ALTERWOOD ADVANTAGE
Quality Care. Better Health.

Prior Authorization Summary & Claim Code List | Effective October 1, 2023

A complete list of ALL HCPCS/CPT codes is found below. Alterwood's authorization requirements, if any, are noted next to each code. **You may search for your code of interest by using CTRL+F functionality.**

Prior authorization forms are found at: https://www.alterwoodadvantage.com/for-providers/

In addition to the PA form, please submit recent office visit(s), laboratory studies, imaging, and any other documentation relevant to the clinical request.

Fax completed forms and relevant clinical documents to 410-801-5701.

Prior Authorization Principles and Important Notes

- Products and services not covered by Original Medicare are not covered by Alterwood Advantage except for "supplemental benefits." Supplemental benefits provided by Alterwood include certain hearing services, vision services, dental care, chiropractic care, transportation, and OTC medications. For a full description of available supplemental benefits, please refer to the Evidence of Coverage, Chapter 4 (found on the Member page of Alterwood's website). Below is a listing of Alterwood Advantage partners that provide supplemental services. Prior authorization may be obtained by calling the appropriate phone number below:

Service	Company	Phone
Hearing Services	Nations	866-340-0492
Vision Services	EyeMed	866-340-0753
Dental Services	DentaQuest	866-340-0813
Over-the-Counter Medications	Nations	866-340-0627
Transportation	RoundTrip	866-340-0665

- Below is a listing of Alterwood Advantage partners that provide specified services. Prior authorization may be obtained by calling the appropriate phone number below:

Service	Company	Phone
Behavioral Health	Optum	866-340-0639
Part D Pharmacy Benefit Manager	Elixir	866-267-3144

- Services rendered by an Out-of-Network provider or facility require prior authorization except for emergently needed care.
- Prior authorization is not required for emergently needed care.
- It is the provider/facility's responsibility to obtain authorization prior to rendering a service, item, or Part B medication (unless providing emergently needed care). Payment may be denied for services rendered without authorization.
- Members enrolled in the Dual Special Needs (DSNP) plan have Medicare coverage through Alterwood and Medicaid coverage through the State of Maryland. Some services not covered by Alterwood may be covered by Medicaid. Refer to the Evidence of Coverage document for a description of covered and non-covered services: https://www.alterwoodadvantage.com/wp-content/uploads/2022/10/CY2023_AA-Dual-Secure_Final.pdf
- Alterwood validates medical necessity using:
  - Medicare guidelines (National Coverage Articles, National Coverage Determinations, Local Coverage Articles, Local Coverage Determinations) found at https://www.cms.gov/medicare-coverage-database/search.aspx
  - MCG Guidelines (formerly Milliman Care Guidelines); Call Alterwood to request specific guidelines at 866-550-0560.
  - Nationally recognized clinical practice guidelines found at: https://www.alterwoodadvantage.com/wp-content/uploads/2022/04/2022-Clinical-Practice-Guidelines.pdf)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
00100	Anesthesia for procedures on salivary glands, including biopsy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00102	Anesthesia for procedures involving plastic repair of cleft lip	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00104	Anesthesia for electroconvulsive therapy	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00140	Anesthesia for procedures on eye; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00142	Anesthesia for procedures on eye; lens surgery	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00144	Anesthesia for procedures on eye; corneal transplant	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00145	Anesthesia for procedures on eye; vitreoretinal surgery	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00147	Anesthesia for procedures on eye; iridectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00148	Anesthesia for procedures on eye; ophthalmoscopy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00210	Anesthesia for intracranial procedures; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00212	Anesthesia for intracranial procedures; subdural taps	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00216	Anesthesia for intracranial procedures; vascular procedures	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00218	Anesthesia for intracranial procedures; procedures in sitting position	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	NOT COVERED	PEDIATRIC			

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00350	Anesthesia for procedures on major vessels of neck; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00352	Anesthesia for procedures on major vessels of neck; simple ligation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00470	Anesthesia for partial rib resection; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00472	Anesthesia for partial rib resection; thoracoplasty (any type)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00500	Anesthesia for all procedures on esophagus	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00522	Anesthesia for closed chest procedures; needle biopsy of pleura	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00524	Anesthesia for closed chest procedures; pneumocentesis	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00530	Anesthesia for permanent transvenous pacemaker insertion	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00532	Anesthesia for access to central venous circulation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00539	Anesthesia for tracheobronchial reconstruction	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00550	Anesthesia for sternal debridement	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	NOT COVERED	PEDIATRIC			
00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00580	Anesthesia for heart transplant or heart/lung transplant	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00625	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00630	Anesthesia for procedures in lumbar region; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00730	Anesthesia for procedures on upper posterior abdominal wall	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00770	Anesthesia for all procedures on major abdominal blood vessels	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00820	Anesthesia for procedures on lower posterior abdominal wall	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	NOT COVERED	PEDIATRIC			
00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	NOT COVERED	PEDIATRIC			
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00902	Anesthesia for; anorectal procedure	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00904	Anesthesia for; radical perineal procedure	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00906	Anesthesia for; vulvectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00908	Anesthesia for; perineal prostatectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00918	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01120	Anesthesia for procedures on bony pelvis	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01130	Anesthesia for body cast application or revision	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01140	Anesthesia for interpelviabdominal (hindquarter) amputation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01200	Anesthesia for all closed procedures involving hip joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01202	Anesthesia for arthroscopic procedures of hip joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01210	Anesthesia for open procedures involving hip joint; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01212	Anesthesia for open procedures involving hip joint; hip disarticulation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01220	Anesthesia for all closed procedures involving upper two-thirds of femur	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01260	Anesthesia for all procedures involving veins of upper leg, including exploration	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01340	Anesthesia for all closed procedures on lower one-third of femur	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01360	Anesthesia for all open procedures on lower one-third of femur	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01380	Anesthesia for all closed procedures on knee joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01402	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01420	Anesthesia for all cast applications, removal, or repair involving knee joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01430	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01440	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01442	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01462	Anesthesia for all closed procedures on lower leg, ankle, and foot	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01464	Anesthesia for arthroscopic procedures of ankle and/or foot	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01470	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01480	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01490	Anesthesia for lower leg cast application, removal, or repair	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01500	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01520	Anesthesia for procedures on veins of lower leg; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01522	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01610	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01620	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01622	Anesthesia for diagnostic arthroscopic procedures of shoulder joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01630	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01670	Anesthesia for all procedures on veins of shoulder and axilla	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01680	Anesthesia for shoulder cast application, removal or repair, not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01730	Anesthesia for all closed procedures on humerus and elbow	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01760	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01772	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01916	Anesthesia for diagnostic arteriography/venography	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01922	Anesthesia for non-invasive imaging or radiation therapy	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01958	Anesthesia for external cephalic version procedure	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01960	Anesthesia for vaginal delivery only	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01961	Anesthesia for cesarean delivery only	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01962	Anesthesia for urgent hysterectomy following delivery	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			

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01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01965	Anesthesia for incomplete or missed abortion procedures	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01966	Anesthesia for induced abortion procedures	no auth	Approved when performed in conjunction with an Alterwood-approved surgery or a surgery for which no PA is required.			
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	no auth				
01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	no auth				
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	no auth				
01990	Physiological support for harvesting of organ(s) from brain-dead patient	no auth				
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	no auth				
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	no auth				
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	no auth				
01999	Unlisted anesthesia procedure(s)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	no auth				
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	no auth				
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	no auth				
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	no auth				
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	no auth				
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	no auth				
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	no auth				
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	no auth				
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	no auth				
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	no auth				
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	no auth				
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	no auth				
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	no auth				
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	no auth				
10080	Incision and drainage of pilonidal cyst; simple	no auth				
10081	Incision and drainage of pilonidal cyst; complicated	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
10120	Incision and removal of foreign body, subcutaneous tissues; simple	no auth				
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	no auth				
10140	Incision and drainage of hematoma, seroma or fluid collection	no auth				
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	no auth				
10180	Incision and drainage, complex, postoperative wound infection	no auth				
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	no auth				
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	no auth				
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	no auth				
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	no auth				
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	no auth				
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	no auth				
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	no auth				
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	no auth				
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	no auth				
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	no auth				
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	no auth				
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	no auth				
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	no auth				
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	no auth				
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	no auth				
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	no auth				
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	no auth				
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	no auth				
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	no auth				
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	no auth				
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	no auth				
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	no auth				
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	no auth				
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	no auth				
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	no auth				
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	no auth				
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	no auth				
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	no auth				
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	no auth				
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	no auth				
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	no auth				
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	no auth				
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	no auth				
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	no auth				
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	no auth				
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	no auth				
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	no auth				
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	no auth				
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	no auth				
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	no auth				
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	no auth				
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	no auth				
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	no auth				
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	no auth				
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	no auth				
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	no auth				
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	no auth				
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	no auth				
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	no auth				
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	no auth				
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	no auth				
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	no auth				
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	no auth				
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	no auth				
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	no auth				
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	no auth				
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	no auth				
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	no auth				
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	no auth				
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	no auth				
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	no auth				
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	no auth				
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	no auth				
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	no auth				
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	no auth				
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	no auth				
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	no auth				
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	no auth				
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	no auth				
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	no auth				
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	no auth				
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	no auth				
11719	Trimming of nondystrophic nails, any number	no auth				
11720	Debridement of nail(s) by any method(s); 1 to 5	no auth				
11721	Debridement of nail(s) by any method(s); 6 or more	no auth				
11730	Avulsion of nail plate, partial or complete, simple; single	no auth				
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	no auth				
11740	Evacuation of subungual hematoma	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	no auth				
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	no auth				
11760	Repair of nail bed	no auth				
11762	Reconstruction of nail bed with graft	no auth				
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	no auth				
11770	Excision of pilonidal cyst or sinus; simple	no auth				
11771	Excision of pilonidal cyst or sinus; extensive	no auth				
11772	Excision of pilonidal cyst or sinus; complicated	no auth				
11900	Injection, intralesional; up to and including 7 lesions	no auth				
11901	Injection, intralesional; more than 7 lesions	no auth				
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
11970	Replacement of tissue expander with permanent implant	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
11971	Removal of tissue expander without insertion of implant	no auth				
11976	Removal, implantable contraceptive capsules	no auth				
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	no auth				
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	no auth				
11982	Removal, non-biodegradable drug delivery implant	no auth				
11983	Removal with reinsertion, non-biodegradable drug delivery implant	no auth				
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	no auth				
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	no auth				
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	no auth				
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	no auth				
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	no auth				
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	no auth				
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	no auth				
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	no auth				
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	no auth				
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	no auth				
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	no auth				
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	no auth				
12020	Treatment of superficial wound dehiscence; simple closure	no auth				
12021	Treatment of superficial wound dehiscence; with packing	no auth				
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	no auth				
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	no auth				
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	no auth				
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	no auth				
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	no auth				
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	no auth				
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	no auth				
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	no auth				
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	no auth				
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	no auth				
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	no auth				
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	no auth				
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	no auth				
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	no auth				
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	no auth				
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	no auth				
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	no auth				
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	no auth				
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	no auth				
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	no auth				
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	no auth				
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	no auth				
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	no auth				
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	no auth				
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	no auth				
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	no auth				
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	no auth				
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	no auth				
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	no auth				
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	no auth				
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	no auth				
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	no auth				
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	no auth				
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	no auth				
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	no auth				
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	no auth				
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	no auth				
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	no auth				
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	no auth				
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
14350	Filleted finger or toe flap, including preparation of recipient site	no auth				
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	no auth				
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	no auth				
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	no auth				
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	no auth				
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	no auth				
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	no auth				
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	no auth				
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	no auth				
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	no auth				
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	no auth				
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	no auth				
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	no auth				
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	no auth				
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	no auth				
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	no auth				
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	no auth				
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	no auth				
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	no auth				
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	no auth				
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	no auth				
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	no auth				
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	no auth				
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	no auth				
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	no auth				
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	no auth				
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	no auth				
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	no auth				
15600	Delay of flap or sectioning of flap (division and inset); at trunk	no auth				
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	no auth				
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	no auth				
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	no auth				
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	no auth				
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	no auth				
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	no auth				
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	no auth				
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	no auth				
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	no auth				
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	no auth				
15750	Flap; neurovascular pedicle	no auth				
15756	Free muscle or myocutaneous flap with microvascular anastomosis	no auth				
15757	Free skin flap with microvascular anastomosis	no auth				
15758	Free fascial flap with microvascular anastomosis	no auth				
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15770	Graft; derma-fat-fascia	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15776	Punch graft for hair transplant; more than 15 punch grafts	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Wound and Skin Management GRG GRG: PG-WS (ISC GRG)	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15781	Dermabrasion; segmental, face	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051		
15782	Dermabrasion; regional, other than face	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15786	Abrasion; single lesion (eg, keratosis, scar)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15788	Chemical peel, facial; epidermal	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15789	Chemical peel, facial; dermal	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15792	Chemical peel, nonfacial; epidermal	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15793	Chemical peel, nonfacial; dermal	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15819	Cervicoplasty	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15820	Blepharoplasty, lower eyelid;	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
15822	Blepharoplasty, upper eyelid;	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
15824	Rhytidectomy; forehead	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051	MCG:Migraine Headache, Surgical Treatment ACG: A-0578 (AC)	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051	MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
15826	Rhytidectomy; glabellar frown lines	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051	MCG:Migraine Headache, Surgical Treatment ACG: A-0578 (AC); Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
15828	Rhytidectomy; cheek, chin, and neck	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051	MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051	MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Abdominoplasty ACG: A-0497 (AC); Panniculectomy ACG: A-0498 (AC); Wound and Skin Management GRG GRG: PG-WS (ISC GRG)	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	no auth				
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	no auth				
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	no auth				
15845	Graft for facial nerve paralysis; regional muscle transfer	no auth				
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35090, LCA 56587	MCG:Abdominoplasty ACG: A-0497 (AC); Wound and Skin Management GRG: PG-WS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15851	Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation)	no auth				
15852	Dressing change (for other than burns) under anesthesia (other than local)	no auth				
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	no auth				
15876	Suction assisted lipectomy; head and neck	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15877	Suction assisted lipectomy; trunk	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15878	Suction assisted lipectomy; upper extremity	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15879	Suction assisted lipectomy; lower extremity	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	no auth				
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	no auth				
