	
81349	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZGOSITY VARIANTS, LOW-PASS SEQUENCING ANALYSIS	
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, DRUG METABOLISM, HEREDITARY UNCONJUGATED HYPERBILIRUBINEMIA [GILBERT SYNDROME]) GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36 *37)	
81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	
81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	

81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	
81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, S34F, S34Y, Q157R, Q157P)	
81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	
81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	
81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	
81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	
81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA\A, \B, \C, \DRB1/3/4/5, AND \DQB1	
81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA\A, \B, AND \DRB1 (EG, VERIFICATION TYPING)	
81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA\A, \B, AND \C)	
81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA\A, \B, OR \C) EACH	
81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH	
81375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA\DRB1/3/4/5 AND \DQB1	

81376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA\DRB1, DRB3/4/5, DQB1, DQA1,DPB1, OR DPA1), EACH	
81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH	
81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA\A, \B, \C, AND \DRB1	
81379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA\A, \B, AND \C)	
81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA\A, \B, OR \C), EACH	
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUP); ONE ALLELE OR ALLELE GOUP (EG, B*57:01P), EACH	
81382	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GOUPS); ONE LOCUS (EG, HLA\DRB1, \DRB4,5 \DQB1, \DQA1, \DPB1, OR \DPA1), EACH	
81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GOUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA\DQB1*06:02P), EACH	
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) ... *** DESCRIPTION TOO EXTENSIVE; SEE CODE BOOK FOR COMPLETE INFO ***	
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) *** DESCRIPTION TOO EXTENSIVE; SEE CODE BOOK FOR COMPLETE INFO ***	
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 1 EXON) *** DESCRIPTION TOO EXTENSIVE, SEE CODE BOOK FOR COMPLETE INFO ***	
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) ... *** DESCRIPTION TOO EXTENSIVE, SEE CODE BOOK FOR COMPLETE INFO ***	
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) ... *** DESCRIPTION TOO EXTENSIVE; SEE CODE BOOK FOR COMPLETE INFO ***	
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) *** DESCRIPTION TOO EXTENSIVE; SEE CODE BOOK FOR COMPLETE INFO ***	
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, *** DESCRIPTION TOO EXTENSIVE; SEE CODE BOOK FOR FURTHER INFO ***	
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) APOB (APOLIPOPROTEIN B) (EG, FAMILIAL HYPERCHOLESTEROLEMIA TYPE B) FULL GENE SEQUENCE	
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS) ... *** DESCRIPTION TOO EXTENSIVE; SEE CODE BOOK FOR COMPLETE INFO ***	
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	
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, COL3A1, MYH11	
81413	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL. (REFER TO 2017 CPT BOOK FOR COMPLETE DESCRIPTION)	
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	
81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	
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)	
81417	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	
81418	DRUG METABOLISM (EG, PHARMACOGENOMICS) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE TESTING OF AT LEAST 6 GENES, INCLUDING CYP2C19, CYP2D6, AND CYP2D6 DUPLICATION/ DELETION ANALYSIS	
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, STXB1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	

81422	FETAL CHROMOSOMAL MICRODELETION(S)GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	
81425	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	
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)	
81427	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	
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 WES1	
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	
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	
81433	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMIC SEQUENCE ANALYSIS PANEL, DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE FOR BRCA1, BRCA2, MLH1, MLH2, AND STK11	

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	
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	
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	
81439	HEREDIATARY 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, AND TTN)	
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	
81441	INHERITED BONE MARROW FAILURE SYNDROMES (IBMFS) (EG, FANCONI ANEMIA, DYSKERATOSIS CONGENITA, DIAMOND-BLACKFAN ANEMIA, SHWACHMAN-DIAMOND SYNDROME, GATA2 DEFICIENCY SYNDROME, CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA) SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 30 GENES, INCLUDING BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, AND TINF2	

81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, RADIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1 RIT1, SHOC2, AND SOS1	
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE, BETA HEMOGLOBINOPATHIES, PHENYLKETONURIA, GALACTOSEMIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (REFER TO 2019 CPT BOOK FOR COMPLETE DESCRIPTION)	
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	
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, MPZ, REEP1, SPAST, SPG11, SPTLC1)	
81449	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED; RNA ANALYSIS	
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, MSS, NRAS, NPM1 NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED	

81451	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, GRAF, 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	
81456	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED; RNA ANALYSIS	
81457	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, MICROSATELLITE INSTABILITY	
81458	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, COPY NUMBER VARIANTS AND MICROSATELLITE INSTABILITY	
81459	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	
81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MOTOCHONDRIAL 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	
81462	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (EG, PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS AND REARRANGEMENTS	
81463	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (EG, PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, COPY NUMBER VARIANTS, AND MICROSATELLITE INSTABILITY	
81464	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (EG, PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS, MICROSATELLITE INSTABILITY, TUMOR MUTATION BURDEN, AND REARRANGEMENTS	
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE DYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	
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, FDG1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, AND SLC16A2	
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE	Prior authorization not required for Medicare Advantage plans only.
81493	CORONARY ARTERY DISEASE, mRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE	

81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA\125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM REPORTED AS A RISK SCORE	
81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA\125, APOLIPROTEIN A1, BETA2 MICROGLOBULIN, TRANSFERRIN, AND PRE\ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED AS A RISK SCORE	
81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	
81506	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTE (GLUCOSE, HBA1C, INSULIN, HS\CRP, ADOPONECTIN, FERRITIN, INTERLEUKIN 2\RECEPTOR ALPHA), UTILIZING SERUM OR PLASMA, ALGORITHM REPORTING A RISK SCORE	
81507	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY	
81508	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS, (PAPP\A, HCG ANY FORM), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE	
81509	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP\A, HCG ANY FORM, DIA), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE	
81510	FETAL CONGNITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THRE ANALYTES (AFP, UE3, HCG ANY FORM), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE	
81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, HCG ANY FORM, DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE (MAY INCLUDE ADDITIONAL RESULTS FROM PREVIOUS BIOCHEMICAL TESTING)	

81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3, TOTAL HCG, HYPERGLYCOSYLATED HCG, DIA) UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS A RISK SCORE	
81517	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	
81518	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	
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	
81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	
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 RCURRENCE RISK SCORE	
81523	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; FIRST SINGLE DRUG OR DRUG COMBINATION	

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 SENTINEL LYMPH NODE METASTASIS	
81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; FIRST SINGLE DRUG OR DRUG COMBINATION	
81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; EACH ADDITIONAL SINGLE DRUG OR DRUG COMBINATION	
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS GOOD VERSUS POOR OVERALL SURVIVAL	
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5 HOUSEKEEPING) TO CLASSIFY TUMOR INTO MAIN CANCER TYPE AND SUBTYPE, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A PROBABILITY OF A PREDICTED MAIN CANCER TYPE AND SUBTYPE	
81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASIS RISK SCORE	
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)	

81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY	
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 TSIISUE, ALGORITHM REPORTED AS RISK OF METASTASIS	
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])	
81560	TRANSPLANTATION MEDICINE (ALLOGRAFT REJECTION, PEDIATRIC LIVER AND SMALL BOWEL), MEASUREMENT OF DONOR AND THIRD PARTY-INDUCED CD154+T CYTOTOXIC MEMORY CELLS, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	
81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING), UTILIZING SUBFRACTION OF PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, AND HAPTOGLOBIN) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS SCORES FOR FIBROSIS AND NECROINFLAMMATORY ACTIVITY IN LIVER	
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	
84112	EVALUATION OF CERVICOVAGINAL FLUID FOR SPECIFIC AMNIOTIC FLUID PROTEIN(S) (EG, PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), PLACENTAL PROTEIN 12 (PP12), ALPHA-FETOPROTEIN), QUALITATIVE, EACH SPECIMEN	

84433	THIOPURINE S- METHYLTRANSFERASE (TPMT)	
84999	UNLISTED CHEMISTRY PROCEDURE **SEE CORPORATE MEDICAL POLICIES FOR GUIDELINES ABOUT SPECIFIC TESTS **	
85999	UNLISTED HEMATOLOGY PROCEDURE AUTOLOGOUS PLATELET SEALANT GRAFT IS INVESTIGATIONAL	
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	
86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (EG, DISK, SPONGE, CARD)	
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	
86849	UNLISTED IMMUNOLOGY PROCEDURE **SEE CORPORATE MEDICAL POLICIES FOR GUIDELINES ABOUT SPECIFIC TESTS **	
88235	TISSUE CULTURE FOR NON\NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20\25 CELLS	
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)	
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, C; ASTPGEM STRESS (EG, DIEPOXYBUTANE, MITOMYCIN C, IONIZING RADIATION, UV RADIATION)	

88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	
88262	CHROMOSOME ANALYSIS; COUNT 15 TO 20 CELLS, 2 KARYOTYPES, WITH BANDING	
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6 \ 12 COLONIES, 1 KARYOTYPE, WITH BANDING	
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3 5 CELLS (EG, FOR DERIVATIVES AND MARKERS)	
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10 30 CELLS (EG, FOR MICRODELETIONS)	
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25 99 CELLS	
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100 300 CELLS	
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG. NOR, C\BANDING)	
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH-RESOLUTION STUDY	
88299	UNLISTED CYTOGENETIC STUDY	
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	

89290	BIOPSY, OOCYTE POLAR OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE\IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	
89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE\IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	
89344	STORAGE (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE\DETERMINATION WITH DELIVERY AND MANAGEMENT	
91065	BREATH HYDROGEN OR METHANE TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOSE INTOLERANCE, BACTERIAL OVERGROWTH, OR ORO-CECAL GASTROINTESTINAL TRANSIT)	
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND REPORT	
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	

92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDITIONS (IE, EYES OPEN, EYES CLOSED, VISUAL SWAY, PLATFORM SWAY, EYES CLOSED PLATFORM SWAY, PLATFORM AND VISUAL SWAY), INCLUDING INTERPRETATION AND REPORT;	
92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDITIONS (IE, EYES OPEN, EYES CLOSED, VISUAL SWAY, PLATFORM SWAY, EYES CLOSED PLATFORM SWAY, PLATFORM AND VISUAL SWAY), INCLUDING INTERPRETATION AND REPORT; WITH MOTOR CONTROL TEST (MCT) AND ADAPTATION TEST (ADT)	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	
93150	THERAPY ACTIVATION OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM, INCLUDING ALL INTERROGATION AND PROGRAMMING	
93151	INTERROGATION AND PROGRAMMING (MINIMUM ONE PARAMETER) OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM	
93152	INTERROGATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM DURING POLYSOMNOGRAPHY	
93153	INTERROGATION WITHOUT PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM	
93264	REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR UP TO 30 DAYS, INCLUDING AT LEAST WEEKLY DOWNLOADS OF PULMONARY ARTERY PRESSURE RECORDINGS, INTERPRETATION(S), TREND ANALYSIS, AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	
93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	

93740	TEMPERATURE GRADIENT STUDIES	
93745	INITIAL SET UP AND PROGRAMMING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; INITIAL PROGRAMMING OF SYSTEM, ESTABLISHING BASELINE ELECTRONIC ECG, TRANSMISSION OF DATA-TO-DATA REPOSITORY, PATIENT INSTRUCTION IN WEARING SYSTEM AND PATIENT REPORTING OF PROBLEMS OR EVENTS	
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	Prior authorization required for Commercial Plans only.
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE ** SYMPATHETIC PERIPHERAL AUTONOMIC SKIN (OR SURFACE) POTENTIALS ARE INVESTIGATIONAL.**	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, (EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES)), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT; FIRST HOUR	Only require Prior Auth when services are for ABA therapy
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) SCALE), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT	Only require Prior Auth when services are for ABA therapy

96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA ARTERIAL INJECTION OR INFUSION	
96549	UNLISTED CHEMOTHERAPY PROCEDURE	
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH-RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR A HISTORY OF DYSPLASTIC NEVI, OR PATIENTS WITH A PERSONAL OR FAMILIAL HISTORY OF MELANOMA	Prior authorization not required for Medicare Advantage plans only.
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	
96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION AND INTERPRETATION AND REPORT, FIRST LESION Notes	Prior authorization not required for Medicare Advantage plans only.
96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION ONLY, FIRST LESION	Prior authorization not required for Medicare Advantage plans only.
96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; INTERPRETATION AND REPORT ONLY, FIRST LESION	Prior authorization not required for Medicare Advantage plans only.
96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION AND INTERPRETATION AND REPORT, EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION ONLY, EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.

96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; INTERPRETATION AND REPORT ONLY, EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	
97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIAN'S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL'S TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS, AND NON-FACE-TO-FACE ANALYZING PAST DATA, SCORING/INTERPRETING THE ASSESSMENT, AND PREPARING THE REPORT/TREATMENT PLAN	Only require Prior Auth when services are for ABA therapy
97152	BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.