15931	Excision, sacral pressure ulcer, with primary suture;	no auth				
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	no auth				
15934	Excision, sacral pressure ulcer, with skin flap closure;	no auth				
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	no auth				
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	no auth				
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	no auth				
15940	Excision, ischial pressure ulcer, with primary suture;	no auth				
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	no auth				
15944	Excision, ischial pressure ulcer, with skin flap closure;	no auth				
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	no auth				
15950	Excision, trochanteric pressure ulcer, with primary suture;	no auth				
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	no auth				
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	no auth				
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	no auth				
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	no auth				
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	no auth				
15999	Unlisted procedure, excision pressure ulcer	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
16000	Initial treatment, first degree burn, when no more than local treatment is required	no auth				
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	no auth				
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	no auth				
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	no auth				
16035	Escharotomy; initial incision	no auth				
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	no auth				
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	no auth				
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	no auth				
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	no auth				
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	no auth				
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	no auth				
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	no auth				
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	no auth				
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	no auth				
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	no auth				
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	no auth				
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	no auth				
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	no auth				
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	no auth				
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	no auth				
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	no auth				
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	no auth				
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	no auth				
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	no auth				
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	no auth				
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	no auth				
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	no auth				
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	no auth				
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	no auth				
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	no auth				
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	no auth				
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	no auth				
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	no auth				
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	no auth				
17340	Cryotherapy (CO2 slush, liquid N2) for acne	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 34938, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
17380	Electrolysis epilation, each 30 minutes	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774	MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Wound and Skin Management GRG: PG-WS (ISC GRG)	
19000	Puncture aspiration of cyst of breast;	no auth				
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	no auth				
19020	Mastotomy with exploration or drainage of abscess, deep	no auth				
19030	Injection procedure only for mammary ductogram or galactogram	no auth				
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	no auth				
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	no auth				
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	no auth				
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	no auth				
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	no auth				
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	no auth				
19101	Biopsy of breast; open, incisional	no auth				
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	no auth				
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	no auth				
19112	Excision of lactiferous duct fistula	no auth				
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	no auth				
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	no auth				
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	no auth				
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	no auth				
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	no auth				
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	no auth				
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	no auth				
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	no auth				
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	no auth				
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	no auth				
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	no auth				
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	no auth				
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	no auth				
19300	Mastectomy for gynecomastia	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35090, LCA 56587, LCD 39051	MCG: Mastectomy for Gynecomastia ACG: A-0273 (AC)	
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	no auth				
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	no auth				
19303	Mastectomy, simple, complete	no auth				
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	no auth				
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	no auth				
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	no auth				
19316	Mastopexy	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		
19318	Breast reduction	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587	MCG:Reduction Mammaplasty (Mammoplasty) ACG: A-0274 (AC)	
19325	Breast augmentation with implant	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		
19328	Removal of intact breast implant	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	no auth				
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	no auth				
19342	Insertion or replacement of breast implant on separate day from mastectomy	no auth				
19350	Nipple/areola reconstruction	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		
19355	Correction of inverted nipples	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774		
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	no auth				
19361	Breast reconstruction; with latissimus dorsi flap	no auth				
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	no auth				
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	no auth				
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	no auth				
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	no auth				
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		
19396	Preparation of moulage for custom breast implant	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
19499	Unlisted procedure, breast	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
20100	Exploration of penetrating wound (separate procedure); neck	no auth				
20101	Exploration of penetrating wound (separate procedure); chest	no auth				
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	no auth				
20103	Exploration of penetrating wound (separate procedure); extremity	no auth				
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	no auth				
20200	Biopsy, muscle; superficial	no auth				
20205	Biopsy, muscle; deep	no auth				
20206	Biopsy, muscle, percutaneous needle	no auth				
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	no auth				
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	no auth				
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	no auth				
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	no auth				
20250	Biopsy, vertebral body, open; thoracic	no auth				
20251	Biopsy, vertebral body, open; lumbar or cervical	no auth				
20500	Injection of sinus tract; therapeutic (separate procedure)	no auth				
20501	Injection of sinus tract; diagnostic (sinogram)	no auth				
20520	Removal of foreign body in muscle or tendon sheath; simple	no auth				
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	no auth				
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	no auth				
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	no auth				
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	no auth				
20551	Injection(s); single tendon origin/insertion	no auth				
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	no auth				
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	no auth				
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	AUTH REQUIRED	Dry needling is covered only for chronic low back pain	NCD 30.3.3		
20561	Needle insertion(s) without injection(s); 3 or more muscles	AUTH REQUIRED	Dry needling is covered only for chronic low back pain	NCD 30.3.3		
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	no auth				
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	no auth				
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	no auth				
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	no auth				
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	no auth				
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	no auth				
20612	Aspiration and/or injection of ganglion cyst(s) any location	no auth				
20615	Aspiration and injection for treatment of bone cyst	no auth				
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	no auth				
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	no auth				
20661	Application of halo, including removal; cranial	no auth				
20662	Application of halo, including removal; pelvic	no auth				
20663	Application of halo, including removal; femoral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	no auth				
20665	Removal of tongs or halo applied by another individual	no auth				
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	no auth				
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	no auth				
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	no auth				
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	no auth				
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	no auth				
20694	Removal, under anesthesia, of external fixation system	no auth				
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	no auth				
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	no auth				
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	no auth				
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	no auth				
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	no auth				
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	no auth				
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	no auth				
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	no auth				
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	no auth				
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	no auth				
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	no auth				
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	no auth				
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	no auth				
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	no auth				
20838	Replantation, foot, complete amputation	no auth				
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	no auth				
20902	Bone graft, any donor area; major or large	no auth				
20910	Cartilage graft; costochondral	no auth				
20912	Cartilage graft; nasal septum	no auth				
20920	Fascia lata graft; by stripper	no auth				
20922	Fascia lata graft; by incision and area exposure, complex or sheet	no auth				
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	no auth				
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	no auth				
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	no auth				
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	no auth				
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	no auth				
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	no auth				
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	no auth				
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	no auth				
20955	Bone graft with microvascular anastomosis; fibula	no auth				
20956	Bone graft with microvascular anastomosis; iliac crest	no auth				
20957	Bone graft with microvascular anastomosis; metatarsal	no auth				
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	no auth				
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	no auth				
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	no auth				
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	no auth				
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	no auth				
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	AUTH REQUIRED		NCD 150.2	MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
20975	Electrical stimulation to aid bone healing; invasive (operative)	AUTH REQUIRED		NCD 150.2	MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	AUTH REQUIRED		NCD 150.2	MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)	
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	no auth				
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	no auth				
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	no auth				
20999	Unlisted procedure, musculoskeletal system, general	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
21010	Arthrotomy, temporomandibular joint	no auth				
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	no auth				
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	no auth				
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	no auth				
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	no auth				
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	no auth				
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	no auth				
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	no auth				
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	no auth				
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	no auth				
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	no auth				
21031	Excision of torus mandibularis	no auth				
21032	Excision of maxillary torus palatinus	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21034	Excision of malignant tumor of maxilla or zygoma	no auth				
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	no auth				
21044	Excision of malignant tumor of mandible;	no auth				
21045	Excision of malignant tumor of mandible; radical resection	no auth				
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	no auth				
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	no auth				
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	no auth				
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	no auth				
21050	Condylectomy, temporomandibular joint (separate procedure)	no auth				
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	no auth				
21070	Coronoidectomy (separate procedure)	no auth				
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	no auth				
21076	Impression and custom preparation; surgical obturator prosthesis	no auth				
21077	Impression and custom preparation; orbital prosthesis	no auth				
21079	Impression and custom preparation; interim obturator prosthesis	no auth				
21080	Impression and custom preparation; definitive obturator prosthesis	no auth				
21081	Impression and custom preparation; mandibular resection prosthesis	no auth				
21082	Impression and custom preparation; palatal augmentation prosthesis	no auth				
21083	Impression and custom preparation; palatal lift prosthesis	no auth				
21084	Impression and custom preparation; speech aid prosthesis	no auth				
21085	Impression and custom preparation; oral surgical splint	no auth				
21086	Impression and custom preparation; auricular prosthesis	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21087	Impression and custom preparation; nasal prosthesis	no auth				
21088	Impression and custom preparation; facial prosthesis	no auth				
21089	Unlisted maxillofacial prosthetic procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	no auth				
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120		
21116	Injection procedure for temporomandibular joint arthrography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21121	Genioplasty; sliding osteotomy, single piece	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21125	Augmentation, mandibular body or angle; prosthetic material	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21137	Reduction forehead; contouring only	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
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	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
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	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
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	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG)	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21198	Osteotomy, mandible, segmental;	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Mandibular Osteotomy ACG: A-0247 (AC), Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Mandibular Osteotomy ACG: A-0247 (AC), Maxillomandibular Osteotomy and Advancement ACG: A-0248 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Maxillomandibular Osteotomy and Advancement ACG: A-0248 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Mandibular Osteotomy ACG: A-0247 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21209	Osteoplasty, facial bones; reduction	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Mandibular Osteotomy ACG: A-0247 (AC), Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21215	Graft, bone; mandible (includes obtaining graft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21242	Arthroplasty, temporomandibular joint, with allograft	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21270	Malar augmentation, prosthetic material	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21275	Secondary revision of orbitocraniofacial reconstruction	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21280	Medial canthopexy (separate procedure)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21282	Lateral canthopexy	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21299	Unlisted craniofacial and maxillofacial procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	no auth				
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization	no auth				
21325	Open treatment of nasal fracture; uncomplicated	no auth				
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	no auth				
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	no auth				
21336	Open treatment of nasal septal fracture, with or without stabilization	no auth				
21337	Closed treatment of nasal septal fracture, with or without stabilization	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21338	Open treatment of nasoethmoid fracture; without external fixation	no auth				
21339	Open treatment of nasoethmoid fracture; with external fixation	no auth				
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	no auth				
21343	Open treatment of depressed frontal sinus fracture	no auth				
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	no auth				
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	no auth				
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	no auth				
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	no auth				
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	no auth				
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	no auth				
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	no auth				
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	no auth				
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	no auth				
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	no auth				
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	no auth				
21386	Open treatment of orbital floor blowout fracture; periorbital approach	no auth				
21387	Open treatment of orbital floor blowout fracture; combined approach	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	no auth				
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	no auth				
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	no auth				
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	no auth				
21406	Open treatment of fracture of orbit, except blowout; without implant	no auth				
21407	Open treatment of fracture of orbit, except blowout; with implant	no auth				
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	no auth				
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	no auth				
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	no auth				
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	no auth				
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	no auth				
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	no auth				
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	no auth				
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	no auth				
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	no auth				
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	no auth				
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	no auth				
21450	Closed treatment of mandibular fracture; without manipulation	no auth				
21451	Closed treatment of mandibular fracture; with manipulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21452	Percutaneous treatment of mandibular fracture, with external fixation	no auth				
21453	Closed treatment of mandibular fracture with interdental fixation	no auth				
21454	Open treatment of mandibular fracture with external fixation	no auth				
21461	Open treatment of mandibular fracture; without interdental fixation	no auth				
21462	Open treatment of mandibular fracture; with interdental fixation	no auth				
21465	Open treatment of mandibular condylar fracture	no auth				
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	no auth				
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	no auth				
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	no auth				
21490	Open treatment of temporomandibular dislocation	no auth				
21497	Interdental wiring, for condition other than fracture	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120		
21499	Unlisted musculoskeletal procedure, head	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	no auth				
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	no auth				
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	no auth				
21550	Biopsy, soft tissue of neck or thorax	no auth				
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	no auth				
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	no auth				
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	no auth				
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	no auth				
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	no auth				
21600	Excision of rib, partial	no auth				
21601	Excision of chest wall tumor including rib(s)	no auth				
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	no auth				
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	no auth				
21610	Costotransversectomy (separate procedure)	no auth				
21615	Excision first and/or cervical rib;	no auth				
21616	Excision first and/or cervical rib; with sympathectomy	no auth				
21620	Ostectomy of sternum, partial	no auth				
21627	Sternal debridement	no auth				
21630	Radical resection of sternum;	no auth				
21632	Radical resection of sternum; with mediastinal lymphadenectomy	no auth				
21685	Hyoid myotomy and suspension	no auth				
21700	Division of scalenus anticus; without resection of cervical rib	no auth				
21705	Division of scalenus anticus; with resection of cervical rib	no auth				
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	no auth				
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	no auth				
21740	Reconstructive repair of pectus excavatum or carinatum; open	no auth				
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	no auth				
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	AUTH REQUIRED	POTENTIALLY COSMETIC; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG)	
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	no auth				
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	no auth				
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	no auth				
21820	Closed treatment of sternum fracture	no auth				
21825	Open treatment of sternum fracture with or without skeletal fixation	no auth				
21899	Unlisted procedure, neck or thorax	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
21920	Biopsy, soft tissue of back or flank; superficial	no auth				
21925	Biopsy, soft tissue of back or flank; deep	no auth				
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	no auth				
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	no auth				
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	no auth				
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	no auth				
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	no auth				
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	no auth				
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	no auth				
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	no auth				
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	no auth				
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	no auth				
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	no auth				
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	no auth				
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	no auth				
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	no auth				
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	no auth				
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	no auth				
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	no auth				
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	no auth				
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	no auth				
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	no auth				
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	no auth				
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	no auth				
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	no auth				
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	no auth				
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	no auth				
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	no auth				
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	no auth				
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	no auth				
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	no auth				
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	no auth				
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	no auth				
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	no auth				
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	no auth				
22505	Manipulation of spine requiring anesthesia, any region	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	no auth				
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	no auth				
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	no auth				
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	no auth				
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	no auth				
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	no auth				
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	NOT COVERED		NCD 150.11 STATES NOT COVERED		
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	NOT COVERED		NCD 150.11 STATES NOT COVERED		
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	no auth				
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	no auth				
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	no auth				
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	no auth				
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	no auth				
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	no auth				
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	no auth				
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	no auth				
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	no auth				
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	no auth				
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	no auth				
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	no auth				
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	no auth				
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	no auth				
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	no auth				
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	no auth				
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	no auth				
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, lumbar;	no auth				
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	no auth				
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	no auth				
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	no auth				
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	no auth				
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	no auth				
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	no auth				
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	no auth				
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	no auth				
22830	Exploration of spinal fusion	no auth				
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	no auth				
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	no auth				
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	no auth				
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	no auth				
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	no auth				
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	no auth				
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	no auth				
22849	Reinsertion of spinal fixation device	no auth				
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	no auth				
22852	Removal of posterior segmental instrumentation	no auth				
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	no auth				
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	no auth				
22855	Removal of anterior instrumentation	no auth				
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	no auth				
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	no auth				
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	no auth				
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 150.10		
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	no auth				
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	no auth				
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	no auth				
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	no auth				
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	no auth				
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)	no auth				
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	no auth				
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)	no auth				
22899	Unlisted procedure, spine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 150.11	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	no auth				
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	no auth				
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	no auth				
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	no auth				
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	no auth				
22999	Unlisted procedure, abdomen, musculoskeletal system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
23000	Removal of subdeltoid calcareous deposits, open	no auth				
23020	Capsular contracture release (eg, Sever type procedure)	no auth				
23030	Incision and drainage, shoulder area; deep abscess or hematoma	no auth				
23031	Incision and drainage, shoulder area; infected bursa	no auth				
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	no auth				
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	no auth				
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	no auth				
23065	Biopsy, soft tissue of shoulder area; superficial	no auth				
23066	Biopsy, soft tissue of shoulder area; deep	no auth				
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	no auth				
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	no auth				
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	no auth				
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	no auth				
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	no auth				
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	no auth				
23100	Arthrotomy, glenohumeral joint, including biopsy	no auth				
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	no auth				
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	no auth				
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	no auth				
23120	Claviculectomy; partial	no auth				
23125	Claviculectomy; total	no auth				
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	no auth				
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	no auth				
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	no auth				
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	no auth				
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	no auth				
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	no auth				
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	no auth				
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	no auth				
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	no auth				
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	no auth				
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	no auth				
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	no auth				
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	no auth				
23190	Ostectomy of scapula, partial (eg, superior medial angle)	no auth				
23195	Resection, humeral head	no auth				
23200	Radical resection of tumor; clavicle	no auth				
23210	Radical resection of tumor; scapula	no auth				
23220	Radical resection of tumor, proximal humerus	no auth				
23330	Removal of foreign body, shoulder; subcutaneous	no auth				
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	no auth				
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	no auth				
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
23395	Muscle transfer, any type, shoulder or upper arm; single	no auth				
23397	Muscle transfer, any type, shoulder or upper arm; multiple	no auth				
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	no auth				
23405	Tenotomy, shoulder area; single tendon	no auth				
23406	Tenotomy, shoulder area; multiple tendons through same incision	no auth				
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	no auth				
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	no auth				
23415	Coracoacromial ligament release, with or without acromioplasty	no auth				
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	no auth				
23430	Tenodesis of long tendon of biceps	no auth				
23440	Resection or transplantation of long tendon of biceps	no auth				
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	no auth				
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	no auth				
23460	Capsulorrhaphy, anterior, any type; with bone block	no auth				
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	no auth				
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	no auth				
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	no auth				
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	no auth				
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	no auth				
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	no auth				
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
23480	Osteotomy, clavicle, with or without internal fixation;	no auth				
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	no auth				
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	no auth				
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	no auth				
23500	Closed treatment of clavicular fracture; without manipulation	no auth				
23505	Closed treatment of clavicular fracture; with manipulation	no auth				
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	no auth				
23520	Closed treatment of sternoclavicular dislocation; without manipulation	no auth				
23525	Closed treatment of sternoclavicular dislocation; with manipulation	no auth				
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	no auth				
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	no auth				
23540	Closed treatment of acromioclavicular dislocation; without manipulation	no auth				
23545	Closed treatment of acromioclavicular dislocation; with manipulation	no auth				
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	no auth				
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	no auth				
23570	Closed treatment of scapular fracture; without manipulation	no auth				
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	no auth				
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	no auth				
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	no auth				
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	no auth				
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	no auth				
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	no auth				
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	no auth				
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	no auth				
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	no auth				
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	no auth				
23660	Open treatment of acute shoulder dislocation	no auth				
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	no auth				
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	no auth				
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	no auth				
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	no auth				
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	no auth				
23800	Arthrodesis, glenohumeral joint;	no auth				
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	no auth				
23900	Interthoracoscapular amputation (forequarter)	no auth				
23920	Disarticulation of shoulder;	no auth				
23921	Disarticulation of shoulder; secondary closure or scar revision	no auth				
23929	Unlisted procedure, shoulder	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
23931	Incision and drainage, upper arm or elbow area; bursa	no auth				
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	no auth				
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	no auth				
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	no auth				
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	no auth				
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	no auth				
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	no auth				
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	no auth				
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	no auth				
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	no auth				
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	no auth				
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	no auth				
24100	Arthrotomy, elbow; with synovial biopsy only	no auth				
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	no auth				
24102	Arthrotomy, elbow; with synovectomy	no auth				
24105	Excision, olecranon bursa	no auth				
24110	Excision or curettage of bone cyst or benign tumor, humerus;	no auth				
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	no auth				
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	no auth				
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	no auth				
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	no auth				
24130	Excision, radial head	no auth				
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	no auth				
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	no auth				
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	no auth				
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	no auth				
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	no auth				
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	no auth				
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	no auth				
24150	Radical resection of tumor, shaft or distal humerus	no auth				
24152	Radical resection of tumor, radial head or neck	no auth				
24155	Resection of elbow joint (arthrectomy)	no auth				
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	no auth				
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	no auth				
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	no auth				
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	no auth				
24220	Injection procedure for elbow arthrography	no auth				
24300	Manipulation, elbow, under anesthesia	no auth				
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	no auth				
24305	Tendon lengthening, upper arm or elbow, each tendon	no auth				
24310	Tenotomy, open, elbow to shoulder, each tendon	no auth				
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	no auth				
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	no auth				
24332	Tenolysis, triceps	no auth				
24340	Tenodesis of biceps tendon at elbow (separate procedure)	no auth				
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	no auth				
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	no auth				
24343	Repair lateral collateral ligament, elbow, with local tissue	no auth				
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	no auth				
24345	Repair medial collateral ligament, elbow, with local tissue	no auth				
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	no auth				
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	no auth				
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	no auth				
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	no auth				
24360	Arthroplasty, elbow; with membrane (eg, fascial)	no auth				
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	no auth				
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	no auth				
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	no auth				
24365	Arthroplasty, radial head;	no auth				
24366	Arthroplasty, radial head; with implant	no auth				
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	no auth				
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	no auth				
24400	Osteotomy, humerus, with or without internal fixation	no auth				
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	no auth				
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	no auth				
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	no auth				
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	no auth				
24495	Decompression fasciotomy, forearm, with brachial artery exploration	no auth				
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	no auth				
24500	Closed treatment of humeral shaft fracture; without manipulation	no auth				
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	no auth				
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	no auth				
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	no auth				
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	no auth				
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	no auth				
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	no auth				
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	no auth				
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	no auth				
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	no auth				
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	no auth				
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	no auth				
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	no auth				
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	no auth				
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	no auth				
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	no auth				
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	no auth				
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	no auth				
24600	Treatment of closed elbow dislocation; without anesthesia	no auth				
24605	Treatment of closed elbow dislocation; requiring anesthesia	no auth				
24615	Open treatment of acute or chronic elbow dislocation	no auth				
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	no auth				
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	no auth				
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	no auth				
24650	Closed treatment of radial head or neck fracture; without manipulation	no auth				
24655	Closed treatment of radial head or neck fracture; with manipulation	no auth				
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	no auth				
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	no auth				
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	no auth				
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	no auth				
24800	Arthrodesis, elbow joint; local	no auth				
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	no auth				
24900	Amputation, arm through humerus; with primary closure	no auth				
24920	Amputation, arm through humerus; open, circular (guillotine)	no auth				
24925	Amputation, arm through humerus; secondary closure or scar revision	no auth				
24930	Amputation, arm through humerus; re-amputation	no auth				
24931	Amputation, arm through humerus; with implant	no auth				
24935	Stump elongation, upper extremity	no auth				
24940	Cineplasty, upper extremity, complete procedure	AUTH REQUIRED	Likely excessive, non-standard treatment of amputation; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
24999	Unlisted procedure, humerus or elbow	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	no auth				
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	no auth				
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	no auth				
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	no auth				
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	no auth				
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	no auth				
25031	Incision and drainage, forearm and/or wrist; bursa	no auth				
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	no auth				
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	no auth				
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	no auth				
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	no auth				
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	no auth				
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	no auth				
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	no auth				
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	no auth				
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	no auth				
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	no auth				
25085	Capsulotomy, wrist (eg, contracture)	no auth				
25100	Arthrotomy, wrist joint; with biopsy	no auth				
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	no auth				
25105	Arthrotomy, wrist joint; with synovectomy	no auth				
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	no auth				
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	no auth				
25110	Excision, lesion of tendon sheath, forearm and/or wrist	no auth				
25111	Excision of ganglion, wrist (dorsal or volar); primary	no auth				
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	no auth				
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	no auth				
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	no auth				
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	no auth				
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	no auth				
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	no auth				
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	no auth				
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	no auth				
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	no auth				
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	no auth				
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	no auth				
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	no auth				
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	no auth				
25170	Radical resection of tumor, radius or ulna	no auth				
25210	Carpectomy; 1 bone	no auth				
25215	Carpectomy; all bones of proximal row	no auth				
25230	Radial styloidectomy (separate procedure)	no auth				
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	no auth				
25246	Injection procedure for wrist arthrography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
25248	Exploration with removal of deep foreign body, forearm or wrist	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25250	Removal of wrist prosthesis; (separate procedure)	no auth				
25251	Removal of wrist prosthesis; complicated, including total wrist	no auth				
25259	Manipulation, wrist, under anesthesia	no auth				
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	no auth				
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	no auth				
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	no auth				
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	no auth				
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	no auth				
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	no auth				
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	no auth				
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	no auth				
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	no auth				
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	no auth				
25300	Tenodesis at wrist; flexors of fingers	no auth				
25301	Tenodesis at wrist; extensors of fingers	no auth				
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	no auth				
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	no auth				
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	no auth				
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	no auth				
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	no auth				
25335	Centralization of wrist on ulna (eg, radial club hand)	no auth				
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	no auth				
25350	Osteotomy, radius; distal third	no auth				
25355	Osteotomy, radius; middle or proximal third	no auth				
25360	Osteotomy; ulna	no auth				
25365	Osteotomy; radius AND ulna	no auth				
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	no auth				
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	no auth				
25390	Osteoplasty, radius OR ulna; shortening	AUTH REQUIRED	POTENTIALLY COSMETIC	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
25391	Osteoplasty, radius OR ulna; lengthening with autograft	AUTH REQUIRED	POTENTIALLY COSMETIC	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	AUTH REQUIRED	POTENTIALLY COSMETIC	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
25393	Osteoplasty, radius AND ulna; lengthening with autograft	AUTH REQUIRED	POTENTIALLY COSMETIC	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
25394	Osteoplasty, carpal bone, shortening	AUTH REQUIRED	POTENTIALLY COSMETIC	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	no auth				
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	no auth				
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	no auth				
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25425	Repair of defect with autograft; radius OR ulna	no auth				
25426	Repair of defect with autograft; radius AND ulna	no auth				
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	no auth				
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	no auth				
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	no auth				
25441	Arthroplasty with prosthetic replacement; distal radius	no auth				
25442	Arthroplasty with prosthetic replacement; distal ulna	no auth				
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	no auth				
25444	Arthroplasty with prosthetic replacement; lunate	no auth				
25445	Arthroplasty with prosthetic replacement; trapezium	no auth				
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	no auth				
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	no auth				
25449	Revision of arthroplasty, including removal of implant, wrist joint	no auth				
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	no auth				
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	no auth				
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	no auth				
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	no auth				
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	no auth				
25500	Closed treatment of radial shaft fracture; without manipulation	no auth				
25505	Closed treatment of radial shaft fracture; with manipulation	no auth				
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	no auth				
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	no auth				
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	no auth				
25530	Closed treatment of ulnar shaft fracture; without manipulation	no auth				
25535	Closed treatment of ulnar shaft fracture; with manipulation	no auth				
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	no auth				
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	no auth				
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	no auth				
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	no auth				
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	no auth				
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	no auth				
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	no auth				
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	no auth				
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	no auth				
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	no auth				

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25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	no auth				
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	no auth				
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	no auth				
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	no auth				
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	no auth				
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	no auth				
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	no auth				
25650	Closed treatment of ulnar styloid fracture	no auth				
25651	Percutaneous skeletal fixation of ulnar styloid fracture	no auth				
25652	Open treatment of ulnar styloid fracture	no auth				
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	no auth				
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	no auth				
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	no auth				
25675	Closed treatment of distal radioulnar dislocation with manipulation	no auth				
25676	Open treatment of distal radioulnar dislocation, acute or chronic	no auth				
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	no auth				
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	no auth				
25690	Closed treatment of lunate dislocation, with manipulation	no auth				
25695	Open treatment of lunate dislocation	no auth				
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	no auth				
25805	Arthrodesis, wrist; with sliding graft	no auth				
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	no auth				
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	no auth				
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	no auth				
25900	Amputation, forearm, through radius and ulna;	no auth				
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	no auth				
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	no auth				
25909	Amputation, forearm, through radius and ulna; re-amputation	no auth				
25915	Krukenberg procedure	no auth				
25920	Disarticulation through wrist;	no auth				
25922	Disarticulation through wrist; secondary closure or scar revision	no auth				
25924	Disarticulation through wrist; re-amputation	no auth				
25927	Transmetacarpal amputation;	no auth				
25929	Transmetacarpal amputation; secondary closure or scar revision	no auth				
25931	Transmetacarpal amputation; re-amputation	no auth				
25999	Unlisted procedure, forearm or wrist	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
26010	Drainage of finger abscess; simple	no auth				
26011	Drainage of finger abscess; complicated (eg, felon)	no auth				
26020	Drainage of tendon sheath, digit and/or palm, each	no auth				
26025	Drainage of palmar bursa; single, bursa	no auth				
26030	Drainage of palmar bursa; multiple bursa	no auth				
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	no auth				
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	no auth				
26037	Decompressive fasciotomy, hand (excludes 26035)	no auth				
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	no auth				
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	no auth				
26055	Tendon sheath incision (eg, for trigger finger)	no auth				
26060	Tenotomy, percutaneous, single, each digit	no auth				
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	no auth				
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	no auth				
26100	Arthrotomy with biopsy; carpometacarpal joint, each	no auth				
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	no auth				
26110	Arthrotomy with biopsy; interphalangeal joint, each	no auth				
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	no auth				
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	no auth				
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	no auth				
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	no auth				
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	no auth				
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	no auth				
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	no auth				
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	no auth				
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	no auth				
26130	Synovectomy, carpometacarpal joint	no auth				
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	no auth				
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	no auth				
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	no auth				
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	no auth				
26180	Excision of tendon, finger, flexor or extensor, each tendon	no auth				
26185	Sesamoidectomy, thumb or finger (separate procedure)	no auth				
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	no auth				
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	no auth				
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	no auth				
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	no auth				
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	no auth				
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	no auth				
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	no auth				