97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
C9772	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES), WITH INTRAVASCULAR LITHOTRIPSY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL (S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
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	
0003U	ONCOLOGY (OVARIAN) BIOCHEMICAL ASSAYS OF FIVE PROTEINS (APOLIPOPROTEIN A1, CA 125 II, FOLLICLE STIMULATING HORMONE, HUMAN EPIDIDYMIS PROTEN 4, TRANSFERRIN, UTILIZING SERUM, ALGORITHM REPORTED AS A LIKELIHOOD SCORE.	
0005U	ONCOLOGY (PROSTATE) GENE EXPRESSION PROFILE BY REAL-TIME RT-PCR OF 3 GENES (ERG, PCA3, AND SPDEF), URINE, ALGORITHM REPORTED AS RISK SCORE	
0009M	FETAL ANEUPLOIDY (TRISOMY 21, and 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY	

0009U	ONCOLOGY (BREAST CANCER), ERBB2 (HER2) COPY NUMBER BY FISH, TUMOR CELLS FROM FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ISOLATED USING IMAGE-BASED DIELECTROPHORESIS (DEP) SORTING, REPORTED AS ERBB2 GENE AMPLIFIED OR NON-AMPLIFIED	
0011M	ONCOLOGY PROSTATE 8 CA MRNA 12 GEN ALG	
0011U	PRESCRIPTION DRUG MONITORING, EVALUCATION OF DRUGS	
0012M	ONCOLOGY (UROTHELIAL), mRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK 1], IGFBP5, AND XCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISH SCORE FOR HAVING UROTHELIAL CARCINOMA	
0013M	ONCOLOGY (UROTHELIAL), mRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA 13, CDC2 [CDK 1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA	
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	
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)	
0016U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), RNA, BCR/ABL1 MAJOR AND MINOR BREAKPOINT FUSION TRANSCRIPTS, QUANTITATIVE PCR AMPLIFICATION, BLOOD OR BONE MARROW, REPORT OF FUSION NOT DETECTED OR DETECTED WITH QUANTITATION	

00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	
0017M	ONCOLOGY (DIFFUSE LARGE B-CELL LYMPHOMA [DLBCL]), mRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 20 GENES, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS CELL OF ORIGIN	
0017U	ONCOLOGY (HEMATOLYMPHOID NEOPLASIA), JAK2 MUTATION, DNA, PCR AMPLIFICATION OF EXONS 12-14 AND SEQUENCE ANALYSIS, BLOOD OR BONE MARROW, REPORT OF JAK2 MUTATION NOT DETECTED OR DETECTED	
0018M	TRANSPLANTATION MEDICINE (ALLOGRAFT REJECTION, RENAL), MEASUREMENT OF DONOR AND THIRD PARTY-INDUCED CD154+T-CYTOTOXIC MEMORY CELLS, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY	
0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE OR FRESH FROZEN TISSUE, PREDICTIVE ALGORITHM REPORTED AS POTENTIAL TARGETS FOR THERAPEUTIC AGENTS	
0021U	ONCOLOGY (PROSTATE), DETECTION OF 8 AUTOANTIBODIES (ARF 6, NKX3-1, 5'-UTR-BMI 1, CEP 164, 3'-UTR-ROPPORIN, DESMOCOLLIN, AURKAIP-1, CSNK2A2), MULTIPLEXED IMMUNOASSAY AND FLOW CYTOMETRY SERUM, ALGORITHM REPORTED AS RISK SCORE	
0023U	ONCOLOGY (ACUTE MYELOGENOUS LEUKEMIA), DNA, GENOTYPING OF INTERNAL TANDEM DUPLICATION, P.D835, P.I836, USING MONONUCLEAR CELLS, REPORTED AS DETECTION OR NON-DETECTION OF FLT3 MUTATION AND INDICATION FOR OR AGAINST THE USE OF MIDOSTAURIN	
0026U	ONCOLOGY (THYROID), DNA AND mRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC	

	ANALYSIS REPORTED AS A CATEGORICAL RESULT (REFER TO 2018 CPT BOOK FOR COMPLETE DESCRIPTION)	
0027U	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS EXONS 12-15	
0031U	CYP1A2 CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	
0032U	COMT (CATECHOL-O-METHYLTRANSFERASE) (DRUG METABOLISM) GENE ANALYSIS, c.472G>A (rs4680) VARIANT	
0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15) (EG, THIOPURINE METABOLISM) GENE ANALYSIS, COMMON VARIANTS (REFER TO 2018 CPT BOOK FOR COMPLETE DESCRIPTION)	
0036U	EXOME (IE, SOMATIC MUTATIONS); PAIRED FORMALIN FIXED PARAFFIN EMBEDDED TUMOR TISSUE AND NORMAL SPECIMEN, SEQUENCE ANALYSES	
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS (REFER TO 2018 CPT BOOK FOR COMPLETE DESCRIPTION)	
0040U	BCR/ABL1 (T (9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUANTITATIVE	
0045U	ONCOLOGY (BREAST), ONCOTYPE DX BREAST DCIS SCORE TEST	
0047U	ONCOTYPE DX GENOMIC PROSTATE SCORE	
0048U	MSK-IMPACT (INTEGRATED MUTATION PROFILING OF ACTIONABLE CANCER TARGETS)	
0049U	NPM1 GENE ANALYSIS QUAN	

0050U	TRGT GEN SEQ DNA 194 GENES	
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0055U	CARD HRT TRNSPL 96 DNA SEQ	
0058U	ONC MERKEL CLL CARC SRM QUAN	
0059U	ONC MERKEL CLL CARC SRM +/-	
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-1 (MMP-1), CARCINOEMBRYONIC ANTIGEN-RELATED CELL ADHESION MOLECULE 6 (CEACAM6), HYALURONOGLUCOSAMINIDASE (HYAL1), HIGHLY EXPRESSED IN CANCER PROTEIN (HEC1)), FORMALIN-FIXED PARAFFIN-EMBEDDED PRECANCEROUS BREAST TISSUE, ALGORITHM REPORTED AS CARCINOMA RISK SCORE	
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)	
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TISSUE	
0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D6-2D7	

	HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0075T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; INITIAL VESSEL	
0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0076T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; VESSEL EACH ADDITIONAL VESSEL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 3' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0080U	ONCOLOGY (LUNG), MASS SPECTROMETRIC ANALYSIS OF GALECTIN-3-BINDING PROTEIN AND SCAVENGER RECEPTOR CYSTEINE-RICH TYPE 1 PROTEIN M130, WITH FIVE CLINICAL RISK FACTORS (AGE, SMOKING STATUS, NODULE DIAMETER, NODULE-SPICULATION STATUS AND NODULE LOCATION), UTILIZING PLASMA, ALGORITHM REPORTED AS A CATEGORICAL PROBABILITY OF MALINGNANCY	

0082U	DRUG TEST(S), DEFINITIVE, 90 OR MORE DRUGS OR SUBSTANCES, DEFINITIVE CHROMATOGRAPHY WITH MASS SPECTROMETRY, AND PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, BY INSTRUMENT CHEMISTRY ANALYZER (UTILIZING IMMUNOASSAY), URINE, REPORT OF PRESENCE OR ABSENCE OF EACH DRUG, DRUG METABOLITE OR SUBSTANCE WITH DESCRIPTION AND SEVERITY OF SIGNIFICANT INTERACTIONS PER DATE OF SERVICE	
0083U	ONCOLOGY, RESPONSE TO CHEMOTHERAPY DRUGS USING MOTILITY CONTRAST TOMOGRAPHY, FRESH OR FROZEN TISSUE, REPORTED AS LIKELIHOOD OF SENSITIVITY OR RESISTANCE TO DRUGS OR DRUG COMBINATIONS	
0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES, TRANSPLANT BIOPSY TISSUE, ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE	
0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICROARRAY GENE EXPRESSION PROFILING OF 1494 GENES, UTILIZING TRANSPLANT BIOPSY TISSUE, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR REJECTION	
0089U	ONCOLOGY (MELANOMA), GENE EXPRESSION PROFILING BY RTQPCR, PRAME AND LINC00518, SUPERFICIAL COLLECTION USING ADHESIVE PATCH(ES)	
0090U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 23 GENES (14 CONTENT AND 9 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, BENIGN, INTERMEDIATE, MALIGNANT)	
0092U	ONCOLOGY (LUNG), THREE PROTEIN BIOMARKERS, IMMUNOASSAY USING MAGNETIC NANOSENSOR TECHNOLOGY, PLASMA, ALGORITHM REPORTED AS RISK SCORE FOR LIKELIHOOD OF MALIGNANCY	
0093U	PRESCRIPTION DRUG MONITORING, EVALUATION OF 65 COMMON DRUGS BY LC-MS/MS, URINE, EACH DRUG REPORTED DETECTED OR NOT DETECTED	
0094U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS	

0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED	
0102T	EXTRACORPOREAL SHOCK WAVE PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, AND INVOLVING THE LATERAL HUMERAL EPICONDYLE	
0102U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (17 GENES (SEQUENCING AND DELETION/DUPLICATION))	
0103U	HEREDITARY OVARIAN CANCER (EG, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (24 GENES (SEQUENCING AND DELETION/DUPLICATION), EPCAM (DELETION/DUPLICATION ONLY))	
0111U	ONCOLOGY (COLON CANCER), TARGETED KRAS (CODONS 12, 13, AND 61) AND NRAS (CODONS 12, 13, AND 61) GENE ANALYSIS, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE	
0113U	ONCOLOGY (PROSTATE), MEASUREMENT OF PCA3 AND TMPRSS2-ERG IN URINE AND PSA IN SERUM FOLLOWING PROSTATIC MASSAGE, BY RNA AMPLIFICATION AND FLUORESCENCE-BASED DETECTION, ALGORITHM REPORTED AS RISK SCORE	

0129U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS AND DELETION/DUPLICATION ANALYSIS PANEL (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, AND TP53)	
0131U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (13 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0132U	HEREDITARY OVARIAN CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (17 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0133U	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, TARGETED MRNA SEQUENCE ANALYSIS PANEL (11 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0134U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (18 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0135U	HEREDITARY GYNECOLOGICAL CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (12 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (e.g., hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	
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	
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	
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	
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS	
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS (FAP)) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0161U	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)	
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0163U	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	
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Prior authorization not required for Medicare Advantage plans only.
0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	
0171U	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	

0173U	PSYCHIATRY (IE, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	
0174U	ONCOLOGY (SOLID TUMOR), MASS SPECTROMETRIC 30 PROTEIN TARGETS, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS LIKELY, UNLIKELY, OR UNCERTAIN BENEFIT OF 39 CHEMOTHERAPY AND TARGETED THERAPEUTIC ONCOLOGY AGENTS	
0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	
0177U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS	
0179U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA, TARGETED SEQUENCE ANALYSIS OF 23 GENES (SINGLE NUCLEOTIDE VARIATIONS, INSERTIONS AND DELETIONS, FUSIONS WITHOUT PRIOR KNOWLEDGE OF PARTNER/BREAKPOINT, COPY NUMBER VARIATIONS), WITH REPORT OF SIGNIFICANT MUTATION(S)	
0195U	KLF1 (KRUPPEL-LIKE FACTOR 1), TARGETED SEQUENCING (IE, EXON 13)	
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	
0209U	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER, STRUCTURAL CHANGES AND AREAS OF HOMOZYGOSITY FOR CHROMOSOMAL ABNORMALITIES	
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	

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	
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)	
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	
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)	
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	
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	

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	
0220U	ONCOLOGY (BREAST CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESSMENT OF 12 HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES, REPORTED AS A RECURRENCE SCORE	
0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER	
0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) OR IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	
0233U	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	
0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	
0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMATOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	
0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS	

0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	
0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	
0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	
0242U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, AND GENE REARRANGEMENTS	
0244U	ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE REARRANGEMENTS, TUMOR-MUTATIONAL BURDEN AND MICROSATELLITE INSTABILITY, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE	
0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 mRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	
0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	