26250	Radical resection of tumor, metacarpal	no auth				
26260	Radical resection of tumor, proximal or middle phalanx of finger	no auth				
26262	Radical resection of tumor, distal phalanx of finger	no auth				
26320	Removal of implant from finger or hand	no auth				
26340	Manipulation, finger joint, under anesthesia, each joint	no auth				
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	no auth				
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	no auth				
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	no auth				
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	no auth				
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	no auth				
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	no auth				
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	no auth				
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	no auth				
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	no auth				
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	no auth				
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	no auth				
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	no auth				
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	no auth				
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	no auth				
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	no auth				
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	no auth				
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	no auth				
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	no auth				
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	no auth				
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	no auth				
26437	Realignment of extensor tendon, hand, each tendon	no auth				
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	no auth				
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	no auth				
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	no auth				
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	no auth				
26450	Tenotomy, flexor, palm, open, each tendon	no auth				
26455	Tenotomy, flexor, finger, open, each tendon	no auth				
26460	Tenotomy, extensor, hand or finger, open, each tendon	no auth				
26471	Tenodesis; of proximal interphalangeal joint, each joint	no auth				
26474	Tenodesis; of distal joint, each joint	no auth				
26476	Lengthening of tendon, extensor, hand or finger, each tendon	no auth				
26477	Shortening of tendon, extensor, hand or finger, each tendon	no auth				
26478	Lengthening of tendon, flexor, hand or finger, each tendon	no auth				
26479	Shortening of tendon, flexor, hand or finger, each tendon	no auth				
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	no auth				
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	no auth				
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	no auth				
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	no auth				
26490	Opponensplasty; superficialis tendon transfer type, each tendon	no auth				
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	no auth				
26494	Opponensplasty; hypothenar muscle transfer	no auth				
26496	Opponensplasty; other methods	no auth				
26497	Transfer of tendon to restore intrinsic function; ring and small finger	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	no auth				
26499	Correction claw finger, other methods	no auth				
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	no auth				
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	no auth				
26508	Release of thenar muscle(s) (eg, thumb contracture)	no auth				
26510	Cross intrinsic transfer, each tendon	no auth				
26516	Capsulodesis, metacarpophalangeal joint; single digit	no auth				
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	no auth				
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	no auth				
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	no auth				
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	no auth				
26530	Arthroplasty, metacarpophalangeal joint; each joint	no auth				
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	no auth				
26535	Arthroplasty, interphalangeal joint; each joint	no auth				
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	no auth				
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	no auth				
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	no auth				
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	no auth				
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	no auth				
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	no auth				
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	no auth				
26550	Pollicization of a digit	no auth				
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	no auth				
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	no auth				
26555	Transfer, finger to another position without microvascular anastomosis	no auth				
26556	Transfer, free toe joint, with microvascular anastomosis	no auth				
26560	Repair of syndactyly (web finger) each web space; with skin flaps	no auth				
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	no auth				
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	no auth				
26565	Osteotomy; metacarpal, each	no auth				
26567	Osteotomy; phalanx of finger, each	no auth				
26568	Osteoplasty, lengthening, metacarpal or phalanx	no auth				
26580	Repair cleft hand	no auth				
26587	Reconstruction of polydactylous digit, soft tissue and bone	no auth				
26590	Repair macrodactylia, each digit	no auth				
26591	Repair, intrinsic muscles of hand, each muscle	no auth				
26593	Release, intrinsic muscles of hand, each muscle	no auth				
26596	Excision of constricting ring of finger, with multiple Z-plasties	no auth				
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	no auth				
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	no auth				
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	no auth				
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	no auth				
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	no auth				
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	no auth				
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	no auth				
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	no auth				
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	no auth				
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	no auth				
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	no auth				
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	no auth				
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	no auth				
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	no auth				
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	no auth				
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	no auth				
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	no auth				
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	no auth				
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	no auth				
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	no auth				
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	no auth				
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	no auth				
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	no auth				
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	no auth				
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	no auth				
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	no auth				
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	no auth				
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	no auth				
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	no auth				
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	no auth				
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	no auth				
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	no auth				
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	no auth				
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	no auth				
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	no auth				
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	no auth				
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	no auth				
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	no auth				
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	no auth				
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	no auth				
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	no auth				
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	no auth				
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	no auth				
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	no auth				
26989	Unlisted procedure, hands or fingers	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	no auth				
26991	Incision and drainage, pelvis or hip joint area; infected bursa	no auth				
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	no auth				
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	no auth				
27001	Tenotomy, adductor of hip, open	no auth				
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	no auth				
27005	Tenotomy, hip flexor(s), open (separate procedure)	no auth				
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	no auth				
27025	Fasciotomy, hip or thigh, any type	no auth				
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	no auth				
27030	Arthrotomy, hip, with drainage (eg, infection)	no auth				
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	no auth				
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	no auth				
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27040	Biopsy, soft tissue of pelvis and hip area; superficial	no auth				
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	no auth				
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	no auth				
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	no auth				
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	no auth				
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	no auth				
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	no auth				
27050	Arthrotomy, with biopsy; sacroiliac joint	no auth				
27052	Arthrotomy, with biopsy; hip joint	no auth				
27054	Arthrotomy with synovectomy, hip joint	no auth				
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	no auth				
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	no auth				
27060	Excision; ischial bursa	no auth				
27062	Excision; trochanteric bursa or calcification	no auth				
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	no auth				
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	no auth				
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	no auth				
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	no auth				
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	no auth				
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	no auth				
27077	Radical resection of tumor; innominate bone, total	no auth				
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	no auth				
27080	Coccygectomy, primary	no auth				
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	no auth				
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	no auth				
27090	Removal of hip prosthesis; (separate procedure)	no auth				
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	no auth				
27093	Injection procedure for hip arthrography; without anesthesia	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
27095	Injection procedure for hip arthrography; with anesthesia	no auth				
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
27097	Release or recession, hamstring, proximal	no auth				
27098	Transfer, adductor to ischium	no auth				
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	no auth				
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	no auth				
27110	Transfer iliopsoas; to greater trochanter of femur	no auth				
27111	Transfer iliopsoas; to femoral neck	no auth				
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	no auth				
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	no auth				
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	no auth				
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	no auth				
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	no auth				
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	no auth				
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	no auth				
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	no auth				
27146	Osteotomy, iliac, acetabular or innominate bone;	no auth				
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	no auth				
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	no auth				
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	no auth				
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	no auth				
27161	Osteotomy, femoral neck (separate procedure)	no auth				
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	no auth				
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	no auth				
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	no auth				
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	no auth				
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	no auth				
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	no auth				
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	no auth				
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	no auth				
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	no auth				
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	no auth				
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	no auth				
27200	Closed treatment of coccygeal fracture	no auth				
27202	Open treatment of coccygeal fracture	no auth				
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	no auth				
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	no auth				
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	no auth				
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	no auth				
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	no auth				
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	no auth				
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	no auth				
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	no auth				
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	no auth				
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	no auth				
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	no auth				
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	no auth				
27246	Closed treatment of greater trochanteric fracture, without manipulation	no auth				
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	no auth				
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	no auth				
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	no auth				
27253	Open treatment of hip dislocation, traumatic, without internal fixation	no auth				
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	no auth				
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	no auth				
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	no auth				
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	no auth				
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	no auth				
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	no auth				
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	no auth				
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	no auth				
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	no auth				
27275	Manipulation, hip joint, requiring general anesthesia	no auth				
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	no auth				
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	no auth				
27282	Arthrodesis, symphysis pubis (including obtaining graft)	no auth				
27284	Arthrodesis, hip joint (including obtaining graft);	no auth				
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	no auth				
27290	Interpelviabdominal amputation (hindquarter amputation)	no auth				
27295	Disarticulation of hip	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27299	Unlisted procedure, pelvis or hip joint	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	no auth				
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	no auth				
27305	Fasciotomy, iliotibial (tenotomy), open	no auth				
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	no auth				
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	no auth				
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	no auth				
27323	Biopsy, soft tissue of thigh or knee area; superficial	no auth				
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	no auth				
27325	Neurectomy, hamstring muscle	no auth				
27326	Neurectomy, popliteal (gastrocnemius)	no auth				
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	no auth				
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	no auth				
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	no auth				
27330	Arthrotomy, knee; with synovial biopsy only	no auth				
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	no auth				
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	no auth				
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	no auth				
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	no auth				
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	no auth				
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	no auth				
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	no auth				
27340	Excision, prepatellar bursa	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	no auth				
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	no auth				
27350	Patellectomy or hemipatellectomy	no auth				
27355	Excision or curettage of bone cyst or benign tumor of femur;	no auth				
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	no auth				
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	no auth				
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	no auth				
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	no auth				
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	no auth				
27365	Radical resection of tumor, femur or knee	no auth				
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
27372	Removal of foreign body, deep, thigh region or knee area	no auth				
27380	Suture of infrapatellar tendon; primary	no auth				
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	no auth				
27385	Suture of quadriceps or hamstring muscle rupture; primary	no auth				
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	no auth				
27390	Tenotomy, open, hamstring, knee to hip; single tendon	no auth				
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	no auth				
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	no auth				
27393	Lengthening of hamstring tendon; single tendon	no auth				
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	no auth				
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	no auth				
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	no auth				
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	no auth				
27403	Arthrotomy with meniscus repair, knee	no auth				
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	no auth				
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	no auth				
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	no auth				
27412	Autologous chondrocyte implantation, knee	AUTH REQUIRED			MCG:Autologous Chondrocyte Implantation, Knee ACG: A-0415 (AC)	
27415	Osteochondral allograft, knee, open	no auth				
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	no auth				
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	no auth				
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	no auth				
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	no auth				
27424	Reconstruction of dislocating patella; with patellectomy	no auth				
27425	Lateral retinacular release, open	no auth				
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	no auth				
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	no auth				
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	no auth				
27430	Quadricepsplasty (eg, Bennett or Thompson type)	no auth				
27435	Capsulotomy, posterior capsular release, knee	no auth				
27437	Arthroplasty, patella; without prosthesis	no auth				
27438	Arthroplasty, patella; with prosthesis	no auth				
27440	Arthroplasty, knee, tibial plateau;	no auth				
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	no auth				
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	no auth				
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	no auth				
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	no auth				
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	no auth				
27448	Osteotomy, femur, shaft or supracondylar; without fixation	no auth				
27450	Osteotomy, femur, shaft or supracondylar; with fixation	no auth				
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	no auth				
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	no auth				
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	no auth				
27465	Osteoplasty, femur; shortening (excluding 64876)	no auth				
27466	Osteoplasty, femur; lengthening	no auth				
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	no auth				
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	no auth				
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	no auth				
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	no auth				
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	no auth				
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	no auth				
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	no auth				
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	no auth				
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	no auth				
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	no auth				
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	no auth				
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	no auth				
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	no auth				
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	no auth				
27500	Closed treatment of femoral shaft fracture, without manipulation	no auth				
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	no auth				
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	no auth				
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	no auth				
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	no auth				
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	no auth				
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	no auth				
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	no auth				
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	no auth				
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	no auth				
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	no auth				
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	no auth				
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	no auth				
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	no auth				
27520	Closed treatment of patellar fracture, without manipulation	no auth				
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	no auth				
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	no auth				
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	no auth				
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	no auth				
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	no auth				
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	no auth				
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	no auth				
27550	Closed treatment of knee dislocation; without anesthesia	no auth				
27552	Closed treatment of knee dislocation; requiring anesthesia	no auth				
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	no auth				
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	no auth				
27560	Closed treatment of patellar dislocation; without anesthesia	no auth				
27562	Closed treatment of patellar dislocation; requiring anesthesia	no auth				
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	no auth				
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	no auth				
27580	Arthrodesis, knee, any technique	no auth				
27590	Amputation, thigh, through femur, any level;	no auth				
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	no auth				
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	no auth				
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	no auth				
27596	Amputation, thigh, through femur, any level; re-amputation	no auth				
27598	Disarticulation at knee	no auth				
27599	Unlisted procedure, femur or knee	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	no auth				
27601	Decompression fasciotomy, leg; posterior compartment(s) only	no auth				
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	no auth				
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	no auth				
27604	Incision and drainage, leg or ankle; infected bursa	no auth				
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	no auth				
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	no auth				
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	no auth				
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	no auth				
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27613	Biopsy, soft tissue of leg or ankle area; superficial	no auth				
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	no auth				
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	no auth				
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	no auth				
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	no auth				
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	no auth				
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	no auth				
27625	Arthrotomy, with synovectomy, ankle;	no auth				
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	no auth				
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	no auth				
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	no auth				
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	no auth				
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	no auth				
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	no auth				
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	no auth				
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	no auth				
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	no auth				
27645	Radical resection of tumor; tibia	no auth				
27646	Radical resection of tumor; fibula	no auth				
27647	Radical resection of tumor; talus or calcaneus	no auth				
27648	Injection procedure for ankle arthrography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	no auth				
27654	Repair, secondary, Achilles tendon, with or without graft	no auth				
27656	Repair, fascial defect of leg	no auth				
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	no auth				
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	no auth				
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	no auth				
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	no auth				
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	no auth				
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	no auth				
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	no auth				
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	no auth				
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	no auth				
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	no auth				
27687	Gastrocnemius recession (eg, Strayer procedure)	no auth				
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	no auth				
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	no auth				
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	no auth				
27695	Repair, primary, disrupted ligament, ankle; collateral	no auth				
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	no auth				
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	no auth				
27700	Arthroplasty, ankle;	no auth				
27702	Arthroplasty, ankle; with implant (total ankle)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27703	Arthroplasty, ankle; revision, total ankle	no auth				
27704	Removal of ankle implant	no auth				
27705	Osteotomy; tibia	no auth				
27707	Osteotomy; fibula	no auth				
27709	Osteotomy; tibia and fibula	no auth				
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	no auth				
27715	Osteoplasty, tibia and fibula, lengthening or shortening	no auth				
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	no auth				
27722	Repair of nonunion or malunion, tibia; with sliding graft	no auth				
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	no auth				
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	no auth				
27726	Repair of fibula nonunion and/or malunion with internal fixation	no auth				
27727	Repair of congenital pseudarthrosis, tibia	no auth				
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	no auth				
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	no auth				
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	no auth				
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	no auth				
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	no auth				
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	no auth				
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	no auth				
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	no auth				
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	no auth				
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	no auth				
27760	Closed treatment of medial malleolus fracture; without manipulation	no auth				
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	no auth				
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	no auth				
27767	Closed treatment of posterior malleolus fracture; without manipulation	no auth				
27768	Closed treatment of posterior malleolus fracture; with manipulation	no auth				
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	no auth				
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	no auth				
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	no auth				
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	no auth				
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	no auth				
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	no auth				
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	no auth				
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	no auth				
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	no auth				
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	no auth				
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	no auth				
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	no auth				
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	no auth				
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	no auth				
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	no auth				
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	no auth				
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	no auth				
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	no auth				
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	no auth				
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	no auth				
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	no auth				
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	no auth				
27840	Closed treatment of ankle dislocation; without anesthesia	no auth				
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	no auth				
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	no auth				
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	no auth				
27870	Arthrodesis, ankle, open	no auth				
27871	Arthrodesis, tibiofibular joint, proximal or distal	no auth				
27880	Amputation, leg, through tibia and fibula;	no auth				
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	no auth				
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	no auth				
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	no auth				
27886	Amputation, leg, through tibia and fibula; re-amputation	no auth				
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	no auth				
27889	Ankle disarticulation	no auth				
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	no auth				
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	no auth				
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	no auth				
27899	Unlisted procedure, leg or ankle	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
28001	Incision and drainage, bursa, foot	no auth				
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	no auth				
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	no auth				
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	no auth				
28008	Fasciotomy, foot and/or toe	no auth				
28010	Tenotomy, percutaneous, toe; single tendon	no auth				
28011	Tenotomy, percutaneous, toe; multiple tendons	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	no auth				
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	no auth				
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	no auth				
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	no auth				
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	no auth				
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	no auth				
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	no auth				
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	no auth				
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	no auth				
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	no auth				
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	no auth				
28052	Arthrotomy with biopsy; metatarsophalangeal joint	no auth				
28054	Arthrotomy with biopsy; interphalangeal joint	no auth				
28055	Neurectomy, intrinsic musculature of foot	no auth				
28060	Fasciectomy, plantar fascia; partial (separate procedure)	no auth				
28062	Fasciectomy, plantar fascia; radical (separate procedure)	no auth				
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	no auth				
28072	Synovectomy; metatarsophalangeal joint, each	no auth				
28080	Excision, interdigital (Morton) neuroma, single, each	no auth				
28086	Synovectomy, tendon sheath, foot; flexor	no auth				
28088	Synovectomy, tendon sheath, foot; extensor	no auth				
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	no auth				
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	no auth				
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	no auth				
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	no auth				
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	no auth				
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	no auth				
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	no auth				
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	no auth				
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	no auth				
28111	Ostectomy, complete excision; first metatarsal head	no auth				
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	no auth				
28113	Ostectomy, complete excision; fifth metatarsal head	no auth				
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	no auth				
28116	Ostectomy, excision of tarsal coalition	no auth				
28118	Ostectomy, calcaneus;	no auth				
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	no auth				
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	no auth				
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	no auth				
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	no auth				
28126	Resection, partial or complete, phalangeal base, each toe	no auth				
28130	Talectomy (astragalectomy)	no auth				
28140	Metatarsectomy	no auth				
28150	Phalangectomy, toe, each toe	no auth				
28153	Resection, condyle(s), distal end of phalanx, each toe	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	no auth				
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	no auth				
28173	Radical resection of tumor; metatarsal	no auth				
28175	Radical resection of tumor; phalanx of toe	no auth				
28190	Removal of foreign body, foot; subcutaneous	no auth				
28192	Removal of foreign body, foot; deep	no auth				
28193	Removal of foreign body, foot; complicated	no auth				
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	no auth				
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	no auth				
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	no auth				
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	no auth				
28220	Tenolysis, flexor, foot; single tendon	no auth				
28222	Tenolysis, flexor, foot; multiple tendons	no auth				
28225	Tenolysis, extensor, foot; single tendon	no auth				
28226	Tenolysis, extensor, foot; multiple tendons	no auth				
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	no auth				
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	no auth				
28234	Tenotomy, open, extensor, foot or toe, each tendon	no auth				
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	no auth				
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	no auth				
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	no auth				
28260	Capsulotomy, midfoot; medial release only (separate procedure)	no auth				
28261	Capsulotomy, midfoot; with tendon lengthening	no auth				
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	no auth				
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	no auth				
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	no auth				
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	no auth				
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	no auth				
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	no auth				
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	no auth				
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	no auth				
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	no auth				
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	no auth				
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	no auth				
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	no auth				
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	no auth				
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	no auth				
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	no auth				
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	no auth				
28302	Osteotomy; talus	no auth				
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	no auth				
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	no auth				
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	no auth				
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	no auth				
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	no auth				
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	no auth				
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	no auth				
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	no auth				
28315	Sesamoidectomy, first toe (separate procedure)	no auth				
28320	Repair, nonunion or malunion; tarsal bones	no auth				
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	no auth				
28340	Reconstruction, toe, macrodactyly; soft tissue resection	no auth				
28341	Reconstruction, toe, macrodactyly; requiring bone resection	no auth				
28344	Reconstruction, toe(s); polydactyly	no auth				
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	no auth				
28360	Reconstruction, cleft foot	no auth				
28400	Closed treatment of calcaneal fracture; without manipulation	no auth				
28405	Closed treatment of calcaneal fracture; with manipulation	no auth				
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	no auth				
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	no auth				
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	no auth				
28430	Closed treatment of talus fracture; without manipulation	no auth				
28435	Closed treatment of talus fracture; with manipulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	no auth				
28445	Open treatment of talus fracture, includes internal fixation, when performed	no auth				
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	no auth				
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	no auth				
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	no auth				
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	no auth				
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	no auth				
28470	Closed treatment of metatarsal fracture; without manipulation, each	no auth				
28475	Closed treatment of metatarsal fracture; with manipulation, each	no auth				
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	no auth				
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	no auth				
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	no auth				
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	no auth				
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	no auth				
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	no auth				
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	no auth				
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	no auth				
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	no auth				
28530	Closed treatment of sesamoid fracture	no auth				
28531	Open treatment of sesamoid fracture, with or without internal fixation	no auth				
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	no auth				
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	no auth				
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	no auth				
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	no auth				
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	no auth				
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	no auth				
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	no auth				
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	no auth				
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	no auth				
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	no auth				
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	no auth				
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	no auth				
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	no auth				
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	no auth				
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	no auth				
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	no auth				
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	no auth				
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	no auth				
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	no auth				
28705	Arthrodesis; pantalar	no auth				
28715	Arthrodesis; triple	no auth				
28725	Arthrodesis; subtalar	no auth				
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	no auth				
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	no auth				
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	no auth				
28750	Arthrodesis, great toe; metatarsophalangeal joint	no auth				
28755	Arthrodesis, great toe; interphalangeal joint	no auth				
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	no auth				
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	no auth				
28805	Amputation, foot; transmetatarsal	no auth				
28810	Amputation, metatarsal, with toe, single	no auth				
28820	Amputation, toe; metatarsophalangeal joint	no auth				
28825	Amputation, toe; interphalangeal joint	no auth				
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	no auth				
28899	Unlisted procedure, foot or toes	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG), Osteochondral Allograft ACG: A-0506 (AC)	
29000	Application of halo type body cast (see 20661-20663 for insertion)	no auth				
29010	Application of Risser jacket, localizer, body; only	no auth				
29015	Application of Risser jacket, localizer, body; including head	no auth				
29035	Application of body cast, shoulder to hips;	no auth				
29040	Application of body cast, shoulder to hips; including head, Minerva type	no auth				
29044	Application of body cast, shoulder to hips; including 1 thigh	no auth				
29046	Application of body cast, shoulder to hips; including both thighs	no auth				
29049	Application, cast; figure-of-eight	no auth				
29055	Application, cast; shoulder spica	no auth				
29058	Application, cast; plaster Velpeau	no auth				
29065	Application, cast; shoulder to hand (long arm)	no auth				
29075	Application, cast; elbow to finger (short arm)	no auth				
29085	Application, cast; hand and lower forearm (gauntlet)	no auth				
29086	Application, cast; finger (eg, contracture)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
29105	Application of long arm splint (shoulder to hand)	no auth				
29125	Application of short arm splint (forearm to hand); static	no auth				
29126	Application of short arm splint (forearm to hand); dynamic	no auth				
29130	Application of finger splint; static	no auth				
29131	Application of finger splint; dynamic	no auth				
29200	Strapping; thorax	no auth				
29240	Strapping; shoulder (eg, Velpeau)	no auth				
29260	Strapping; elbow or wrist	no auth				
29280	Strapping; hand or finger	no auth				
29305	Application of hip spica cast; 1 leg	no auth				
29325	Application of hip spica cast; 1 and one-half spica or both legs	no auth				
29345	Application of long leg cast (thigh to toes);	no auth				
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	no auth				
29358	Application of long leg cast brace	no auth				
29365	Application of cylinder cast (thigh to ankle)	no auth				
29405	Application of short leg cast (below knee to toes);	no auth				
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	no auth				
29435	Application of patellar tendon bearing (PTB) cast	no auth				
29440	Adding walker to previously applied cast	no auth				
29445	Application of rigid total contact leg cast	no auth				
29450	Application of clubfoot cast with molding or manipulation, long or short leg	no auth				
29505	Application of long leg splint (thigh to ankle or toes)	no auth				
29515	Application of short leg splint (calf to foot)	no auth				
29520	Strapping; hip	no auth				
29530	Strapping; knee	no auth				
29540	Strapping; ankle and/or foot	no auth				
29550	Strapping; toes	no auth				
29580	Strapping; Unna boot	no auth				
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	no auth				
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	no auth				
29700	Removal or bivalving; gauntlet, boot or body cast	no auth				
29705	Removal or bivalving; full arm or full leg cast	no auth				
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	no auth				
29720	Repair of spica, body cast or jacket	no auth				
29730	Windowing of cast	no auth				
29740	Wedging of cast (except clubfoot casts)	no auth				
29750	Wedging of clubfoot cast	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
29799	Unlisted procedure, casting or strapping	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	no auth				
29804	Arthroscopy, temporomandibular joint, surgical	no auth				
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	no auth				
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	no auth				
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	no auth				
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	no auth				
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	no auth				
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	no auth				
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	no auth				
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	no auth				
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	no auth				
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	no auth				
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	no auth				
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	no auth				
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	no auth				
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	no auth				
29835	Arthroscopy, elbow, surgical; synovectomy, partial	no auth				
29836	Arthroscopy, elbow, surgical; synovectomy, complete	no auth				
29837	Arthroscopy, elbow, surgical; debridement, limited	no auth				
29838	Arthroscopy, elbow, surgical; debridement, extensive	no auth				
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	no auth				
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	no auth				
29844	Arthroscopy, wrist, surgical; synovectomy, partial	no auth				
29845	Arthroscopy, wrist, surgical; synovectomy, complete	no auth				
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	no auth				
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	no auth				
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	no auth				
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	no auth				
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	no auth				
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	no auth				
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	no auth				
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	no auth				
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	no auth				
29863	Arthroscopy, hip, surgical; with synovectomy	no auth				
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	no auth				
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	no auth				
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	no auth				
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	no auth				
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	no auth				
29873	Arthroscopy, knee, surgical; with lateral release	no auth				
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	no auth				
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	no auth				
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	no auth				
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	no auth				
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	no auth				
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	no auth				
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	no auth				
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	no auth				
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	no auth				
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	no auth				
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	no auth				
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	no auth				
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	no auth				
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	no auth				
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	no auth				
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	no auth				
29893	Endoscopic plantar fasciotomy	no auth				
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	no auth				
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	no auth				
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	no auth				
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	no auth				
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	no auth				
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	no auth				
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	no auth				
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	no auth				
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	no auth				
29906	Arthroscopy, subtalar joint, surgical; with debridement	no auth				
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	no auth				
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	no auth				
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	no auth				
29916	Arthroscopy, hip, surgical; with labral repair	no auth				
29999	Unlisted procedure, arthroscopy	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 150.9	MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG)	
30000	Drainage abscess or hematoma, nasal, internal approach	no auth				
30020	Drainage abscess or hematoma, nasal septum	no auth				
30100	Biopsy, intranasal	no auth				
30110	Excision, nasal polyp(s), simple	no auth				
30115	Excision, nasal polyp(s), extensive	no auth				
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	no auth				
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	no auth				
30120	Excision or surgical planing of skin of nose for rhinophyma	no auth				
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	no auth				
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	no auth				
30130	Excision inferior turbinate, partial or complete, any method	no auth				
30140	Submucous resection inferior turbinate, partial or complete, any method	no auth				
30150	Rhinectomy; partial	no auth				
30160	Rhinectomy; total	no auth				
30200	Injection into turbinate(s), therapeutic	no auth				
30210	Displacement therapy (Proetz type)	no auth				
30220	Insertion, nasal septal prosthesis (button)	no auth				
30300	Removal foreign body, intranasal; office type procedure	no auth				
30310	Removal foreign body, intranasal; requiring general anesthesia	no auth				
30320	Removal foreign body, intranasal; by lateral rhinotomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30420	Rhinoplasty, primary; including major septal repair	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051		
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Rhinoplasty ACG: A-0184 (AC)	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	AUTH REQUIRED	POTENTIALLY COSMETIC	Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051	MCG:Septoplasty ACG: A-0182 (AC)	
30540	Repair choanal atresia; intranasal	AUTH REQUIRED	POTENTIALLY COSMETIC		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
30545	Repair choanal atresia; transpalatine	AUTH REQUIRED	POTENTIALLY COSMETIC		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
30560	Lysis intranasal synechia	no auth				
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	no auth				
30600	Repair fistula; oronasal	no auth				
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	no auth				
30630	Repair nasal septal perforations	no auth				
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	no auth				
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	no auth				
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	no auth				
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	no auth				
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	no auth				
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	no auth				
30915	Ligation arteries; ethmoidal	no auth				
30920	Ligation arteries; internal maxillary artery, transantral	no auth				
30930	Fracture nasal inferior turbinate(s), therapeutic	no auth				
30999	Unlisted procedure, nose	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	no auth				
31002	Lavage by cannulation; sphenoid sinus	no auth				
31020	Sinusotomy, maxillary (antrotomy); intranasal	no auth				
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	no auth				
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	no auth				
31040	Pterygomaxillary fossa surgery, any approach	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31050	Sinusotomy, sphenoid, with or without biopsy;	no auth				
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	no auth				
31070	Sinusotomy frontal; external, simple (trephine operation)	no auth				
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	no auth				
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	no auth				
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	no auth				
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	no auth				
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	no auth				
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	no auth				
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	no auth				
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	no auth				
31200	Ethmoidectomy; intranasal, anterior	no auth				
31201	Ethmoidectomy; intranasal, total	no auth				
31205	Ethmoidectomy; extranasal, total	no auth				
31225	Maxillectomy; without orbital exenteration	no auth				
31230	Maxillectomy; with orbital exenteration (en bloc)	no auth				
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	no auth				
31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	no auth				
31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	no auth				
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	no auth				
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	no auth				
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	no auth				
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	no auth				
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	no auth				
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	no auth				
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	no auth				
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	no auth				
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	no auth				
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	no auth				
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	no auth				
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	no auth				
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	no auth				
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	no auth				
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	no auth				
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	no auth				
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	no auth				
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	no auth				
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	no auth				
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	no auth				
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	no auth				
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	no auth				
31299	Unlisted procedure, accessory sinuses	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Sinuplasty ACG: A-0478 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	no auth				
31360	Laryngectomy; total, without radical neck dissection	no auth				
31365	Laryngectomy; total, with radical neck dissection	no auth				
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	no auth				
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	no auth				
31370	Partial laryngectomy (hemilaryngectomy); horizontal	no auth				
31375	Partial laryngectomy (hemilaryngectomy); lateravertical	no auth				
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	no auth				
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	no auth				
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	no auth				
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	no auth				
31400	Arytenoidectomy or arytenoidopexy, external approach	no auth				
31420	Epiglottidectomy	no auth				
31500	Intubation, endotracheal, emergency procedure	no auth				
31502	Tracheotomy tube change prior to establishment of fistula tract	no auth				
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	no auth				
31510	Laryngoscopy, indirect; with biopsy	no auth				
31511	Laryngoscopy, indirect; with removal of foreign body	no auth				
31512	Laryngoscopy, indirect; with removal of lesion	no auth				
31513	Laryngoscopy, indirect; with vocal cord injection	no auth				
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	no auth				
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	no auth				
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	no auth				
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	no auth				
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	no auth				
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	no auth				