0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	
0248U	ONCOLOGY (BRAIN), SPHEROID CELL CULTURE IN A 3D MICROENVIRONMENT, 12 DRUG PANEL, TUMOR-RESPONSE PREDICTION FOR EACH DRUG	
0249U	ONCOLOGY (BREAST), SEMIQUANTITATIVE ANALYSIS OF 32 PHOSPHOPROTEINS AND PROTEIN ANALYTES, INCLUDES LASER CAPTURE MICRODISSECTION, WITH ALGORITHMIC ANALYSIS AND INTERPRETATIVE REPORT	
0250U	ONCOLOGY (SOLID ORGAN NEOPLASM), TARGETED GENOMIC SEQUENCE DNA ANALYSIS OF 505 GENES, INTERROGATION FOR SOMATIC ALTERATIONS (SNVs [SINGLE NUCLEOTIDE VARIANT], SMALL INSERTIONS AND DELETIONS, ONE AMPLIFICATION, AND FOUR TRANSLOCATIONS), MICROSATELLITE INSTABILITY AND TUMOR-MUTATION BURDEN	
0251U	HEPCIDIN-25, ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA), SERUM OR PLASMA	
0252U	FETAL ANEUPLOIDY SHORT TANDEM-REPEAT COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOIDY	
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE	
0253U	REPRODUCTIVE MEDICINE (ENDOMETRIAL RECEPTIVITY ANALYSIS), RNA GENE EXPRESSION PROFILE, 238 GENES BY NEXT-GENERATION SEQUENCING, ENDOMETRIAL TISSUE, PREDICTIVE ALGORITHM REPORTED AS ENDOMETRIAL WINDOW OF IMPLANTATION (EG, PRE-RECEPTIVE, RECEPTIVE, POST-RECEPTIVE)	
0254U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT), ANALYSIS OF 24 CHROMOSOMES USING EMBRYONIC DNA GENOMIC SEQUENCE ANALYSIS FOR ANEUPLOIDY, AND A MITOCHONDRIAL DNA SCORE IN EUPLOID EMBRYOS, RESULTS REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL	

	DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOIDY, PER EMBRYO TESTED	
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; CERVICAL OR THORACIC	
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL; LUMBAR	
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES PLACEMENT OF ELECTRODES)	
0285U	ONCOLOGY, RESPONSE TO RADIATION, CELL-FREE DNA, QUANTITATIVE BRANCHED CHAIN DNA AMPLIFICATION, PLASMA, REPORTED AS A RADIATION TOXICITY SCORE	
0286U	CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	
0287U	ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GENES, FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHMIC PREDICTION OF CANCER RECURRENCE, REPORTED AS A CATEGORICAL RISK RESULT (LOW, INTERMEDIATE, HIGH)	
0288U	ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) AND 3 REFERENCE GENES (ESD, TBP, YAP1), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, ALGORITHMIC INTERPRETATION REPORTED AS A RECURRENCE RISK SCORE	

0289U	NEUROLOGY (ALZHEIMER DISEASE), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 24 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0290U	PAIN MANAGEMENT, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 36 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0291U	PSYCHIATRY (MOOD DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 144 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0292U	PSYCHIATRY (STRESS DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 72 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0293U	PSYCHIATRY (SUICIDAL IDEATION), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 54 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0294U	LONGEVITY AND MORTALITY RISK, MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 18 GENES, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0295U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), PROTEIN EXPRESSION PROFILING BY IMMUNOHISTOCHEMISTRY OF 7 PROTEINS (COX2, FOXA1, HER2, KI-67, P16, PR, SIAH2), WITH 4 CLINICOPATHOLOGIC FACTORS (SIZE, AGE, MARGIN STATUS, PALPABILITY), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	
0296U	ONCOLOGY (ORAL AND/OR OROPHARYNGEAL CANCER), GENE EXPRESSION PROFILING BY RNA SEQUENCING AT LEAST 20 MOLECULAR FEATURES (EG, HUMAN AND/OR MICROBIAL MRNA), SALIVA, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FOR SIGNATURE ASSOCIATED WITH MALIGNANCY	
0297U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH OR FORMALIN FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, BLOOD OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION	

0298U	ONCOLOGY (PAN TUMOR), WHOLE TRANSCRIPTOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL RNA SPECIMENS, FRESH OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, BLOOD OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND EXPRESSION LEVEL AND CHIMERIC TRANSCRIPT IDENTIFICATION	
0299U	ONCOLOGY (PAN TUMOR), WHOLE GENOME OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH FROZEN TISSUE, BLOOD, OR BONE MARROW, COMPARATIVE STRUCTURAL VARIANT IDENTIFICATION	
0300U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH TISSUE, BLOOD, OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION	
0303U	HEMATOLOGY, RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL/SUBENDOTHELIAL ADHESION MOLECULES, FUNCTIONAL ASSESSMENT, WHOLE BLOOD, WITH ALGORITHMIC ANALYSIS AND RESULT REPORTED AS AN RBC ADHESION INDEX; HYPOXIC	
0304U	HEMATOLOGY, RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL/SUBENDOTHELIAL ADHESION MOLECULES, FUNCTIONAL ASSESSMENT, WHOLE BLOOD, WITH ALGORITHMIC ANALYSIS AND RESULT REPORTED AS AN RBC ADHESION INDEX; NORMOXIC	
0305U	HEMATOLOGY, RED BLOOD CELL (RBC) FUNCTIONALITY AND DEFORMITY AS A FUNCTION OF SHEAR STRESS, WHOLE BLOOD, REPORTED AS A MAXIMUM ELONGATION INDEX	
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS	
0328U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS AND METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), INCLUDES SPECIMEN VALIDITY AND ALGORITHMIC ANALYSIS DESCRIBING DRUG OR METABOLITE AND PRESENCE OR ABSENCE OF RISKS FOR A SIGNIFICANT PATIENT-ADVERSE EVENT, PER DATE OF SERVICE	

0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	
0346U	BETA AMYLOID, AB40 AND AB42 BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), RATIO, PLASMA	
0358U	BIOELECTRICAL IMPEDANCE ANALYSIS WHOLE BODY COMPOSITION ASSESSMENT, WITH INTERPRETATION AND REPORT	
0364U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), GENOMIC SEQUENCE ANALYSIS USING MULTIPLEX (PCR) AND NEXT-GENERATION SEQUENCING WITH ALGORITHM, QUANTIFICATION OF DOMINANT CLONAL SEQUENCE(S), REPORTED AS PRESENCE OR ABSENCE OF MINIMAL RESIDUAL DISEASE (MRD) WITH QUANTITATION OF DISEASE BURDEN, WHEN APPROPRIATE	
0387U	ONCOLOGY (MELANOMA), AUTOPHAGY AND BECLIN 1 REGULATOR 1 (AMBRA1) AND LORICRIN (AMLO) BY IMMUNOHISTOCHEMISTRY, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, REPORT FOR RISK OF PROGRESSION	
0388U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), NEXT-GENERATION SEQUENCING WITH IDENTIFICATION OF SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER VARIANTS, INSERTIONS AND DELETIONS, AND STRUCTURAL VARIANTS IN 37 CANCER-RELATED GENES, PLASMA, WITH REPORT FOR ALTERATION DETECTION	
0389U	PEDIATRIC FEBRILE ILLNESS (KAWASAKI DISEASE (KD)), INTERFERON ALPHA-INDUCIBLE PROTEIN 27 (IFI27) AND MAST CELL-EXPRESSED MEMBRANE PROTEIN 1 (MCEMP1), RNA, USING REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR), BLOOD, REPORTED AS A RISK SCORE FOR KD	
0390U	OBSTETRICS (PREECLAMPSIA), KINASE INSERT DOMAIN RECEPTOR (KDR), ENDOGLIN (ENG), AND RETINOL-BINDING PROTEIN 4 (RBP4), BY IMMUNOASSAY, SERUM, ALGORITHM REPORTED AS A RISK SCORE	
0391U	ONCOLOGY (SOLID TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, 437 GENES, INTERPRETIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, SPLICE-SITE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE FUSIONS,	

	TUMOR MUTATIONAL BURDEN, AND MICROSATELLITE INSTABILITY, WITH ALGORITHM QUANTIFYING IMMUNOTHERAPY RESPONSE SCORE	
0392U	DRUG METABOLISM (DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)), GENE-DRUG INTERACTIONS, VARIANT ANALYSIS OF 16 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6, REPORTED AS IMPACT OF GENE-DRUG INTERACTION FOR EACH DRUG	
0393U	NEUROLOGY (EG, PARKINSON DISEASE, DEMENTIA WITH LEWY BODIES), CEREBROSPINAL FLUID (CSF), DETECTION OF MISFOLDED SYNUCLEIN PROTEIN BY SEED AMPLIFICATION ASSAY, QUALITATIVE	
0394U	PERFLUOROALKYL SUBSTANCES (PFAS) (EG, PERFLUOROOCCTANOIC ACID, PERFLUOROOCCTANE SULFONIC ACID), 16 PFAS COMPOUNDS BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), PLASMA OR SERUM, QUANTITATIVE	
0395U	ONCOLOGY (LUNG), MULTI-OMICS (MICROBIAL DNA BY SHOTGUN NEXT-GENERATION SEQUENCING AND CARCINOEMBRYONIC ANTIGEN AND OSTEOPONTIN BY IMMUNOASSAY), PLASMA, ALGORITHM REPORTED AS MALIGNANCY RISK FOR LUNG NODULES IN EARLY-STAGE DISEASE	
0396U	OBSTETRICS (PRE-IMPLANTATION GENETIC TESTING), EVALUATION OF 300000 DNA SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) BY MICROARRAY, EMBRYONIC TISSUE, ALGORITHM REPORTED AS A PROBABILITY FOR SINGLE-GENE GERMLINE CONDITIONS	
0398T	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OPTICAL ENDOMICROSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0398U	GASTROENTEROLOGY (BARRETT ESOPHAGUS), P16, RUNX3, HPP1, AND FBN1 DNA METHYLATION ANALYSIS USING PCR, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS RISK SCORE FOR PROGRESSION TO HIGH-GRADE DYSPLASIA OR CANCER	
0399U	NEUROLOGY (CEREBRAL FOLATE DEFICIENCY), SERUM, DETECTION OF ANTI-HUMAN FOLATE RECEPTOR IGG-BINDING ANTIBODY AND BLOCKING AUTOANTIBODIES BY ENZYME-LINKED IMMUNOASSAY (ELISA), QUALITATIVE, AND	

	BLOCKING AUTOANTIBODIES, USING A FUNCTIONAL BLOCKING ASSAY FOR IGG OR IGM, QUANTITATIVE, REPORTED AS POSITIVE OR NOT DETECTED	
0400U	OBSTETRICS (EXPANDED CARRIER SCREENING), 145 GENES BY NEXT-GENERATION SEQUENCING, FRAGMENT ANALYSIS AND MULTIPLEX LIGATION-DEPENDENT PROBE AMPLIFICATION, DNA, REPORTED AS CARRIER POSITIVE OR NEGATIVE	
0401U	CARDIOLOGY (CORONARY HEART DISEASE (CAD)), 9 GENES (12 VARIANTS), TARGETED VARIANT GENOTYPING, BLOOD, SALIVA, OR BUCCAL SWAB, ALGORITHM REPORTED AS A GENETIC RISK SCORE FOR A CORONARY EVENT	
0402T	COLLAGEN CROSS-LINKING OF CORNEA, INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM, WHEN PERFORMED, AND INTRAOPERATIVE PACHYMETRY, WHEN PERFORMED	
0403U	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING OF 18 GENES, FIRST-CATCH POST-DIGITAL RECTAL EXAMINATION URINE (OR PROCESSED FIRST-CATCH URINE), ALGORITHM REPORTED AS PERCENTAGE OF LIKELIHOOD OF DETECTING CLINICALLY SIGNIFICANT PROSTATE CANCER	
0404U	ONCOLOGY (BREAST), SEMIQUANTITATIVE MEASUREMENT OF THYMIDINE KINASE ACTIVITY BY IMMUNOASSAY, SERUM, RESULTS REPORTED AS RISK OF DISEASE PROGRESSION	
0405U	ONCOLOGY (PANCREATIC), 59 METHYLATION HAPLOTYPE BLOCK MARKERS, NEXT-GENERATION SEQUENCING, PLASMA, REPORTED AS CANCER SIGNAL DETECTED OR NOT DETECTED	
0406U	ONCOLOGY (LUNG), FLOW CYTOMETRY, SPUTUM, 5 MARKERS (MESO-TETRA (4-CARBOXYPHENYL) PORPHYRIN (TCPP), CD206, CD66B, CD3, CD19), ALGORITHM REPORTED AS LIKELIHOOD OF LUNG CANCER	
0407U	NEPHROLOGY (DIABETIC CHRONIC KIDNEY DISEASE (CKD)), MULTIPLEX ELECTROCHEMILUMINESCENT IMMUNOASSAY (ECLIA) OF SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR 1 (STNFR1), SOLUBLE TUMOR NECROSIS RECEPTOR 2 (STNFR2), AND KIDNEY INJURY MOLECULE 1 (KIM-1) COMBINED WITH CLINICAL DATA, PLASMA, ALGORITHM REPORTED AS RISK FOR PROGRESSIVE DECLINE IN KIDNEY FUNCTION	