31530	Laryngoscopy, direct, operative, with foreign body removal;	no auth				
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	no auth				
31535	Laryngoscopy, direct, operative, with biopsy;	no auth				
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	no auth				
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	no auth				
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	no auth				
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	no auth				
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	no auth				
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	NOT COVERED	PEDIATRIC			
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	no auth				
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	NOT COVERED	PEDIATRIC			
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	no auth				
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	no auth				
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	no auth				
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	no auth				
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	no auth				
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	no auth				
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	no auth				
31575	Laryngoscopy, flexible; diagnostic	no auth				
31576	Laryngoscopy, flexible; with biopsy(ies)	no auth				
31577	Laryngoscopy, flexible; with removal of foreign body(s)	no auth				
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	no auth				
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	no auth				
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	no auth				
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	no auth				
31587	Laryngoplasty, cricoid split, without graft placement	no auth				
31590	Laryngeal reinnervation by neuromuscular pedicle	no auth				
31591	Laryngoplasty, medialization, unilateral	no auth				
31592	Cricotracheal resection	no auth				
31599	Unlisted procedure, larynx	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
31600	Tracheostomy, planned (separate procedure);	no auth				
31601	Tracheostomy, planned (separate procedure); younger than 2 years	no auth				
31603	Tracheostomy, emergency procedure; transtracheal	no auth				
31605	Tracheostomy, emergency procedure; cricothyroid membrane	no auth				
31610	Tracheostomy, fenestration procedure with skin flaps	no auth				
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	no auth				
31613	Tracheostoma revision; simple, without flap rotation	no auth				
31614	Tracheostoma revision; complex, with flap rotation	no auth				
31615	Tracheobronchoscopy through established tracheostomy incision	no auth				
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	no auth				
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	no auth				
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	no auth				
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	no auth				
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	no auth				
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	no auth				
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	no auth				
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	no auth				
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	no auth				
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	no auth				
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	no auth				
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	no auth				
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	no auth				
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	no auth				
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	no auth				
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	no auth				
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	no auth				
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	no auth				
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	no auth				
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	no auth				
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	no auth				
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	no auth				
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	no auth				
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	no auth				
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	no auth				
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	no auth				
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	no auth				
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	no auth				
31717	Catheterization with bronchial brush biopsy	no auth				
31720	Catheter aspiration (separate procedure); nasotracheal	no auth				
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	no auth				
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	no auth				
31750	Tracheoplasty; cervical	no auth				
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	no auth				
31760	Tracheoplasty; intrathoracic	no auth				
31766	Carinal reconstruction	no auth				
31770	Bronchoplasty; graft repair	no auth				
31775	Bronchoplasty; excision stenosis and anastomosis	no auth				
31780	Excision tracheal stenosis and anastomosis; cervical	no auth				
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	no auth				
31785	Excision of tracheal tumor or carcinoma; cervical	no auth				
31786	Excision of tracheal tumor or carcinoma; thoracic	no auth				
31800	Suture of tracheal wound or injury; cervical	no auth				
31805	Suture of tracheal wound or injury; intrathoracic	no auth				
31820	Surgical closure tracheostomy or fistula; without plastic repair	no auth				
31825	Surgical closure tracheostomy or fistula; with plastic repair	no auth				
31830	Revision of tracheostomy scar	no auth				
31899	Unlisted procedure, trachea, bronchi	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG)	
32035	Thoracostomy; with rib resection for empyema	no auth				
32036	Thoracostomy; with open flap drainage for empyema	no auth				
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	no auth				
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	no auth				
32098	Thoracotomy, with biopsy(ies) of pleura	no auth				
32100	Thoracotomy; with exploration	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	no auth				
32120	Thoracotomy; for postoperative complications	no auth				
32124	Thoracotomy; with open intrapleural pneumonolysis	no auth				
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	no auth				
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	no auth				
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	no auth				
32151	Thoracotomy; with removal of intrapulmonary foreign body	no auth				
32160	Thoracotomy; with cardiac massage	no auth				
32200	Pneumonostomy, with open drainage of abscess or cyst	no auth				
32215	Pleural scarification for repeat pneumothorax	no auth				
32220	Decortication, pulmonary (separate procedure); total	no auth				
32225	Decortication, pulmonary (separate procedure); partial	no auth				
32310	Pleurectomy, parietal (separate procedure)	no auth				
32320	Decortication and parietal pleurectomy	no auth				
32400	Biopsy, pleura, percutaneous needle	no auth				
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	no auth				
32440	Removal of lung, pneumonectomy;	no auth				
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	no auth				
32445	Removal of lung, pneumonectomy; extrapleural	no auth				
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	no auth				
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	no auth				
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	no auth				
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	no auth				
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
32491	Removal of lung, other than pneumonectomy; with 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	no auth				
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	no auth				
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	no auth				
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	no auth				
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	no auth				
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	no auth				
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	no auth				
32540	Extrapleural enucleation of empyema (empyemectomy)	no auth				
32550	Insertion of indwelling tunneled pleural catheter with cuff	no auth				
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	no auth				
32552	Removal of indwelling tunneled pleural catheter with cuff	no auth				
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	no auth				
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	no auth				
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	no auth				
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	no auth				
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	no auth				
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	no auth				
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	no auth				
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	no auth				
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	no auth				
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	no auth				
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	no auth				
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	no auth				
32609	Thoracoscopy; with biopsy(ies) of pleura	no auth				
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	no auth				
32651	Thoracoscopy, surgical; with partial pulmonary decortication	no auth				
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	no auth				
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	no auth				
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	no auth				
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	no auth				
32656	Thoracoscopy, surgical; with parietal pleurectomy	no auth				
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	no auth				
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	no auth				
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	no auth				
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	no auth				
32664	Thoracoscopy, surgical; with thoracic sympathectomy	no auth				
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	no auth				
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	no auth				
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	no auth				
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	no auth				
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	no auth				
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	no auth				
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	no auth				
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	no auth				
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	no auth				
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	no auth				
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	no auth				
32800	Repair lung hernia through chest wall	no auth				
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	no auth				
32815	Open closure of major bronchial fistula	no auth				
32820	Major reconstruction, chest wall (posttraumatic)	no auth				
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
32851	Lung transplant, single; without cardiopulmonary bypass	AUTH REQUIRED			MCG:Lung Transplant ORG: S-1300 (ISC)	
32852	Lung transplant, single; with cardiopulmonary bypass	AUTH REQUIRED			MCG:Lung Transplant ORG: S-1300 (ISC)	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	AUTH REQUIRED			MCG:Lung Transplant ORG: S-1300 (ISC)	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	AUTH REQUIRED			MCG:Lung Transplant ORG: S-1300 (ISC)	
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
32900	Resection of ribs, extrapleural, all stages	no auth				
32905	Thoracoplasty, Schede type or extrapleural (all stages);	no auth				
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	no auth				
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	no auth				
32960	Pneumothorax, therapeutic, intrapleural injection of air	no auth				
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	AUTH REQUIRED			MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG)	
32997	Total lung lavage (unilateral)	no auth				
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	no auth				
32999	Unlisted procedure, lungs and pleura	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG)	
33016	Pericardiocentesis, including imaging guidance, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	no auth				
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	no auth				
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	no auth				
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	no auth				
33025	Creation of pericardial window or partial resection for drainage	no auth				
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	no auth				
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	no auth				
33050	Resection of pericardial cyst or tumor	no auth				
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	no auth				
33130	Resection of external cardiac tumor	no auth				
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	no auth				
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)	no auth				
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	no auth				
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	no auth				
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	no auth				
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	no auth				
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	no auth				
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	no auth				
33212	Insertion of pacemaker pulse generator only; with existing single lead	no auth				
33213	Insertion of pacemaker pulse generator only; with existing dual leads	no auth				
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	no auth				
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	no auth				
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	no auth				
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	no auth				
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	no auth				
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	no auth				
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	no auth				
33222	Relocation of skin pocket for pacemaker	no auth				
33223	Relocation of skin pocket for implantable defibrillator	no auth				
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	no auth				
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	no auth				
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	no auth				
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	no auth				
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	no auth				
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	no auth				
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	no auth				
33233	Removal of permanent pacemaker pulse generator only	no auth				
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	no auth				
33235	Removal of transvenous pacemaker electrode(s); dual lead system	no auth				
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	no auth				
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	no auth				
33238	Removal of permanent transvenous electrode(s) by thoracotomy	no auth				
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	no auth				
33241	Removal of implantable defibrillator pulse generator only	no auth				
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	no auth				
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	no auth				
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	no auth				
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	no auth				
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	no auth				
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	no auth				
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	no auth				
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	no auth				
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	no auth				
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	no auth				
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	no auth				
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	no auth				
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	no auth				
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	no auth				
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	no auth				
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	AUTH REQUIRED		NCD 20.34		
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	AUTH REQUIRED		NCD 20.34		
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	AUTH REQUIRED		NCD 20.34		
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	no auth				
33271	Insertion of subcutaneous implantable defibrillator electrode	no auth				
33272	Removal of subcutaneous implantable defibrillator electrode	no auth				
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	no auth				
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	no auth				
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	no auth				
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	AUTH REQUIRED			MCG:Loop Recorder (Cardiac Event Monitor), Implantable ACG: A-0122 (AC)	
33286	Removal, subcutaneous cardiac rhythm monitor	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	no auth				
33300	Repair of cardiac wound; without bypass	no auth				
33305	Repair of cardiac wound; with cardiopulmonary bypass	no auth				
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	no auth				
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	no auth				
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	no auth				
33321	Suture repair of aorta or great vessels; with shunt bypass	no auth				
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	no auth				
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	no auth				
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	no auth				
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	no auth				
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	no auth				
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	no auth				
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	no auth				
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	no auth				
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	no auth				
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	no auth				
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	no auth				
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	no auth				
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)	no auth				
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	no auth				
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	no auth				
33404	Construction of apical-aortic conduit	no auth				
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	no auth				
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	no auth				
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	no auth				
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	no auth				
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	no auth				
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	no auth				
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	no auth				
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	no auth				
33417	Aortoplasty (gusset) for supravalvular stenosis	no auth				
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	no auth				
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	no auth				
33420	Valvotomy, mitral valve; closed heart	no auth				
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	no auth				
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	no auth				
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	no auth				
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	no auth				
33430	Replacement, mitral valve, with cardiopulmonary bypass	no auth				
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	no auth				
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	no auth				
33463	Valvuloplasty, tricuspid valve; without ring insertion	no auth				
33464	Valvuloplasty, tricuspid valve; with ring insertion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	no auth				
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	no auth				
33471	Valvotomy, pulmonary valve, closed heart, via pulmonary artery	no auth				
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	no auth				
33475	Replacement, pulmonary valve	no auth				
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	no auth				
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	no auth				
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	no auth				
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	no auth				
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	no auth				
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	no auth				
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	no auth				
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	no auth				
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	no auth				
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	no auth				
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	no auth				
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	no auth				
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	no auth				
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33510	Coronary artery bypass, vein only; single coronary venous graft	no auth				
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	no auth				
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	no auth				
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	no auth				
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	no auth				
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	no auth				
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	no auth				
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	no auth				
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	no auth				
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	no auth				
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	no auth				
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	no auth				
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	no auth				
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	no auth				
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	no auth				
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	no auth				
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	no auth				
33542	Myocardial resection (eg, ventricular aneurysmectomy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	no auth				
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	no auth				
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	no auth				
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	no auth				
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	no auth				
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	no auth				
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	no auth				
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	no auth				
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	no auth				
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	no auth				
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	no auth				
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	no auth				
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	no auth				
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	no auth				
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	no auth				
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	no auth				
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	no auth				
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	no auth				
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	no auth				
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	no auth				
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	no auth				
33675	Closure of multiple ventricular septal defects;	no auth				
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	no auth				
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	no auth				
33681	Closure of single ventricular septal defect, with or without patch;	no auth				
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	no auth				
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	no auth				
33690	Banding of pulmonary artery	no auth				
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	no auth				
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	no auth				
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	no auth				
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	no auth				
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	no auth				
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	no auth				
33726	Repair of pulmonary venous stenosis	no auth				
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	no auth				
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane	no auth				
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	no auth				
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	no auth				
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	no auth				
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	no auth				
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	no auth				
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	no auth				
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	no auth				
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	no auth				
33764	Shunt; central, with prosthetic graft	no auth				
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	no auth				
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	no auth				
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	no auth				
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	no auth				
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	no auth				
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	no auth				
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	no auth				
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	no auth				
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	no auth				
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	no auth				
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	no auth				
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	no auth				
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	no auth				
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	no auth				
33786	Total repair, truncus arteriosus (Rastelli type operation)	no auth				
33788	Reimplantation of an anomalous pulmonary artery	no auth				
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	no auth				
33802	Division of aberrant vessel (vascular ring);	no auth				
33803	Division of aberrant vessel (vascular ring); with reanastomosis	no auth				
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	no auth				
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	no auth				
33820	Repair of patent ductus arteriosus; by ligation	no auth				
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	no auth				
33824	Repair of patent ductus arteriosus; by division, 18 years and older	no auth				
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	no auth				
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	no auth				
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	no auth				
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	no auth				
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	no auth				
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	no auth				
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	no auth				
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	no auth				
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	no auth				
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	no auth				
33875	Descending thoracic aorta graft, with or without bypass	no auth				
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	no auth				
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	no auth				
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	no auth				
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	no auth				
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	no auth				
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	no auth				
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	no auth				
33894	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches	no auth				
33895	Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches	no auth				
33897	Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	no auth				
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	no auth				
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	no auth				
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	no auth				
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	no auth				
33922	Transection of pulmonary artery with cardiopulmonary bypass	no auth				
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	no auth				
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	no auth				
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	no auth				
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	no auth				
33928	Removal and replacement of total replacement heart system (artificial heart)	no auth				
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG)	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	no auth	Paid for by recipient's plan.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	AUTH REQUIRED		NCD 260.9		
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	AUTH REQUIRED		NCD 260.9	MCG:Lung Transplant ORG: S-1300 (ISC)	