0408T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN PERFORMED, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; PULSE GENERATOR WITH TRANSVENOUS ELECTRODES	
0409U	ONCOLOGY (SOLID TUMOR), DNA (80 GENES) AND RNA (36 GENES), BY NEXT-GENERATION SEQUENCING FROM PLASMA, INCLUDING SINGLE NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, MICROSATELLITE INSTABILITY, AND FUSIONS, REPORT SHOWING IDENTIFIED MUTATIONS WITH CLINICAL ACTIONABILITY	
0410U	ONCOLOGY (PANCREATIC), DNA, WHOLE GENOME SEQUENCING WITH 5-HYDROXYMETHYLCYTOSINE ENRICHMENT, WHOLE BLOOD OR PLASMA, ALGORITHM REPORTED AS CANCER DETECTED OR NOT DETECTED	
0411U	PSYCHIATRY (EG, DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6	
0412U	BETA AMYLOID, AB42/40 RATIO, IMMUNOPRECIPITATION WITH QUANTITATION BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) AND QUALITATIVE APOE ISOFORM-SPECIFIC PROTEOTYPING, PLASMA COMBINED WITH AGE, ALGORITHM REPORTED AS PRESENCE OR ABSENCE OF BRAIN AMYLOID PATHOLOGY	
0413U	ONCOLOGY (HEMATOLYMPHOID NEOPLASM), OPTICAL GENOME MAPPING FOR COPY NUMBER ALTERATIONS, ANEUPLOIDY, AND BALANCED/COMPLEX STRUCTURAL REARRANGEMENTS, DNA FROM BLOOD OR BONE MARROW, REPORT OF CLINICALLY SIGNIFICANT ALTERATIONS	
0414U	ONCOLOGY (LUNG), AUGMENTATIVE ALGORITHMIC ANALYSIS OF DIGITIZED WHOLE SLIDE IMAGING FOR 8 GENES (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), AND KRAS G12C AND PD-L1, IF PERFORMED, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, REPORTED AS POSITIVE OR NEGATIVE FOR EACH BIOMARKER	
0415U	CARDIOVASCULAR DISEASE (ACUTE CORONARY SYNDROME (ACS)), IL-16, FAS, FASLIGAND, HGF, CTACK, EOTAXIN, AND MCP-3 BY IMMUNOASSAY COMBINED	

	WITH AGE, SEX, FAMILY HISTORY, AND PERSONAL HISTORY OF DIABETES, BLOOD, ALGORITHM REPORTED AS A 5-YEAR (DELETED RISK) SCORE FOR ACS	
0417T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE CARDIAC CONTRACTILITY MODULATION SYSTEM	
0417U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE MITOCHONDRIAL GENOME SEQUENCE WITH HETEROPLASMY DETECTION AND DELETION ANALYSIS, NUCLEAR-ENCODED MITOCHONDRIAL GENE ANALYSIS OF 335 NUCLEAR GENES, INCLUDING SEQUENCE CHANGES, DELETIONS, INSERTIONS, AND COPY NUMBER VARIANTS ANALYSIS, BLOOD OR SALIVA, IDENTIFICATION AND CATEGORIZATION OF MITOCHONDRIAL DISORDER-ASSOCIATED GENETIC VARIANTS	
0418U	ONCOLOGY (BREAST), AUGMENTATIVE ALGORITHMIC ANALYSIS OF DIGITIZED WHOLE SLIDE IMAGING OF 8 HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES, REPORTED AS A RECURRENCE SCORE	
0419U	NEUROPSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC SEQUENCE ANALYSIS PANEL, VARIANT ANALYSIS OF 13 GENES, SALIVA OR BUCCAL SWAB, REPORT OF EACH GENE PHENOTYPE	
0420U	ONCOLOGY (UROTHELIAL), MRNA EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF MDK, HOXA13, CDC2, IGFBP5, AND CXCR2 IN COMBINATION WITH DROPLET DIGITAL PCR (DDPCR) ANALYSIS OF 6 SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) GENES TERT AND FGFR3, URINE, ALGORITHM REPORTED AS A RISK SCORE FOR UROTHELIAL CARCINOMA	
0421U	ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 8 RNA MARKERS (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) AND FECAL HEMOGLOBIN, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE FOR COLORECTAL CANCER RISK	
0422U	ONCOLOGY (PAN-SOLID TUMOR), ANALYSIS OF DNA BIOMARKER RESPONSE TO ANTI-CANCER THERAPY USING CELL-FREE CIRCULATING DNA, BIOMARKER	

	COMPARISON TO A PREVIOUS BASELINE PRE-TREATMENT CELL-FREE CIRCULATING DNA ANALYSIS USING NEXT-GENERATION SEQUENCING, ALGORITHM REPORTED AS A QUANTITATIVE CHANGE FROM BASELINE, INCLUDING SPECIFIC ALTERATIONS, IF APPROPRIATE	
0423U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDING VARIANT ANALYSIS OF 26 GENES, BUCCAL SWAB, REPORT INCLUDING METABOLIZER STATUS AND RISK OF DRUG TOXICITY BY CONDITION	
0424U	ONCOLOGY (PROSTATE), EXOSOME-BASED ANALYSIS OF 53 SMALL NONCODING RNAs (SNCRNAS) BY QUANTITATIVE REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR), URINE, REPORTED AS NO MOLECULAR EVIDENCE, LOW-, MODERATE- OR ELEVATED-RISK OF PROSTATE CANCER	
0425U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG, PARENTS, SIBLINGS)	
0426U	GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), ULTRA-RAPID SEQUENCE ANALYSIS	
0428U	ONCOLOGY (BREAST), TARGETED HYBRID-CAPTURE GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING TUMOR DNA (CTDNA) ANALYSIS OF 56 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR MUTATION BURDEN	
0433U	ONCOLOGY (PROSTATE), 5 DNA REGULATORY MARKERS BY QUANTITATIVE PCR, WHOLE BLOOD, ALGORITHM, INCLUDING PROSTATE-SPECIFIC ANTIGEN, REPORTED AS LIKELIHOOD OF CANCER	
0434U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 25 GENES WITH REPORTED PHENOTYPES	
0435U	ONCOLOGY, CHEMOTHERAPEUTIC DRUG CYTOTOXICITY ASSAY OF CANCER STEM CELLS (CSCS), FROM CULTURED CSCS AND PRIMARY TUMOR CELLS, CATEGORICAL DRUG RESPONSE REPORTED BASED ON CYTOTOXICITY PERCENTAGE OBSERVED, MINIMUM OF 14 DRUGS OR DRUG COMBINATIONS	

0436U	ONCOLOGY (LUNG), PLASMA ANALYSIS OF 388 PROTEINS, USING APTAMER-BASED PROTEOMICS TECHNOLOGY, PREDICTIVE ALGORITHM REPORTED AS CLINICAL BENEFIT FROM IMMUNE CHECKPOINT INHIBITOR THERAPY	
0437U	PSYCHIATRY (ANXIETY DISORDERS), MRNA, GENE EXPRESSION PROFILING BY RNA SEQUENCING OF 15 BIOMARKERS, WHOLE BLOOD, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	
0438U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), BUCCAL SPECIMEN, GENE-DRUG INTERACTIONS, VARIANT ANALYSIS OF 33 GENES, INCLUDING DELETION/DUPLICATION ANALYSIS OF CYP2D6, INCLUDING REPORTED PHENOTYPES AND IMPACTED GENE-DRUG INTERACTIONS	
0444T	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL OR BILATERAL	
0445T	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF EXISTING INSERT, UNILATERAL OR BILATERAL	
0446T	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING	
0447T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION	
0448T	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND INSERTION OF NEW IMPLANTABLE SENSOR, INCLUDING SYSTEM ACTIVATION	
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE	
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	

0474T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOcular RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE	
0483T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE, WHEN PERFORMED	
0484T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; TRANSTHORACIC EXPOSURE (EG, THORACOTOMY, TRANSAPICAL)	
0512T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND	
0513T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; EACH ADDITIONAL WOUND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
0524T	ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPETENT EXTREMITY VEIN, OPEN OR PERCUTANEOUS, INCLUDING ALL VASCULAR ACCESS, CATHETER MANIPULATION, DIAGNOSTIC IMAGING, IMAGING GUIDANCE AND MONITORING	
0528T	PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE ADJUSTMENT OF PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT	
0529T	INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW, AND REPORT	
0547T	BONE-MATERIAL QUALITY TESTING BY MICROINDENTATION(S) OF THE TIBIA(S), WITH RESULTS REPORTED AS A SCORE	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
0552T	LOWER-LEVEL LASER THERAPY, DYNAMIC PHOTONIC AND DYNAMIC THERMOKINETIC ENERGIES, PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	

0554T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA, AND BONE-MINERAL DENSITY, UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; RETRIEVAL AND TRANSMISSION OF THE SCAN DATA, ASSESSMENT OF BONE STRENGTH AND FRACTURE RISK AND BONE MINERAL DENSITY, INTERPRETATION AND REPORT	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
0555T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA, AND BONE-MINERAL DENSITY, UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; RETRIEVAL AND TRANSMISSION OF THE SCAN DATA	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
0556T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA, AND BONE-MINERAL DENSITY, UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; ASSESSMENT OF BONE STRENGTH AND FRACTURE RISK AND BONE MINERAL DENSITY	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
0557T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA, AND BONE-MINERAL DENSITY, UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; INTERPRETATION AND REPORT	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	
0584T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; PERCUTANEOUS	
0585T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; LAPAROSCOPIC	
0586T	ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION, INCLUDING ALL IMAGING, INCLUDING GUIDANCE, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED; OPEN	
0587T	PERCUTANEOUS IMPLANTATION OR REPLACEMENT OF INTEGRATED SINGLE DEVICE NEUROSTIMULATION SYSTEM INCLUDING ELECTRODE ARRAY AND	

	RECEIVER OR PULSE GENERATOR, INCLUDING ANALYSIS, PROGRAMMING, AND IMAGING GUIDANCE WHEN PERFORMED, POSTERIOR TIBIAL NERVE	
0588T	REVISION OR REMOVAL OF INTEGRATED SINGLE DEVICE NEUROSTIMULATION SYSTEM INCLUDING ELECTRODE ARRAY AND RECEIVER OR PULSE GENERATOR, INCLUDING ANALYSIS, PROGRAMMING, AND IMAGING GUIDANCE WHEN PERFORMED, POSTERIOR TIBIAL NERVE	
0600T	ABLATION, IRREVERSIBLE ELECTROPORATION; 1 OR MORE TUMORS PER ORGAN, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED, PERCUTANEOUS	
0601T	ABLATION, IRREVERSIBLE ELECTROPORATION; 1 OR MORE TUMORS PER ORGAN, INCLUDING FLUOROSCOPIC AND ULTRASOUND GUIDANCE, WHEN PERFORMED, OPEN	
0621T	TRABECULOSTOMY AB INTERNO BY LASER;	
0622T	TRABECULOSTOMY AB INTERNO BY LASER; WITH USE OF OPHTHALMIC ENDOSCOPE	
0644T	TRANSCATHETER REMOVAL OR DEBULKING OF INTRACARDIAC MASS (EG, VEGETATIONS, THROMBUS) VIA SUCTION (EG, VACUUM, ASPIRATION) DEVICE, PERCUTANEOUS APPROACH, WITH INTRAOPERATIVE REINFUSION OF ASPIRATED BLOOD, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	
0645T	TRANSCATHETER IMPLANTATION OF CORONARY SINUS REDUCTION DEVICE INCLUDING VASCULAR ACCESS AND CLOSURE, RIGHT HEART CATHETERIZATION, VENOUS ANGIOGRAPHY, CORONARY SINUS ANGIOGRAPHY, IMAGING GUIDANCE, AND SUPERVISION AND INTERPRETATION, WHEN PERFORMED	
0651T	MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY, ESOPHAGUS THROUGH STOMACH, INCLUDING INTRAPROCEDURAL POSITIONING OF CAPSULE, WITH INTERPRETATION AND REPORT	
0656T	VETEBRAL BODY TETHERING, ANTERIOR; UP TO 7 VERTEBRAL SEGMENTS	

0657T	VETEBRAL BODY TETHERING, ANTERIOR; 8 OR MORE VERTEBRAL SEGMENTS	
0660T	IMPLANTATION OF ANTERIOR SEGMENT INTRAOCULAR NONBIODEGRADABLE DRUG-ELUTING SYSTEM, INTERNAL APPROACH	
0661T	REMOVAL AND REIMPLANTATION OF ANTERIOR SEGMENT INTRAOCULAR NONBIODEGRADABLE DRUG-ELUTING IMPLANT	
0664T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM CADAVER DONOR	
0665T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); OPEN FROM LIVING DONOR	
0666T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); LAPAROSCOPIC OR ROBOTIC, FROM LIVING DONOR	
0667T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); RECIPIENT UTERUS ALLOGRAFT TRANSPLANTATION FROM CADAVER OR LIVING DONOR	
0671T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INTO THE TRABECULAR MESHWORK, WITHOUT EXTERNAL RESERVOIR, AND WITHOUT CONCOMITANT CATARACT REMOVAL, ONE OR MORE	
0671T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INTO THE TRABECULAR MESHWORK, WITHOUT EXTERNAL RESERVOIR, AND WITHOUT CONCOMITANT CATARACT REMOVAL, ONE OR MORE	
0707T	INJECTION(S), BONE-SUBSTITUTE MATERIAL (EG, CALCIUM PHOSPHATE) INTO SUBCHONDRAL BONE DEFECT (IE, BONE MARROW LESION, BONE BRUISE, STRESS INJURY, MICROTRABECULAR FRACTURE), INCLUDING IMAGING GUIDANCE AND ARTHROSCOPIC ASSISTANCE FOR JOINT VISUALIZATION	
0720T	PERCUTANEOUS ELECTRICAL NERVE FIELD STIMULATION, CRANIAL NERVES, WITHOUT IMPLANTATION	

0730T	TRABECULOTOMY BY LASER, INCLUDING OPTICAL COHERENCE TOMOGRAPHY (OCT) GUIDANCE	
0784T	INSERTION OR REPLACEMENT OF PERCUTANEOUS ELECTRODE ARRAY, SPINAL, WITH INTEGRATED NEUROSTIMULATOR, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	
0785T	REVISION OR REMOVAL OF NEUROSTIMULATOR ELECTRODE ARRAY, SPINAL, WITH INTEGRATED NEUROSTIMULATOR	
0786T	INSERTION OR REPLACEMENT OF PERCUTANEOUS ELECTRODE ARRAY, SACRAL, WITH INTEGRATED NEUROSTIMULATOR, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	
0787T	REVISION OR REMOVAL OF NEUROSTIMULATOR ELECTRODE ARRAY, SACRAL, WITH INTEGRATED NEUROSTIMULATOR	
0788T	ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, DOSE LOCKOUT, PATIENT-SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED-LOOP PARAMETERS, AND PASSIVE PARAMETERS, WHEN PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, SPINAL CORD OR SACRAL NERVE, 1-3 PARAMETERS	
0789T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, DOSE LOCKOUT, PATIENT-SELECTABLE PARAMETERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED-LOOP PARAMETERS, AND PASSIVE PARAMETERS, WHEN PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, SPINAL CORD OR SACRAL NERVE, 4 OR MORE PARAMETERS	
0790T	REVISION (EG, AUGMENTATION, DIVISION OF TETHER), REPLACEMENT, OR REMOVAL OF THORACOLUMBAR OR LUMBAR VERTEBRAL BODY TETHERING, INCLUDING THORACOSCOPY, WHEN PERFORMED	

0791T	MOTOR-COGNITIVE, SEMI-IMMERSIVE VIRTUAL REALITY FACILITATED GAIT TRAINING, EACH 15 MINUTES	
0792T	APPLICATION OF SILVER DIAMINE FLUORIDE 38%, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	
0793T	PERCUTANEOUS TRANSCATHETER THERMAL ABLATION OF NERVES INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART CATHETERIZATION, PULMONARY ARTERY ANGIOGRAPHY, AND ALL IMAGING GUIDANCE	
0794T	PATIENT-SPECIFIC, ASSISTIVE, RULES-BASED ALGORITHM FOR RANKING PHARMACO-ONCOLOGIC TREATMENT OPTIONS BASED ON THE PATIENTS TUMOR-SPECIFIC CAN CER MARKER INFORMATION OBTAINED FROM PRIOR MOLECULAR PATHOLOGY, IMMUNOHISTOCHEMICAL, OR OTHER PATHOLOGY RESULTS WHICH HAVE BEEN PREVIOUSLY INTERPRETED AND REPORTED SEPARATELY	
0795T	TRANSCATHETER INSERTION OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, RIGHT ATRIAL ANGIOGRAPHY, RIGHT VENTRICULOGRAPHY, FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG, INTERROGATION OR PROGRAMMING), WHEN PERFORMED; COMPLETE SYSTEM (IE, RIGHT ATRIAL AND RIGHT VENTRICULAR PACEMAKER COMPONENTS)	
0796T	RIGHT ATRIAL PACEMAKER COMPONENT (WHEN AN EXISTING RIGHT VENTRICULAR SINGLE LEADLESS PACEMAKER EXISTS TO CREATE A DUAL-CHAMBER LEADLESS PACEMAKER SYSTEM)	
0797T	RIGHT VENTRICULAR PACEMAKER COMPONENT (WHEN PART OF A DUAL-CHAMBER LEADLESS PACEMAKER SYSTEM)	
0798T	TRANSCATHETER REMOVAL OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, RIGHT ATRIAL ANGIOGRAPHY, RIGHT VENTRICULOGRAPHY, FEMORAL VENOGRAPHY), WHEN PERFORMED; COMPLETE SYSTEM (IE, RIGHT ATRIAL AND RIGHT VENTRICULAR PACEMAKER COMPONENTS)	
0799T	RIGHT ATRIAL PACEMAKER COMPONENT	

0800T	RIGHT VENTRICULAR PACEMAKER COMPONENT (WHEN PART OF A DUAL-CHAMBER LEADLESS PACEMAKER SYSTEM)	
0801T	TRANSCATHETER REMOVAL AND REPLACEMENT OF PERMANENT DUAL-CHAMBER LEADLESS PACEMAKER, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, RIGHT ATRIAL ANGIOGRAPHY, RIGHT VENTRICULOGRAPHY, FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG, INTERROGATION OR PROGRAMMING), WHEN PERFORMED; DUAL-CHAMBER SYSTEM (IE, RIGHT ATRIAL AND RIGHT VENTRICULAR PACEMAKER COMPONENTS)	
0802T	RIGHT ATRIAL PACEMAKER COMPONENT	
0803T	RIGHT VENTRICULAR PACEMAKER COMPONENT (WHEN PART OF A DUAL-CHAMBER LEADLESS PACEMAKER SYSTEM)	
0804T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF IMPLANTABLE DEVICE TO TEST THE FUNCTION OF DEVICE AND TO SELECT OPTIMAL PERMANENT PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, LEADLESS PACEMAKER SYSTEM IN DUAL CARDIAC CHAMBERS	
0805T	TRANSCATHETER SUPERIOR AND INFERIOR VENA CAVA PROSTHETIC VALVE IMPLANTATION (IE, CAVAL VALVE IMPLANTATION (CAVI)); PERCUTANEOUS FEMORAL VEIN APPROACH	
0806T	OPEN FEMORAL VEIN APPROACH	
0807T	PULMONARY TISSUE VENTILATION ANALYSIS USING SOFTWARE-BASED PROCESSING OF DATA FROM SEPARATELY CAPTURED CINEFLUOROGRAPH IMAGES; IN COMBINATION WITH PREVIOUSLY ACQUIRED COMPUTED TOMOGRAPHY (CT) IMAGES, INCLUDING DATA PREPARATION AND TRANSMISSION, QUANTIFICATION OF PULMONARY TISSUE VENTILATION, DATA REVIEW, INTERPRETATION AND REPORT	
0808T	IN COMBINATION WITH COMPUTED TOMOGRAPHY (CT) IMAGES TAKEN FOR THE PURPOSE OF PULMONARY TISSUE VENTILATION ANALYSIS, INCLUDING DATA	

	PREPARATION AND TRANSMISSION, QUANTIFICATION OF PULMONARY TISSUE VENTILATION, DATA REVIEW, INTERPRETATION AND REPORT	
0810T	SUBRETINAL INJECTION OF A PHARMACOLOGIC AGENT, INCLUDING VITRECTOMY AND 1 OR MORE RETINOTOMIES	
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE LESIONS; < 10 SQ CM	
17107	DESTRUCTION CUTANEOUS VASCULAR LESIONS; 10.0 / 50 SQ CM	
17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	
17999	UNLISTED PROC, SKIN/MUCOUS MEMBRANE/SUBCUTANEOUS TISSUE	
21073	THERAPEUTIC MANIP TMJ, REQUIRING ANESTHESIA SERVICE	
21087	IMPRESSION AND CUSTOM PREP; NASAL PROSTHESIS	
21141	RECONSTRUCT MIDFACE, LEFORT 1, SINGLE PIECE, W/O BONE GRAFT	
21142	RECONST. MIDFACE, LEFORT1; TWO PIECES	
21143	RECONST MIDFACE, LEFORT 1; THREE OR MORE PIECES	
21145	RECONSTRUCT MIDFACE, LEFORT 1, SINGLE PIECE, W/ BONE GRAFT	
21146	LEFORT I-2 PC INCL GRAFTS	

21147	LEFORT I-3+PCS INCL GRAFTS - BILATERAL	
21196	RECONSTRUCT MANDIBULAR RAMI; W/INTERNAL RIGID FIXATION	
21199	OSTEOTOMY MANDIBLE SGM TL W/GENIOGLOSSUS ADVMNT	
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	
21215	GRAFT, BONE; MANDIBLE	
21240	ARTHRP TEMPOROMANDIBULAR JOINT W/VO AUTOGRAFT	
21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	
21245	RECONST MANDIBLE/MAXILLA, SUBPERIOSTEAL IMPLANT, PARTIAL	
21248	RECONSTRUCT MANDIBLE/MAXILLA, ENDOSTEAL IMPLANT	
21299	UNLISTED CRANIOFACIAL&MAXILLOFACIAL PROCEDURE	
21685	HYOID MYOTOMY AND SUSPENSION	
21899	UNLISTED PROCEDURE, NECK OR THORAX	
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT; CERVICAL	

22110	PARTIAL EXCISION OF VERTEBRAL BODY; CERVICAL	
22214	OSTEOTOMY SPINE, POSTERIOR APPROACH, ONE VERT SEGMENT; LUMBAR	
22224	OSTEOTOMY SPINE ANTERIOR APPROACH; LUMBAR	
22510	PERC VERTEBROPLSTY, 1 VERTBRL BODY, UNI/BI INJ, INCL IMAG GUIDE; CERVICOTHORACIC	
22511	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; LUMBOSACRAL	
22512	PERC VRTBRPLSTY, 1 VERTBRL BODY, UNI/BI INJ, W/ IMAG GUIDE; EA ADDTL VERTBL BODY	
22513	PERC VRTBRL AUGMNTATION, 1 VRTBRL BODY, UNI/BI CANNULATION, INCL IMAGE; THORACIC	
22515	PERC VRTBRL AUGMNTATION, 1 VRTBRL BODY, UNI/BI CANNULATION, INCL IMAGE; EA ADDTL	
22551	ARTHRODESIS, ANTERIOR INTERBODY INCLD DISC SPACE PREP; CERVICAL BELOW C2	
22552	ARTHRODESIS, ANTERIOR INTERBODY INCLD DISC SPACE ; BELOW C2 EA ADDTL INTERSPACE	
22554	ARTHRODESIS, ANT INTERBODY TECHNIQUE; CERVICAL	
22585	ARTHRODESIS, ANT INTERBODY TECHNIQUE; EA ADDL INTERSPACE	
22614	ARTHRODESIS, POSTERIOR/ POSTEROLATERAL, SINGLE LEVEL; EA ADDL SEG	

22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY; 7 - 12 VERT SEGMENTS	
22804	ARTHRODESIS, POSTERIOR, 13 OR MORE VERTEBRAL SEGMENTS	
22830	EXPLORATION SPINAL FUSION	
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION; 3 - 6 VERT SEGMENTS	
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	
22844	POSTERIOR SEG INSTRUMNTATN; 13 OR MORE VERTEBRAL SEGMENTS	
22845	ANTERIOR INSTRUMENTATION; 2 - 3 VERT SEGMENTS	
22846	ANTERIOR INSTRUMENTATION; 4 - 7 VERT SEGMENTS	
22849	REINSERTION SPINAL FIXATION DEVICE	
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION	
22853	INSERT INTERBODY BIOMECH DEVICE(S) W/INTEGRAL ANTERIOR INSTR FOR ANCHORING, EA	
22855	REMOVAL ANTERIOR INSTRUMENTATION	

22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	
23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER REPLACEMENT	
24363	ARTHROPLASTY, ELBOW; WITH PROSTHETIC REPLACEMENT	
27096	INJECT SI JOINT ARTHROGRAPHY&/ANES/STEROID W/IMAGE	
27130	ARTHROPLASTY, ACETABULAR & PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP)	
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY	
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS	
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY	
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY	
27280	ARTHRODESIS, OPEN, SACROILIAC JOINT (INCLUDING BONE GRAFT)	
27438	ARTHROPLASTY PATELLA; W/PROSTHESIS	
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	