33940	Donor cardiectomy (including cold preservation)	no auth	Paid for by recipient's plan.			
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	AUTH REQUIRED		NCD 260.9		
33945	Heart transplant, with or without recipient cardiectomy	AUTH REQUIRED		NCD 260.9		
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	no auth				
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	no auth				
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	no auth				
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	no auth				
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	no auth				
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	no auth				
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	no auth				
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	no auth				
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	no auth				
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	no auth				
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	no auth				
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	no auth				
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	no auth				
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	no auth				
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	no auth				
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	no auth				
33967	Insertion of intra-aortic balloon assist device, percutaneous	no auth				
33968	Removal of intra-aortic balloon assist device, percutaneous	no auth				
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	NOT COVERED	PEDIATRIC			
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	no auth				
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	no auth				
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	no auth				
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	no auth				
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	AUTH REQUIRED		NCD 20.9.1		
33976	Insertion of ventricular assist device; extracorporeal, biventricular	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG)	
33977	Removal of ventricular assist device; extracorporeal, single ventricle	no auth				
33978	Removal of ventricular assist device; extracorporeal, biventricular	no auth				
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	AUTH REQUIRED		NCD 20.9.1		
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	no auth				
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	no auth				
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	no auth				
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	no auth				
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	no auth				
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	no auth				
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	no auth				
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	no auth				
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	no auth				
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	no auth				
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	no auth				
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	no auth				
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	AUTH REQUIRED		NCD 20.9.1		
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	no auth				
33999	Unlisted procedure, cardiac surgery	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.26	MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG)	
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	no auth				
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	no auth				
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	no auth				
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	no auth				
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	no auth				
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	no auth				
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	no auth				
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	no auth				
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	no auth				
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	no auth				
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	no auth				
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	no auth				
34501	Valvuloplasty, femoral vein	no auth				
34502	Reconstruction of vena cava, any method	no auth				
34510	Venous valve transposition, any vein donor	no auth				
34520	Cross-over vein graft to venous system	no auth				
34530	Saphenopopliteal vein anastomosis	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	no auth				
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	no auth				
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	no auth				
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	no auth				
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	no auth				
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	no auth				
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	no auth				
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	no auth				
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	no auth				
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	no auth				
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	no auth				
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	no auth				
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	no auth				
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	no auth				
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	no auth				
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	no auth				
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	no auth				
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	no auth				
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	no auth				
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	no auth				
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	no auth				
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	no auth				
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	no auth				
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	no auth				
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	no auth				
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	no auth				
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	no auth				
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	no auth				
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	no auth				
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	no auth				
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	no auth				
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	no auth				
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	no auth				
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	no auth				
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	no auth				
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	no auth				
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	no auth				
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	no auth				
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	no auth				
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	no auth				
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	no auth				
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	no auth				
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	no auth				
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	no auth				
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	no auth				
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	no auth				
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	no auth				
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	no auth				
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	no auth				
35180	Repair, congenital arteriovenous fistula; head and neck	no auth				
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	no auth				
35184	Repair, congenital arteriovenous fistula; extremities	no auth				
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	no auth				
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	no auth				
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	no auth				
35201	Repair blood vessel, direct; neck	no auth				
35206	Repair blood vessel, direct; upper extremity	no auth				
35207	Repair blood vessel, direct; hand, finger	no auth				
35211	Repair blood vessel, direct; intrathoracic, with bypass	no auth				
35216	Repair blood vessel, direct; intrathoracic, without bypass	no auth				
35221	Repair blood vessel, direct; intra-abdominal	no auth				
35226	Repair blood vessel, direct; lower extremity	no auth				
35231	Repair blood vessel with vein graft; neck	no auth				
35236	Repair blood vessel with vein graft; upper extremity	no auth				
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	no auth				
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	no auth				
35251	Repair blood vessel with vein graft; intra-abdominal	no auth				
35256	Repair blood vessel with vein graft; lower extremity	no auth				
35261	Repair blood vessel with graft other than vein; neck	no auth				
35266	Repair blood vessel with graft other than vein; upper extremity	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	no auth				
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	no auth				
35281	Repair blood vessel with graft other than vein; intra-abdominal	no auth				
35286	Repair blood vessel with graft other than vein; lower extremity	no auth				
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	no auth				
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	no auth				
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	no auth				
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	no auth				
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	no auth				
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	no auth				
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	no auth				
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	no auth				
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	no auth				
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	no auth				
35351	Thromboendarterectomy, including patch graft, if performed; iliac	no auth				
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	no auth				
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	no auth				
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	no auth				
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	no auth				
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	no auth				
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	no auth				
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	no auth				
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	no auth				
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	no auth				
35508	Bypass graft, with vein; carotid-vertebral	no auth				
35509	Bypass graft, with vein; carotid-contralateral carotid	no auth				
35510	Bypass graft, with vein; carotid-brachial	no auth				
35511	Bypass graft, with vein; subclavian-subclavian	no auth				
35512	Bypass graft, with vein; subclavian-brachial	no auth				
35515	Bypass graft, with vein; subclavian-vertebral	no auth				
35516	Bypass graft, with vein; subclavian-axillary	no auth				
35518	Bypass graft, with vein; axillary-axillary	no auth				
35521	Bypass graft, with vein; axillary-femoral	no auth				
35522	Bypass graft, with vein; axillary-brachial	no auth				
35523	Bypass graft, with vein; brachial-ulnar or -radial	no auth				
35525	Bypass graft, with vein; brachial-brachial	no auth				
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	no auth				
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	no auth				
35533	Bypass graft, with vein; axillary-femoral-femoral	no auth				
35535	Bypass graft, with vein; hepatorenal	no auth				
35536	Bypass graft, with vein; splenorenal	no auth				
35537	Bypass graft, with vein; aortoiliac	no auth				
35538	Bypass graft, with vein; aortobi-iliac	no auth				
35539	Bypass graft, with vein; aortofemoral	no auth				
35540	Bypass graft, with vein; aortobifemoral	no auth				
35556	Bypass graft, with vein; femoral-popliteal	no auth				
35558	Bypass graft, with vein; femoral-femoral	no auth				
35560	Bypass graft, with vein; aortorenal	no auth				
35563	Bypass graft, with vein; ilioiliac	no auth				
35565	Bypass graft, with vein; iliofemoral	no auth				
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	no auth				
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	no auth				
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	no auth				
35583	In-situ vein bypass; femoral-popliteal	no auth				
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	no auth				
35587	In-situ vein bypass; popliteal-tibial, peroneal	no auth				
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	no auth				
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	no auth				
35606	Bypass graft, with other than vein; carotid-subclavian	no auth				
35612	Bypass graft, with other than vein; subclavian-subclavian	no auth				
35616	Bypass graft, with other than vein; subclavian-axillary	no auth				
35621	Bypass graft, with other than vein; axillary-femoral	no auth				
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	no auth				
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	no auth				
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	no auth				
35632	Bypass graft, with other than vein; ilio-celiac	no auth				
35633	Bypass graft, with other than vein; ilio-mesenteric	no auth				
35634	Bypass graft, with other than vein; iliorenal	no auth				
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	no auth				
35637	Bypass graft, with other than vein; aortoiliac	no auth				
35638	Bypass graft, with other than vein; aortobi-iliac	no auth				
35642	Bypass graft, with other than vein; carotid-vertebral	no auth				
35645	Bypass graft, with other than vein; subclavian-vertebral	no auth				
35646	Bypass graft, with other than vein; aortobifemoral	no auth				
35647	Bypass graft, with other than vein; aortofemoral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35650	Bypass graft, with other than vein; axillary-axillary	no auth				
35654	Bypass graft, with other than vein; axillary-femoral-femoral	no auth				
35656	Bypass graft, with other than vein; femoral-popliteal	no auth				
35661	Bypass graft, with other than vein; femoral-femoral	no auth				
35663	Bypass graft, with other than vein; ilioiliac	no auth				
35665	Bypass graft, with other than vein; iliofemoral	no auth				
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	no auth				
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	no auth				
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	no auth				
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	no auth				
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	no auth				
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	no auth				
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	no auth				
35691	Transposition and/or reimplantation; vertebral to carotid artery	no auth				
35693	Transposition and/or reimplantation; vertebral to subclavian artery	no auth				
35694	Transposition and/or reimplantation; subclavian to carotid artery	no auth				
35695	Transposition and/or reimplantation; carotid to subclavian artery	no auth				
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	no auth				
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	no auth				
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	no auth				
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	no auth				
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	no auth				
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	no auth				
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	no auth				
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	no auth				
35870	Repair of graft-enteric fistula	no auth				
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	no auth				
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	no auth				
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	no auth				
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	no auth				
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium)	no auth				
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	no auth				
35901	Excision of infected graft; neck	no auth				
35903	Excision of infected graft; extremity	no auth				
35905	Excision of infected graft; thorax	no auth				
35907	Excision of infected graft; abdomen	no auth				
36000	Introduction of needle or intracatheter, vein	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	no auth				
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	no auth				
36010	Introduction of catheter, superior or inferior vena cava	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	no auth				
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	no auth				
36013	Introduction of catheter, right heart or main pulmonary artery	no auth				
36014	Selective catheter placement, left or right pulmonary artery	no auth				
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	no auth				
36100	Introduction of needle or intracatheter, carotid or vertebral artery	no auth				
36140	Introduction of needle or intracatheter, upper or lower extremity artery	no auth				
36160	Introduction of needle or intracatheter, aortic, translumbar	no auth				
36200	Introduction of catheter, aorta	no auth				
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	no auth				
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	no auth				
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	no auth				
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	no auth				
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	no auth				
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	no auth				
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	no auth				
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	no auth				
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	no auth				
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth				
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	no auth				
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	no auth				
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	no auth				
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	no auth				
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	no auth				
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	no auth				
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	no auth				
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	no auth				
36261	Revision of implanted intra-arterial infusion pump	no auth				
36262	Removal of implanted intra-arterial infusion pump	no auth				
36299	Unlisted procedure, vascular injection	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG)	
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	NOT COVERED	PEDIATRIC			
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	NOT COVERED	PEDIATRIC			
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	NOT COVERED	PEDIATRIC			
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	no auth				
36415	Collection of venous blood by venipuncture	no auth				
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
36420	Venipuncture, cutdown; younger than age 1 year	NOT COVERED	PEDIATRIC			
36425	Venipuncture, cutdown; age 1 or over	NOT COVERED	PEDIATRIC			
36430	Transfusion, blood or blood components	no auth				
36440	Push transfusion, blood, 2 years or younger	NOT COVERED	PEDIATRIC			
36450	Exchange transfusion, blood; newborn	NOT COVERED	PEDIATRIC			
36455	Exchange transfusion, blood; other than newborn	no auth				
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	no auth				
36460	Transfusion, intrauterine, fetal	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC)	
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	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC)	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	AUTH REQUIRED	POTENTIALLY COSMETIC; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 34924	MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC), Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC), Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC), Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA) ACG: A-1025 (AC)	
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA) ACG: A-1025 (AC)	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Radiofrequency ACG: A-0174 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Radiofrequency ACG: A-0174 (AC)	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Laser ACG: A-0425 (AC)	
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Laser ACG: A-0425 (AC)	
36481	Percutaneous portal vein catheterization by any method	no auth				
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	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Adhesive Injection ACG: A-1024 (AC)	
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)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Ablation, Adhesive Injection ACG: A-1024 (AC)	
36500	Venous catheterization for selective organ blood sampling	no auth				
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	NOT COVERED	PEDIATRIC			
36511	Therapeutic apheresis; for white blood cells	no auth				
36512	Therapeutic apheresis; for red blood cells	no auth				
36513	Therapeutic apheresis; for platelets	no auth				
36514	Therapeutic apheresis; for plasma pheresis	no auth				
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	no auth				
36522	Photopheresis, extracorporeal	no auth				
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	no auth				
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	NOT COVERED	PEDIATRIC			
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	no auth				
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	NOT COVERED	PEDIATRIC			
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	no auth				
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	no auth				
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	no auth				
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	no auth				
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	NOT COVERED	PEDIATRIC			
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	no auth				
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	NOT COVERED	PEDIATRIC			
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	no auth				
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	no auth				
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	no auth				
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	no auth				
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	no auth				
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	no auth				
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	no auth				
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	no auth				
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	no auth				
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	no auth				
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	no auth				
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	no auth				
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36591	Collection of blood specimen from a completely implantable venous access device	no auth				
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	no auth				
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	no auth				
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	no auth				
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	no auth				
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	no auth				
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	no auth				
36600	Arterial puncture, withdrawal of blood for diagnosis	no auth				
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	no auth				
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	no auth				
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	no auth				
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	NOT COVERED	PEDIATRIC			
36680	Placement of needle for intraosseous infusion	NOT COVERED	PEDIATRIC			
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	no auth				
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	no auth				
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	no auth				
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	no auth				
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	no auth				
36820	Arteriovenous anastomosis, open; by forearm vein transposition	no auth				
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	no auth				
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	no auth				
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	no auth				
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	no auth				
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	no auth				
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	no auth				
36835	Insertion of Thomas shunt (separate procedure)	no auth				
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	no auth				
36860	External cannula declotting (separate procedure); without balloon catheter	no auth				
36861	External cannula declotting (separate procedure); with balloon catheter	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	no auth				
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	no auth				
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	no auth				
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	no auth				
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	no auth				
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	no auth				
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	no auth				
37140	Venous anastomosis, open; portocaval	no auth				
37145	Venous anastomosis, open; renoportal	no auth				
37160	Venous anastomosis, open; caval-mesenteric	no auth				
37180	Venous anastomosis, open; splenorenal, proximal	no auth				
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	no auth				
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	no auth				
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanulization/dilatation, stent placement and all associated imaging guidance and documentation)	no auth				
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	no auth				
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	no auth				
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	no auth				
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	no auth				
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	no auth				
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	no auth				
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	no auth				
37195	Thrombolysis, cerebral, by intravenous infusion	no auth				
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	no auth				
37200	Transcatheter biopsy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	no auth				
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	no auth				
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	no auth				
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	no auth				
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	no auth				
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	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
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	no auth				
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	no auth				
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	AUTH REQUIRED		LCD 35084	MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	no auth				
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	no auth				