27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT CMPRTS	
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	
27487	REVISION TOTAL KNEE ARTHROPLASTY; FEMORAL & ENTIRE TIBIAL COMPONENT	
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	
28291	HALLUX RIGIDUS CORRECT W/CHEILECTOMY, DEBRIDE & RELEASE 1ST MET JOINT; W/IMPLANT	
28298	CORRECT HALLUX VALGUS W/SESAMOIDECTOMY; W/PROX PHALANX OSTEOTOMY, ANY METHOD	
28299	CORRECT HALLUX VALGUS W/SESAMOIDECTOMY; W/DOUBLE OSTEOTOMY, ANY METHOD	
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, W/WO BIOPSY	
29804	ARTHROSCOPY TMJ SURGICAL	
29806	ARTHROSCOPY, SHOULDER, SURG; CAPSULORRHAPHY	
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	
29820	ARTHROSCOPY, SHOULDER, SURG; SYNOVECTOMY, PARTIAL	

29821	ARTHROSCOPY, SHOULDER, SURG; SYNOVECTOMY, COMPLETE	
29822	ARTHROSCOPY, SHOULDER, SURG; DEBRIDEMENT, LIMITED	
29823	ARTHROSCOPY, SHOULDER, SURG; DEBRIDEMENT, EXTENSIVE	
29824	ARTHROSCOPY, SHOULDER, SURG; MUMFORD PROCEDURE	
29825	ARTHROSCOPY, SHOULDER, SURG; W/LYSIS & RESECTION OF ADHESIONS, W OR W/O MANIP	
29827	ARTHROSCOPY, SHOULDER, SURG; W/ROTATOR CUFF REPAIR	
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	
29834	ARTHROSCOPY, ELBOW, SURG; W/REMOVAL LOOSE/FOREIGN BODY	
29835	ARTHROSCOPY, ELBOW, SURG; SYNOVECTOMY, PARTIAL	
29837	ARTHROSCOPY, ELBOW, SURG; DEBRIDEMENT	
29838	ARTHROSCOPY, ELBOW, SURG; DEBRIDEMENT, EXTENSIVE	
29844	ARTHROSCOPY, WRIST, SURG; SYNOVECTOMY, PARTIAL	
29846	ARTHROSCOPY WRIST EXC&/RPR TRIANG FIBROART&/JT DBRDMT	

29847	ARTHROSCOPY, WRIST, SURG; INT FIXATION FOR FX/INSTABILITY	
29860	ARTHROSCOPY, HIP, DIAGNOSTIC W/WO SYNOVIAL BIOPSY	
29861	ARTHROSCOPY, HIP, SURG; W/REMOVAL LOOSE/FOREIGN BODY	
29862	ARTHROSCOPY, HIP, SURG; W/DEBRIDEMENT/SHAVING OF ARTIC CARTILAGE	
29863	ARTHROSCOPY, HIP, SURGICAL; W/ SYNOVECTOMY	
29871	ARTHROSCOPY, KNEE, SURG; FOR INFECTION, LAVAGE/DRAINAGE	
29873	ARTHROSCOPY, KNEE, SURG; W/LATERAL RELEASE	
29874	ARTHROSCOPY, KNEE, SURG; FOR REMOVAL LOOSE/FOREIGN BODY	
29875	ARTHROSCOPY, KNEE, SURG; SYNOVECTOMY, LIMITED	
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	

29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	
29882	ARTHROSCOPY, KNEE, SURG; W/MENISCUS REPAIR, MED OR LAT	
29883	ARTHROSCOPY, KNEE, SURG; W/MENISCUS REPAIR (MEDIAL AND LATERAL)	
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS+-MNPJ SPX	
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	
29886	ARTHROSCOPY, KNEE, SURG; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	
29887	ARTHROSCOPY, KNEE,SURG; DRILL INTACT OSTEOCHONDRITIS DISSECANS LES W/INT FIXATION	
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	
29894	ARTHROSCOPY, ANKLE, SURG; W/REM LOOSE/FOREIGN BODY	
29895	ARTHROSCOPY, ANKLE, SURG; SYNOVECTOMY, PARTIAL	
29897	ARTHROSCOPY, ANKLE, SURG; DEBRIDEMENT, LIMITED	

29898	ARTHROSCOPY, ANKLE, SURG; DEBRIDEMENT, EXTENSIE	
29899	SURG ANKLE ARTHROSCOPY W ANKLE ARTHRODESIS	
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY	
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY	
29916	ARTHROSCOPY, HIP, SURGICAL WITH LABRAL REPAIR	
30115	EXCIS, NASAL POLYP(S), EXTENSIVE	
31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	
31253	NASAL/SINUS ENDOSCOPY, SURG W/ETHMOIDECTOMY; TOTAL (ANT/POST)	
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	
31257	NASAL/SINUS ENDOSCOPY, SURG W/ETHMOIDECTOMY; TOTAL (ANT/POST) INCL SPHENOIDOTOMY	
31259	NASAL/SINUS ENDOSCOPY, SURG W/ETHMOIDECTOMY; TOTAL W/SPHENOIDOTOMY & TISS REMOV	

31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	
31276	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	
31295	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	
31298	NASAL/SINUS ENDOSCOPY, SURG; W/DILATION OF FRONTAL & SPHENOID SINUS OSTIA	
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	
31571	LARYNGOSCOPY, DIRECT, W/ INJ INTO VOCAL CORDS; W/OPERATING MICROSCOPE	
31599	UNLISTED PROCEDURE, LARYNX	
36471	INJ OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (NOT TELANGIECTASIA) SAME LEG	
36473	ENDOVENOUS ABLATION TX INCOMP VEIN, EXT, INCL IMAG, GUID & MON, PERQ, 1ST VEIN	

36482	ENDOVENOUS ABLAT TX INCOMP VEIN, EXTREM TRANSCATH DELIV OF CHEM ADHES; 1ST VEIN	
37700	LIGATION/DIVISION LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION	
37718	LIGATION SHORT SAPHENOUS VEIN	
37722	LIGATION DIVISION & STRIPPING LONG SAPHENOFEMORAL VEIN JUNCTION TO KNEE OR BELOW	
37780	LIG/DIV SHORT SAPHNS SAPHNPOPL	
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	
38241	MARROW/BLD-DRV PRPH STEM CELL TRNSPLJ AUTOL	
38242	ALLOGENIC LYMPHOCYTE INFUSIONS	
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	
43633	GASTRECTOMY, PARTIAL, DISTAL; W/ROUX EN Y RECONSTRUCTION	
43772	LAPRSCPY GASTRIC RESTRICT REMOVAL ADJSTBL GASTRIC RESTRICT DEVICE COMPONENT ONLY	
43774	REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUB-Q PORT COMPONENTS	

56625	COMPLETE SIMPLE VULVECTOMY	
56800	PLASTIC REPAIR OF INTROITUS	
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAG WALL	
57295	REVISION INCLUDE REMOVAL PROSTHETIC VAGINAL GRAFT VAGINAL APPROACH	
57335	VAGINOPLASTY FOR INTERSEX STATE	
58145	MYOMCTMY EXC FIBRD TUMR UTERS	
58146	MYOMECTIONY EXCIS FIBROID 5 OR MORE INTRAM > 250 GRA	
58150	TOTAL ABDOM HYSTERECTOMY W OR W/O REMOVAL TUBES/OVARIES	Prior authorization not required for personal history of cancer.
58180	SUPRACERVICAL ABDOM HYSTERECTOMY, W OR W/O REMOVAL TUBES/OVARIES	Prior authorization not required for personal history of cancer.
58210	RAD ABDOM HYSTERECTOMY, W/BILAT TOTAL PELVIC LYMPHADENECTOMY	Prior authorization not required for personal history of cancer.
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Prior authorization not required for personal history of cancer.
58263	W REMOVAL OF TUBES AND/OR OVARYS W REPAIR OF ENTEROCELE	Prior authorization not required for personal history of cancer.
58270	VAGNL HYSTRCTMY; W/REPAIR ENTEROCELE	Prior authorization not required for personal history of cancer.

58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	Prior authorization not required for personal history of cancer.
58291	VAG HYSTER/UTERUS OVE 250 GMS/REMOVAL TUBE/OVARY	Prior authorization not required for personal history of cancer.
58292	VAGINAL HYSTERECTOMY, UTERUS > 250 GM; TUBE/OVARY/ENTEROCELE	Prior authorization not required for personal history of cancer.
58541	LAPAROSCOPY SURGICAL SUPRACERVICAL HYSTERECTOMY FOR UTERUS 250 G OR LESS	Prior authorization not required for personal history of cancer.
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVARY	Prior authorization not required for personal history of cancer.
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	Prior authorization not required for personal history of cancer.
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	
58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	Prior authorization not required for personal history of cancer.
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	Prior authorization not required for personal history of cancer.
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Prior authorization not required for personal history of cancer.
58552	LAPS W/VAG HYSTERECT 250 GM/< RMVL TUBE&/OVARY	Prior authorization not required for personal history of cancer.
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	Prior authorization not required for personal history of cancer.
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVARY	Prior authorization not required for personal history of cancer.

58558	HYSTEROSCOPY, SURG; W/SAMPLING	Prior authorization not required for personal history of cancer. Add special instructions.
58563	HYSTEROSCOPY, SURG; W/ENDOMETRIAL ABLATION	Prior authorization not required for personal history of cancer. Add special instructions.
58565	HYSTEROSCOPY W/BILAT FT CANNULATION TO INDUCE OCCLUSION BY PERM IMPLANT PLACEMEN	Prior authorization not required for personal history of cancer. Add special instructions.
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	Prior authorization not required for personal history of cancer.
58571	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Prior authorization not required for personal history of cancer.
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	Prior authorization not required for personal history of cancer.
58573	LAPAROSCOPY, SURGICAL, W/ TOTAL HYSTERECTOMY, W/REMOVAL OF TUBE(S) /OVARY(S)	Prior authorization not required for personal history of cancer.
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	Prior authorization not required for personal history of cancer.
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	Prior authorization not required for personal history of cancer.
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	Prior authorization not required for personal history of cancer.
58670	LAPAROSCOPY W/FULGURATION OF OVIDUCTS	Prior authorization not required for personal history of cancer.
58720	SALPINGO-OOPHORECTOMY COMPLETE/PARTIAL, UNILAT/BILAT, SEPARATE PROC	Prior authorization not required for personal history of cancer.
58953	BILAT SALPINGO-OOPHORECTOMY/TOTAL ABDOM HYSTERECTOMY	Prior authorization not required for personal history of cancer.

58954	BILAT SALPINGO-OOPHORECTOMY/TOTAL ABDOM HYSTERECTOMY; W/PELVIC LYMPHADENECTOMY	Prior authorization not required for personal history of cancer.
62321	INJ(S), OF DIAG OR THERAPEUTIC SUBSTANCE(S) INCL NEEDLE/CATH PLACEMENT; W/GUIDE	
62323	INJ(S), OF DIAG OR THERAPEUTIC SUBSTANCE(S) LUMBAR OR SACRAL; W/ GUIDANCE	
62324	INJ(S), INCL INDWELLING CATH, CERVICAL OR THORACIC; W/O GUIDANCE	
62326	INJ(S), INCL INDWELLING CATH, LUMBAR OR SACRAL; W/O GUIDANCE	
62360	IMPLANT/REPLACE DEVICE FOR DRUG INFUSION; SUBCUT RESERVOIR	
63001	LAMINECTOMY W/EXPLORATION SPINAL CORD; CERVICAL	
63003	LAMINECTOMY W/EXPLORATION SPINAL CORD; THORACIC	
63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	
63012	LAMINECTOMY W/ REMOVAL ABNORMAL FACETS, LUMBAR	
63015	LAMINECTOMY W/EXPLORATION SPINAL CORD; > 2 SEGMENTS; CERVICAL	
63016	LAMNCTMY DECMPRSN SPNL CRD/CAU	
63017	LAMINECTOMY W/EXPLORE/DECOMPRESS SPINAL CORD, W/O DISKECTOMY; LUMBAR	

63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERV	
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	
63040	LAMINOTOMY W/ DECOMPRESSION NERVE ROOTS; REEXPLORE, SINGLE INTERSPACE, CERV	
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	
63045	LAMINECTOMY, SINGLE VERT SEGMENT; CERVICAL	
63046	LAMINECTOMY, SINGLE VERT SEGMENT; THORACIC	
63047	LAMINECTOMY, SINGLE VERT SEGMENT; LUMBAR	
63048	LAMINECTOMY EA ADDL SEGMENT	
63050	C-LAMINOPLASTY W/DECOMPRESS OF CORD 2/MORE SEGS	
63051	C-LAMINOPLASTY W/DECOMPRESS OF 2/MORE SEGS & BONY RECONSTRUCTION	
63055	TRANSPEDICULAR APPR FOR DECOMP	

63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	
63075	DISKECTOMY, ANT, W/ DECOMPRESSION SPINAL CORD; CERV, SINGLE INTERSPACE	
63081	VERTEBRAL CORPECTOMY, PARTIAL/COMPLETE, ANT APPROACH; CERV, SINGLE SEGMENT	
63085	VERTEBRAL CORPECTOMY, PARTIAL/COMP, TRANSTHORACIC APPROACH; THORACIC, SING SEGMENT	
63090	VERTEBRAL CORPECTOMY, PARTIAL/COMP, LOW THORACIC/LUMBAR/SACRAL; SINGLE SEGMENT	
63172	LAMINECTOMY WITH DRAINAGE CYST/SYRINX; TO SUBARACHNOID SPACE	
63185	LAMNCTMY RHIZOTMY; ONE/TWO SEGM	
63190	LAMNCTMY RHIZTMY; MORE THAN 2 S	
63265	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	
63267	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	
63277	LAMINECTOMY FOR BIOPSY/EXCISION INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	
63661	REMOVAL OF SPINAL ELECTRODE ARRAYS PERCUTANEOUSLY	
63662	REMOVAL OF SPINAL ELECTRODE PLATES OR PADDLES BY LAMINOTOMY OR LAMINECTOMY	

63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	
64585	REVISE/REMOVE PERIPHERAL NEUROSTIMULATOR ELECTRODES	
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	
64721	REVISE MEDIAN NERVE AT WRIST	
64722	DECOMPRESSION; UNSPECIFIED NERVE(S)	
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	

67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	
67917	REPAIR OF ECTROPION; EXTENSIVE	
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION DEVICE	
69799	UNLISTED PROCEDURE MIDDLE EAR	
80305	DRUG TEST(S) PRESUMPTIVE ANY NUMBER DRUG CLASSES READ BY DIRECT OBSERV, PER DOS	
80306	DRUG TEST(S) PRESUMPTIVE ANY NUMBER DRUG CLASSES, READ BY INSTRMT ASST, PER DOS	
80307	DRUG TEST(S) PRESUMPTIVE ANY NUMBER DRUG CLASSES READ BY INSTRMT CHEM, PER DOS	
80320	ASSAY OF ALCOHOLS	
80321	ASSAY OF ALCOHOL BIOMARKERS; 1 OR 2	
80323	ASSAY OF ALKALOIDS, NOT OTHERWISE SPECIFIED	
80324	ASSAY OF AMPHETAMINES; 1 OR 2	
80325	ASSAY OF AMPHETAMINES; 3 OR 4	
80326	ASSAY OF AMPHETAMINES; 5 OR MORE	

80327	ASSAY OF ANABOLIC STEROIDS; 1 OR 2	
80329	ASSAY OF ANALGESICS, NON-OPIOID; 1 OR 2	
80331	ANALGESICS, NON-OPIOID; 6 OR MORE	
80332	ASSAY OF ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	
80333	ASSAY OF ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	
80334	ANTIDEPRESSANTS, SEROTONERGIC; 6 OR MORE	
80335	ASSAY OF ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICAS; 1 OR 2	
80336	ASSAY OF ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICAS; 3-5	
80337	ASSAY OF ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICAS; 6 MORE	
80338	ASSAY OF ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	
80339	ASSAY OF ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	
80342	ASSAY OF ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	
80343	ANTIPSYCHOTICS, NOS; 4-6	

80344	ASSAY OF ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	
80345	ASSAY OF BARBITURATES	
80346	ASSAY OF BENZODIAZEPINES; 1-12	
80347	ASSAY OF BENZODIAZEPINES; 13 OR MORE	
80348	ASSAY OF BUPRENORPHINE	
80349	ASSAY OF CANNABINOIDS, NATURAL	
80350	ASSAY OF CANNABINOIDS, SYNTHETIC; 1-3	
80352	ASSAY OF CANNABINOIDS, SYNTHETIC; 7 OR MORE	
80353	ASSAY OF COCAINE	
80354	ASSAY OF FENTANYL	
80355	ASSAY OF GABAPENTIN, NON-BLOOD	
80356	ASSAY OF HEROIN METABOLITE	
80357	ASSAY OF KETAMINE AND NORKETAMINE	

80358	ASSAY OF METHADONE	
80359	ASSAY OF METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)	
80360	ASSAY OF METHYLPHENIDATE	
80361	ASSAY OF OPIATES, 1 OR MORE	
80362	ASSAY OF OPIOIDS AND OPIATE ANALOGS; 1 OR 2	
80363	ASSAY OF OPIOIDS AND OPIATE ANALOGS; 3 OR 4	
80364	ASSAY OF OPIOIDS AND OPIATE ANALOGS; 5 OR MORE	
80365	ASSAY OF OXYCODONE	
80366	ASSAY OF PREGABLIN	
80367	ASSAY OF PROPOXYPHENE	
80368	ASSAY OF SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)	
80369	ASSAY OF SKELETAL MUSCLE RELAXANTS; 1 OR 2	
80370	ASSAY OF SKELETAL MUSCLE RELAXANTS; 3 OR MORE	

80371	ASSAY OF STIMULANTS, SYNTHETIC	
80372	ASSAY OF TAPENTADOL	
80373	ASSAY OF TRAMADOL	
80375	ASSAY OF DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANITATIVE NOS; 1-3	
80377	ASSAY OF DRUG(S) OR SBSTNCE(S), DEFINTIVE, QUALTATVE OR QUANTATVE NOS; 7 OR MORE	
83992	PHENCYCLIDINE (PCP)	
95782	POLYSOMOGRAPHY; YOUNGER THAN 6 YRS, SLEEP STAGING, ATTENDED BY A TECHNOLOGIST	
95783	POLYSOMOGRAPHY; YOUNGER THAN 6 YRS, W/ CPAP THERAPY, ATTENDED BY TECHNOLOGIST	
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	
95805	MULT SLEEP LATENCY OR MAINT OF WAKEFULNESS TESTING/RECORDING/ANALYSIS	
95806	SLEEP STUDY, W/ AIRFLOW, UNATTENDED BY TECHNOLOGIST	
95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF SLE	

95808	POLYSOMNOGRAPHY, ANY AGE SLEEP STAG 1-3 ADDTL PARAMTRS, ATTND'D BY TECHNOLOGIST	
95810	POLYSOMNOGRAPHY, > 6YRS SLEEP STAG > 4 ADDTL PARAMTRS, ATTND'D BY TECHNOLOGIST	
95811	POLYSOMNOGRPHY > 6YRS SLEEP STAG > 4 PARAMTRS INTRO CPAP ATTND'D BY TECHNOLOGIST	
A0430	FIXED WING AIR TRANSPORT	
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SVC, TRANSPORT, ONE WAY (ROTARY WING)	
A0435	FIXED WING AIR TRANSPORT MILEAGE	
A0436	ROTARY WING AIR TRANSPORT MILEAGE	
A2022	INNOVABURN OR INNOVAMATRIX XL, PER SQUARE CENTIMETER	
A2023	INNOVAMATRIX PD, 1 MG	
A2024	RESOLVE MATRIX, PER SQUARE CENTIMETER	
A2025	MIRO3D, PER CUBIC CENTIMETER	
A4100	SKIN SUBSTITUTE, FDA CLEARED AS A DEVICE, NOT OTHERWISE SPECIFIED	

A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	Prior authorization required for Medicare Advantage only.
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	
A4560	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES), DISPOSABLE, REPLACEMENT ONLY	Prior authorization not required for Medicare Advantage plans only.
A4596	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES AND ACCESSORIES, PER MONTH	
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	
A9268	PROGRAMMER FOR TRANSIENT, ORALLY INGESTED CAPSULE	
A9269	PROGRAMMABLE, TRANSIENT, ORALLY INGESTED CAPSULE, FOR USE WITH EXTERNAL PROGRAMMER, PER MONTH	
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	Prior authorization not required for Medicare Advantage plans only.

A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	Prior authorization not required for Medicare Advantage plans only.
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Prior authorization not required for Medicare Advantage plans only.
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Prior authorization not required for Medicare Advantage plans only.
C1761	CATHETER, TRANSLUMINAL INTRAVASCULAR LITHOTRIPSY, CORONARY	Prior authorization not required for Medicare Advantage plans only.
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	Prior authorization not required for Medicare Advantage plans only.
C2624	IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING ALL SYSTEM COMPONENTS	Prior authorization not required for Medicare Advantage plans only.
C9764	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, LOWER EXTREMITY ARTERY(IES), EXCEPT TIBIAL/PERONEAL; WITH INTRAVASCULAR LITHOTRIPSY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
C9765	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, LOWER EXTREMITY ARTERY(IES), EXCEPT TIBIAL/PERONEAL; WITH INTRAVASCULAR LITHOTRIPSY, AND TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
C9766	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, LOWER EXTREMITY ARTERY(IES), EXCEPT TIBIAL/PERONEAL; WITH INTRAVASCULAR LITHOTRIPSY AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
C9767	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, LOWER EXTREMITY ARTERY(IES), EXCEPT TIBIAL/PERONEAL; WITH INTRAVASCULAR LITHOTRIPSY AND TRANSLUMINAL STENT PLACEMENT(S), AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.

C9773	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy, AND TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
C9774	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL (S), WHEN PERFORMED	Prior authorization not required for Medicare Advantage plans only.
C9781	ARTHROSCOPY, SHOULDER, SURGICAL; WITH IMPLANTATION OF SUBACROMIAL SPACER (E.G., BALLOON), INCLUDES DEBRIDEMENT (E.G., LIMITED OR EXTENSIVE), SUBACROMIAL DECOMPRESSION, ACROMIOPLASTY, AND BICEPS TENODESIS WHEN PERFORMED	
C9784	GASTRIC RESTRICTIVE PROCEDURE, ENDOSCOPIC SLEEVE GASTROPLASTY, WITH ESOPHAGOGASTRODUODENOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPONENTS	
C9785	ENDOSCOPIC OUTLET REDUCTION, GASTRIC POUCH APPLICATION, WITH ENDOSCOPY AND INTRALUMINAL TUBE INSERTION, IF PERFORMED, INCLUDING ALL SYSTEM AND TISSUE ANCHORING COMPONENTS	
D7870	ARTHROCENTESIS	
D7946	LEFORT I (MAXILLA \ TOTAL)	
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	
E0194	AIR FLUIDIZED BED	

E0196	GEL PRESSURE MATTRESS	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON\INVASIVELY	
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	Prior authorization required for Medicare Advantage only.
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Prior authorization not required for Medicare Advantage plans only.
E0470	RESPIRATORY ASSIST DEVICE, BI\LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, EG., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Prior authorization required for Medicare Advantage only.
E0471	RESPIRATORY ASSIST DEVICE, BI\LEVEL PRESSURE CAPABILITY, WITH BACK\UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, EG., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Prior authorization required for Medicare Advantage only.
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	

E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
E0486	ORAL DEVICE/APPLIANCE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT	
E0490	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, CONTROLLED BY HARDWARE REMOTE	
E0491	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE, USED IN CONJUNCTION WITH THE POWER SOURCE AND CONTROL ELECTRONICS UNIT, CONTROLLED BY HARDWARE REMOTE, 90-DAY SUPPLY	
E0561	HUMIDIFIER, NONHEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Prior authorization required for Medicare Advantage only.
E0561	HUMIDIFIER, NONHEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Prior authorization required for Medicare Advantage only.
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Prior authorization required for Medicare Advantage only.
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Prior authorization required for Medicare Advantage only.
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	Prior authorization required for Medicare Advantage only.
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	

E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (EG, UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	
E0641	STANDING FRAME/TABLE SYSTEM, MULTI POSITION (E.G. THREE WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	
E0642	STANDING FRAME/TABLE SYSTEM, MULTI POSITION (E.G. THREE WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	
E0650	PNEUMATIC COMPRESSOR, NON\SEGMENTAL HOME MODEL (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE (MAY BE COVERED ON SOME NATIONAL CONTRACTS)	
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE (MAY BE COVERED ON SOME NATIONAL CONTRACTS)	
E0655	NON\SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0656	SEGMENTAL PNEUMATIC APPLICANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	
E0660	NON\SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0665	NON\SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0666	NON\SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	

E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	
E0677	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK	Prior authorization not required for Medicare Advantage plans only.
E0678	NONPNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG	
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	

E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL	
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL	
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION	
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON\INVASIVE, OTHER THAN SPINAL APPLICATIONS (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON\INVASIVE, SPINAL APPLICATIONS	
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON\INVASIVE	
E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM	

E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	
E0784	EXT AMBULATORY INFUSION PUMP, INSULIN	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC GLUCOSE SENSING	
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD\ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD\ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER\ACTIVATED, WHEEL DRIVE, PAIR	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	

E1004	WHEELCHAIR, POWER SEATING, RECLINE, MECHANICAL SHEAR REDUCTION	
E1007	WC POWER SEAT SYS COMBO TILT/RECLIN W SHEAR	
E1008	WHEELCHAIR, SEATING, TILT & RECLINE, POWER SHEAR REDUCTION	
E1010	WHEELCHAIR ADDITION, POWER LEG ELEVATION SYSTEM	
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEAT SYS, POWER ELEVAT LEG REST/PLATFRM	
E1230	POWER OPERATED VEHICLE, (THREE OR FOUR WHEEL NON\HIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER (MAY BE COVERED UNDER SOME NATIONAL CONTRACTS)	
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT\IN\SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT\IN\SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT\IN\SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	
E1399	DURABLE MEDICAL EQUIPMENT MI	

E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (SOME NT'L CONTRACTS COVER)	
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	
E1905	VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY DEVICE (CBT), INCLUDING PRE-PROGRAMMED THERAPY SOFTWARE	Prior authorization not required for Medicare Advantage plans only.
E2102	ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	
E2103	NON- ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	
E2311	POWER WC ACCESS, ELECT CONNECT BETW CHAIR CONTROL & 2 OR > POWER SEAT SYS MOTORS	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON\SEALED LEAD ACID BATTERY, EACH	
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (EG, GEL CELL, ABSORBED GLASSMAT)	

E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON\SEALED LEAD ACID BATTERY, EACH	
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 2R SEALED LEAD ACID BATTERY, EACH (EG., GEL CELL, ABSORBED GLASSMAT)	
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	

E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE REPLACEMENT ONLY, EACH	
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	

E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM BASED BATTERY, EACH	
E2402	NEG PRESSURE WOUND THERAPY ELECTRICAL PUMP	
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE\RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE\RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE\RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE\RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	

E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	
G0130	SINGLE ENERGY X\RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (E.G., RADIUS, WRIST, HEEL) PROFESSIONAL COMPONENT. TECHNICAL COMPONENT.	Prior authorization required if conducted more frequently than every 2 years. See Corporate Medical Policy.
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS PART OF A THERAPY PLAN OF CARE	
G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES	
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE AS PART OF A THERAPY PLAN OF CARE	
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	

G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CMI, COLLAGEN SCAFFOLD, MENAFLEX)	Prior authorization not required for Medicare Advantage plans only.
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSESSMENT OF DONOR SPECIMEN	Prior authorization not required for Medicare Advantage plans only.
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	Prior authorization not required for Medicare Advantage plans only.
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	
J2787	RIBOFLAVIN 5'-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML	Prior authorization not required for Medicare Advantage plans only.
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	
K0010	STANDARD\WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	
K0011	STANDARD\WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	

K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 450 POUNDS	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 600 POUNDS	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 450 POUNDS	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	

K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 650 POUNDS	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE.	

K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS.	
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS.	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	

K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS.	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	

K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0878	POWER WHEELCHAIR, GRP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	

K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	
K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC CONTRACTILITY MODULATION GENERATOR, REPLACEMENT ONLY	
L1844	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, CUSTOM FABRICATED	
L1846	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, CUSTOM FABRICATED	
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK) (SOME NATIONAL CONTRACTS MAY COVER)	
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	Prior authorization not required for Medicare Advantage plans only.
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE\SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	
L5973	ENDOSKELETAL ANKLE\FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	
L6925	WRIST DISARTICULATION, EXT. POWER, MYOELECTRONIC CONTROL	
L6955	ABOVE ELBOW, EXTERNAL POWER, MYOELECTRONIC CONTROL	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	
L8420	PROSTHETIC SOCK, MULT PLY; BELOW KNEE, EA	
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Prior authorization not required for personal history of breast cancer.

L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Prior authorization not required for Medicare Advantage plans only.
L8610	OCULAR IMPLANT	
L8612	AQUEOUS SHUNT	
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT, EACH	*Only requires review if age is less than 1 year
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	*Only requires review if age is less than 1 year
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	*Only requires review if age is less than 1 year

L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	*Only requires review if age is less than 1 year
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	
L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH	
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	

L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON\RECHARGEABLE, INCLUDES EXTENSION	
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Prior authorization required for professional providers only. No prior authorization required for facilities.
L8699	PROSTHETIC IMPLANT, NOS	
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	

L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	
M0076	PROLOTHERAPY	
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	
Q0477	POWER MODULE PATIENT CABLE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	

Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0496	BATTERY, OTHER THAN LITHIUM\ION, FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	

Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE OF VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	
Q0506	BATTERY, LITHIUM\ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	
Q0507	MISCELLANEOUS SUPPLY OR ACCESORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE	
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A	
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	
Q4101	APLIGRAF, PER SQUARE CENTIMETER	
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	

Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX, PER SQUARE CENTIMETER	
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	
Q4112	CYMETRA, INJECTABLE, 1 CC	
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1 CC	
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1 CC	
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	
Q4116	ALLODERM, PER SQUARE CENTIMETER	

Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	
Q4118	MATRISTEM MICROMATRIX, 1 MG	
Q4121	THERASKIN, PER SQUARE CENTIMETER	
Q4122	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQUARE CENTIMETER	
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	
Q4127	TALYMED, PER SQUARE CENTIMETER	
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	
Q4133	GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER	
Q4134	HMATRIX, PER SQUARE CENTIMETER	

Q4135	MEDISKIN, PER SQUARE CENTIMETER	
Q4136	EZ-DERM, PER SQUARE CENTIMETER	
Q4137	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQUARE CENTIMETER	
Q4138	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER	
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	
Q4140	BIODFENCE, PER SQUARE CENTIMETER	
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	
Q4143	REPRIZA, PER SQUARE CENTIMETER	
Q4145	EPIFIX, INJECTABLE, 1 MG	
Q4146	TENSIX, PER SQUARE CENTIMETER	
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTIMETER	
Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	
Q4149	EXCELLAGEN, 0.1 CC	

Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	
Q4152	DERMAPURE, PER SQUARE CENTIMETER	
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	
Q4154	BIOVANCE, PER SQUARE CENTIMETER	
Q4155	NEOXFLO OR CLARXFLO, 1 MG	
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	
Q4157	REVITALON, PER SQUARE CENTIMETER	
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	
Q4159	AFFINITY, PER SQUARE CENTIMETER	
Q4160	NUSHIELD, PER SQUARE CENTIMETER	
Q4161	BIO-CONNKT WOUND MATRIX, PER SQUARE CENTIMETER	
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	

Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	
Q4164	HELICOLL, PER SQUARE CENTIMETER	
Q4166	CYTAL, PER SQUARE CENTIMETER	
Q4167	TRUSKIN, PER SQUARE CENTIMETER	
Q4168	AMNIOBAND, 1 MG	
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER	
Q4170	CYGNUS, PER SQUARE CENTIMETER	
Q4171	INTERFYL, 1 MG	
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER	
Q4174	PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC	
Q4175	MIRODERM, PER SQUARE CENTIMETER	
Q4176	NEOPATCH OR THERION, PER SQUARE CENTIMETER	
Q4177	FLOWERAMNIOFLO, 0.1 CC	

Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER	
Q4179	FLOWERDERM, PER SQUARE CENTIMETER	
Q4180	REVITA, PER SQUARE CENTIMETER	
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	
Q4182	TRANSCYTE, PER SQUARE CENTIMETER	
Q4183	SURGIGRAFT, PER SQUARE CENTIMETER	
Q4184	CELLESTA OR CELLESTA DUO, PER SQUARE CENTIMETER	
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC	
Q4186	EPIFIX, PER SQUARE CENTIMETER	
Q4187	EPICORD, PER SQUARE CENTIMETER	
Q4188	AMNIOARMOR, PER SQUARE CENTIMETER	
Q4189	ARTACENT AC, 1 MG	
Q4190	ARTACENT AC, PER SQUARE CENTIMETER	

Q4191	RESTORIGIN, PER SQUARE CENTIMETER	
Q4192	RESTORIGIN, 1 CC	
Q4193	COLL-E-DERM, PER SQUARE CENTIMETER	
Q4194	NOVACHOR, PER SQUARE CENTIMETER	
Q4195	PURAPLY, PER SQUARE CENTIMETER	
Q4196	PURAPLY AM, PER SQUARE CENTIMETER	
Q4197	PURAPLY XT, PER SQUARE CENTIMETER	
Q4199	CYGNUS MATRIX, PER SQUARE CENTIMETER	
Q4201	MATRION, PER SQUARE CENTIMETER	
Q4203	DERMA-GIDE, PER SQUARE CENTIMETER	
Q4224	HUMAN HEALTH FACTOR 10 AMNIOTIC PATCH (HHF10-P), PER SQUARE CENTIMETER	
Q4225	AMNIOBIND, PER SQUARE CENTIMETER	
Q4256	MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQUARE CENTIMETER	

Q4257	RELESE, PER SQUARE CENTIMETER	
Q4258	ENVERSE, PER SQUARE CENTIMETER	
Q4259	CELERA DUAL LAYER OR CELERA DUAL MEMBRANE, PER SQUARE CENTIMETER	
Q4260	SIGNATURE APATCH, PER SQUARE CENTIMETER	
Q4261	TAG, PER SQUARE CENTIMETER	
Q4262	DUAL LAYER IMPAX MEMBRANE, PER SQUARE CENTIMETER	
Q4263	SURGRAFT TL, PER SQUARE CENTIMETER	
Q4264	COCOON MEMBRANE, PER SQUARE CENTIMETER	
Q4272	ESANO A, PER SQUARE CENTIMETER	
Q4273	ESANO AAA, PER SQUARE CENTIMETER	
Q4274	ESANO AC, PER SQUARE CENTIMETER	
Q4275	ESANO ACA, PER SQUARE CENTIMETER	
Q4276	ORION, PER SQUARE CENTIMETER	

Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQUARE CENTIMETER	
Q4278	EPIEFFECT, PER SQUARE CENTIMETER	
Q4280	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	
Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	
Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER	
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQUARE CENTIMETER	
Q4285	NUDYN DL OR NUDYN DL MESH, PER SQUARE CENTIMETER	
Q4286	NUDYN SL OR NUDYN SLW, PER SQUARE CENTIMETER	
Q4288	DERMABIND CH, PER SQ CM	
Q4289	REVOSHIELD+ AMNIOTIC BARRIER, PER SQ CM	
Q4290	MEMBRANE WRAP-HYDRO(TM), PER SQ CM	
Q4291	LAMELLAS XT, PER SQ CM	
Q4292	LAMELLAS, PER SQ CM	

Q4293	ACESSO DL, PER SQ CM	
Q4294	AMNIO QUAD-CORE, PER SQ CM	
Q4295	AMNIO TRI-CORE AMNIOTIC, PER SQ CM	
Q4296	REBOUND MATRIX, PER SQ CM	
Q4297	EMERGE MATRIX, PER SQ CM	
Q4298	AMNICORE PRO, PER SQ CM	
Q4299	AMNICORE PRO+, PER SQ CM	
Q4300	ACESSO TL, PER SQ CM	
Q4301	ACTIVATE MATRIX, PER SQ CM	
Q4302	COMPLETE ACA, PER SQ CM	
Q4303	COMPLETE AA, PER SQ CM	
Q4304	GRAFIX PLUS, PER SQ CM	
S0515	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS	

S1034	ARTIFICIAL PANCREAS DEVICE SYSTEM (E.G., LOW GLUCOSE SUSPEND (LGS) FEATURE) INCLUDING CONTINUOUS GLUCOSE MONITOR, BLOOD GLUCOSE DEVICE, INSULIN PUMP AND COMPUTER ALGORITHM THAT COMMUNICATES WITH ALL OF THE DEVICES	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S) MAY NOT BE COVERED UNDER SOME NATIONAL ACCOUNTS.	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2066	BREAST RECONSTRUCTION WITH GLUTEALARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH 'STACKED' DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR(DIEP) FLAP, OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE	
S2102	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGENEIC	
S2112	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGENEIC	
S2230	IMPLANTATION OF MAGNETIC COMPONENT OF SEMI\IMPLANTABLE HEARING DEVICE ON OSSICLES IN MIDDLE EAR	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.

S2300	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY	
S2348	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE LEVELS, LUMBAR	
S2400	REPAIR, CONGENITAL DIAPHRAGMATIC HERNIA IN THE FETUS USING TEMPORARY TRACHEAL OCCLUSION, PROCEDURE PERFORMED IN UTERO	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2401	REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2402	REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2403	REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S2409	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT OTHERWISE CLASSIFIED	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S3870	COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR INTELLECTUAL DISABILITY	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	

S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	
S8948	APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS; LOW-LEVEL LASER; EACH 15 MINUTES	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500\99602 CAN BE USED)	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Per CMS this code is identified as a non-covered code for Medicare Advantage plans.
S9960	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, NONEMERGENCY TRANSPORT, ONE WAY (FIXED WING)	
S9961	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, NONEMERGENCY TRANSPORT, ONE WAY (ROTARY WING)	

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