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	AUTH REQUIRED		NCD 20.7	MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED			MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	AUTH REQUIRED		LCD 35084	MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED		LCD 35084	MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	AUTH REQUIRED		NCD 20.7	MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED			MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	AUTH REQUIRED		LCD 35084	MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED		LCD 35084	MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC)	
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	no auth				
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	no auth				
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	no auth				
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	no auth				
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	no auth				
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	no auth				
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	no auth				
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)	no auth				
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)	no auth				
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	AUTH REQUIRED		NCD 20.28	MCG:Uterine Artery Embolization ACG: A-0287 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	no auth				
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	no auth				
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	no auth				
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	no auth				
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	no auth				
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	no auth				
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	no auth				
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37501	Unlisted vascular endoscopy procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG)	
37565	Ligation, internal jugular vein	no auth				
37600	Ligation; external carotid artery	no auth				
37605	Ligation; internal or common carotid artery	no auth				
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	no auth				
37607	Ligation or banding of angioaccess arteriovenous fistula	no auth				
37609	Ligation or biopsy, temporal artery	no auth				
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	no auth				
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	no auth				
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	no auth				
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	no auth				
37619	Ligation of inferior vena cava	no auth				
37650	Ligation of femoral vein	no auth				
37660	Ligation of common iliac vein	no auth				
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)	
37718	Ligation, division, and stripping, short saphenous vein	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Stripping ACG: A-0172 (AC)	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Saphenous Vein Stripping ACG: A-0172 (AC)	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924		
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924		
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924		
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Stab Phlebectomy ACG: A-0735 (AC)	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Stab Phlebectomy ACG: A-0735 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 34924	MCG:Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC)	
37788	Penile revascularization, artery, with or without vein graft	no auth				
37790	Penile venous occlusive procedure	no auth				
37799	Unlisted procedure, vascular surgery	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.7	MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG)	
38100	Splenectomy; total (separate procedure)	no auth				
38101	Splenectomy; partial (separate procedure)	no auth				
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	no auth				
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	no auth				
38120	Laparoscopy, surgical, splenectomy	no auth				
38129	Unlisted laparoscopy procedure, spleen	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
38200	Injection procedure for splenoportography	no auth				
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	no auth				
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	no auth				
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
38220	Diagnostic bone marrow; aspiration(s)	no auth				
38221	Diagnostic bone marrow; biopsy(ies)	no auth				
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	no auth				
38230	Bone marrow harvesting for transplantation; allogeneic	no auth				
38232	Bone marrow harvesting for transplantation; autologous	no auth				
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	NCD 110.23	MCG:Medical Oncology GRG GRG: PG-ONC (ISC GRG)	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	NCD 110.23	MCG:Medical Oncology GRG GRG: PG-ONC (ISC GRG)	
38242	Allogeneic lymphocyte infusions	no auth				
38243	Hematopoietic progenitor cell (HPC); HPC boost	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
38300	Drainage of lymph node abscess or lymphadenitis; simple	no auth				
38305	Drainage of lymph node abscess or lymphadenitis; extensive	no auth				
38308	Lymphangiotomy or other operations on lymphatic channels	no auth				
38380	Suture and/or ligation of thoracic duct; cervical approach	no auth				
38381	Suture and/or ligation of thoracic duct; thoracic approach	no auth				
38382	Suture and/or ligation of thoracic duct; abdominal approach	no auth				
38500	Biopsy or excision of lymph node(s); open, superficial	no auth				
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	no auth				
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	no auth				
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	no auth				
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	no auth				
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	no auth				
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	no auth				
38542	Dissection, deep jugular node(s)	no auth				
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	no auth				
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	no auth				
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	no auth				
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	no auth				
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	no auth				
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	no auth				
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	no auth				
38589	Unlisted laparoscopy procedure, lymphatic system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
38700	Suprahyoid lymphadenectomy	no auth				
38720	Cervical lymphadenectomy (complete)	no auth				
38724	Cervical lymphadenectomy (modified radical neck dissection)	no auth				
38740	Axillary lymphadenectomy; superficial	no auth				
38745	Axillary lymphadenectomy; complete	no auth				
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	no auth				
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	no auth				
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	no auth				
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	no auth				
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	no auth				
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	no auth				
38790	Injection procedure; lymphangiography	no auth				
38792	Injection procedure; radioactive tracer for identification of sentinel node	no auth				
38794	Cannulation, thoracic duct	no auth				
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
38999	Unlisted procedure, hemic or lymphatic system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	no auth				
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	no auth				
39200	Resection of mediastinal cyst	no auth				
39220	Resection of mediastinal tumor	no auth				
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	no auth				
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	no auth				
39499	Unlisted procedure, mediastinum	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG)	
39501	Repair, laceration of diaphragm, any approach	no auth				
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	NOT COVERED	PEDIATRIC			
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	no auth				
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	no auth				
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	no auth				
39560	Resection, diaphragm; with simple repair (eg, primary suture)	no auth				
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	no auth				
39599	Unlisted procedure, diaphragm	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG)	
40490	Biopsy of lip	no auth				
40500	Vermilionectomy (lip shave), with mucosal advancement	no auth				
40510	Excision of lip; transverse wedge excision with primary closure	no auth				
40520	Excision of lip; V-excision with primary direct linear closure	no auth				
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	no auth				
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
40530	Resection of lip, more than one-fourth, without reconstruction	no auth				
40650	Repair lip, full thickness; vermilion only	no auth				
40652	Repair lip, full thickness; up to half vertical height	no auth				
40654	Repair lip, full thickness; over one-half vertical height, or complex	no auth				
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	NOT COVERED	PEDIATRIC			
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	NOT COVERED	PEDIATRIC			
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	NOT COVERED	PEDIATRIC			
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	NOT COVERED	PEDIATRIC			
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	NOT COVERED	PEDIATRIC			
40799	Unlisted procedure, lips	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	no auth				
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	no auth				
40804	Removal of embedded foreign body, vestibule of mouth; simple	no auth				
40805	Removal of embedded foreign body, vestibule of mouth; complicated	no auth				
40806	Incision of labial frenum (frenotomy)	NOT COVERED	PEDIATRIC			
40808	Biopsy, vestibule of mouth	no auth				
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	no auth				
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	no auth				
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	no auth				
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	no auth				
40818	Excision of mucosa of vestibule of mouth as donor graft	no auth				
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	NOT COVERED	PEDIATRIC			
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	no auth				
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	no auth				
40840	Vestibuloplasty; anterior	no auth				
40842	Vestibuloplasty; posterior, unilateral	no auth				
40843	Vestibuloplasty; posterior, bilateral	no auth				
40844	Vestibuloplasty; entire arch	no auth				
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	no auth				
40899	Unlisted procedure, vestibule of mouth	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	no auth				
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	no auth				
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	no auth				
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	no auth				
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	no auth				
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	no auth				
41010	Incision of lingual frenum (frenotomy)	NOT COVERED	PEDIATRIC			
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	no auth				
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	no auth				
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	no auth				
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	no auth				
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	no auth				
41100	Biopsy of tongue; anterior two-thirds	no auth				
41105	Biopsy of tongue; posterior one-third	no auth				
41108	Biopsy of floor of mouth	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
41110	Excision of lesion of tongue without closure	no auth				
41112	Excision of lesion of tongue with closure; anterior two-thirds	no auth				
41113	Excision of lesion of tongue with closure; posterior one-third	no auth				
41114	Excision of lesion of tongue with closure; with local tongue flap	no auth				
41115	Excision of lingual frenum (frenectomy)	no auth				
41116	Excision, lesion of floor of mouth	no auth				
41120	Glossectomy; less than one-half tongue	no auth				
41130	Glossectomy; hemiglossectomy	no auth				
41135	Glossectomy; partial, with unilateral radical neck dissection	no auth				
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	no auth				
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	no auth				
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	no auth				
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	no auth				
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	no auth				
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	no auth				
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	no auth				
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	no auth				
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	no auth				
41512	Tongue base suspension, permanent suture technique	no auth				
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	no auth				
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	no auth				
41599	Unlisted procedure, tongue, floor of mouth	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Tongue Base Ablation, Radiofrequency and Other Tongue Procedures ACG: A-0249 (AC)	
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	no auth				
41806	Removal of embedded foreign body from dentoalveolar structures; bone	no auth				
41820	Gingivectomy, excision gingiva, each quadrant	AUTH REQUIRED	LIKELY DENTAL PROCEDURE, BUT COULD BE MEDICAL DEPENDING ON CLINICAL SITUATION	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
41821	Operculectomy, excision pericoronal tissues	AUTH REQUIRED	LIKELY DENTAL PROCEDURE, BUT COULD BE MEDICAL DEPENDING ON CLINICAL SITUATION	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
41822	Excision of fibrous tuberosities, dentoalveolar structures	no auth				
41823	Excision of osseous tuberosities, dentoalveolar structures	no auth				
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	no auth				
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	no auth				
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	no auth				
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	no auth				
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	no auth				
41850	Destruction of lesion (except excision), dentoalveolar structures	no auth				
41870	Periodontal mucosal grafting	AUTH REQUIRED	LIKELY DENTAL PROCEDURE, BUT COULD BE MEDICAL DEPENDING ON CLINICAL SITUATION	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
41872	Gingivoplasty, each quadrant (specify)	AUTH REQUIRED	LIKELY DENTAL PROCEDURE, BUT COULD BE MEDICAL DEPENDING ON CLINICAL SITUATION	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
41874	Alveoloplasty, each quadrant (specify)	AUTH REQUIRED	LIKELY DENTAL PROCEDURE, BUT COULD BE MEDICAL DEPENDING ON CLINICAL SITUATION	Medicare Benefit Policy Manual, Chapter 16: Section 120	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
41899	Unlisted procedure, dentoalveolar structures	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
42000	Drainage of abscess of palate, uvula	no auth				
42100	Biopsy of palate, uvula	no auth				
42104	Excision, lesion of palate, uvula; without closure	no auth				
42106	Excision, lesion of palate, uvula; with simple primary closure	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
42107	Excision, lesion of palate, uvula; with local flap closure	no auth				
42120	Resection of palate or extensive resection of lesion	no auth				
42140	Uvulectomy, excision of uvula	no auth				
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	no auth				
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	no auth				
42180	Repair, laceration of palate; up to 2 cm	no auth				
42182	Repair, laceration of palate; over 2 cm or complex	no auth				
42200	Palatoplasty for cleft palate, soft and/or hard palate only	NOT COVERED	PEDIATRIC			
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	NOT COVERED	PEDIATRIC			
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	NOT COVERED	PEDIATRIC			
42215	Palatoplasty for cleft palate; major revision	NOT COVERED	PEDIATRIC			
42220	Palatoplasty for cleft palate; secondary lengthening procedure	NOT COVERED	PEDIATRIC			
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	NOT COVERED	PEDIATRIC			
42226	Lengthening of palate, and pharyngeal flap	NOT COVERED	PEDIATRIC			
42227	Lengthening of palate, with island flap	NOT COVERED	PEDIATRIC			
42235	Repair of anterior palate, including vomer flap	NOT COVERED	PEDIATRIC			
42260	Repair of nasolabial fistula	NOT COVERED	PEDIATRIC			
42280	Maxillary impression for palatal prosthesis	NOT COVERED	PEDIATRIC			
42281	Insertion of pin-retained palatal prosthesis	NOT COVERED	PEDIATRIC			
42299	Unlisted procedure, palate, uvula	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
42300	Drainage of abscess; parotid, simple	no auth				
42305	Drainage of abscess; parotid, complicated	no auth				
42310	Drainage of abscess; submaxillary or sublingual, intraoral	no auth				
42320	Drainage of abscess; submaxillary, external	no auth				
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	no auth				
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	no auth				
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	no auth				
42400	Biopsy of salivary gland; needle	no auth				
42405	Biopsy of salivary gland; incisional	no auth				
42408	Excision of sublingual salivary cyst (ranula)	no auth				
42409	Marsupialization of sublingual salivary cyst (ranula)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	no auth				
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	no auth				
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	no auth				
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	no auth				
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	no auth				
42440	Excision of submandibular (submaxillary) gland	no auth				
42450	Excision of sublingual gland	no auth				
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	no auth				
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	no auth				
42507	Parotid duct diversion, bilateral (Wilke type procedure);	no auth				
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	no auth				
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	no auth				
42550	Injection procedure for sialography	no auth				
42600	Closure salivary fistula	no auth				
42650	Dilation salivary duct	no auth				
42660	Dilation and catheterization of salivary duct, with or without injection	no auth				
42665	Ligation salivary duct, intraoral	no auth				
42699	Unlisted procedure, salivary glands or ducts	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
42700	Incision and drainage abscess; peritonsillar	no auth				
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	no auth				
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	no auth				
42800	Biopsy; oropharynx	no auth				
42804	Biopsy; nasopharynx, visible lesion, simple	no auth				
42806	Biopsy; nasopharynx, survey for unknown primary lesion	no auth				
42808	Excision or destruction of lesion of pharynx, any method	no auth				
42809	Removal of foreign body from pharynx	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	NOT COVERED	PEDIATRIC			
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	NOT COVERED	PEDIATRIC			
42820	Tonsillectomy and adenoidectomy; younger than age 12	NOT COVERED	PEDIATRIC			
42821	Tonsillectomy and adenoidectomy; age 12 or over	no auth				
42825	Tonsillectomy, primary or secondary; younger than age 12	NOT COVERED	PEDIATRIC			
42826	Tonsillectomy, primary or secondary; age 12 or over	no auth				
42830	Adenoidectomy, primary; younger than age 12	NOT COVERED	PEDIATRIC			
42831	Adenoidectomy, primary; age 12 or over	no auth				
42835	Adenoidectomy, secondary; younger than age 12	NOT COVERED	PEDIATRIC			
42836	Adenoidectomy, secondary; age 12 or over	no auth				
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	no auth				
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	no auth				
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	no auth				
42860	Excision of tonsil tags	no auth				
42870	Excision or destruction lingual tonsil, any method (separate procedure)	no auth				
42890	Limited pharyngectomy	no auth				
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	no auth				
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	no auth				
42900	Suture pharynx for wound or injury	no auth				
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	no auth				
42953	Pharyngoesophageal repair	no auth				
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	no auth				
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	no auth				
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	no auth				
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	no auth				
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	no auth				
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	no auth				
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	no auth				
42999	Unlisted procedure, pharynx, adenoids, or tonsils	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
43020	Esophagotomy, cervical approach, with removal of foreign body	no auth				
43030	Cricopharyngeal myotomy	no auth				
43045	Esophagotomy, thoracic approach, with removal of foreign body	no auth				
43100	Excision of lesion, esophagus, with primary repair; cervical approach	no auth				
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	no auth				
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	no auth				
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	no auth				
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	no auth				
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	no auth				
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	no auth				
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	no auth				
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	no auth				
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	no auth				
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	no auth				
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	no auth				
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	no auth				
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	no auth				
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	no auth				
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	no auth				
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	no auth				
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	no auth				
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	no auth				
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	no auth				
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	no auth				
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	no auth				
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	no auth				
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	no auth				
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	no auth				
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	no auth				
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	no auth				
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	no auth				
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	no auth				
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	no auth				
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	no auth				
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	no auth				
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	no auth				
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	no auth				
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	no auth				
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	no auth				
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	no auth				
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	no auth				
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	no auth				
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	no auth				
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	no auth				
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	no auth				
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	no auth				
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	no auth				
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	no auth				
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	no auth				
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	no auth				
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	no auth				
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	no auth				
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	no auth				
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	no auth				
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	no auth				
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	no auth				
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	no auth				
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	no auth				
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	no auth				
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	no auth				
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	no auth				
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	no auth				
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	no auth				
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	no auth				
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	no auth				
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	no auth				
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	no auth				
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	no auth				
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	no auth				
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	no auth				
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	no auth				
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	no auth				
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	no auth				
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	no auth				
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	no auth				
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	no auth				
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	no auth				
43285	Removal of esophageal sphincter augmentation device	no auth				
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	no auth				
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	no auth				
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43289	Unlisted laparoscopy procedure, esophagus	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 100.9	MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	no auth				
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	NOT COVERED	PEDIATRIC			
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	NOT COVERED	PEDIATRIC			
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	NOT COVERED	PEDIATRIC			
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	NOT COVERED	PEDIATRIC			
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	NOT COVERED	PEDIATRIC			
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	no auth				
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	no auth				
43327	Esophagogastric fundoplasty partial or complete; laparotomy	no auth				
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	no auth				
43330	Esophagomyotomy (Heller type); abdominal approach	no auth				
43331	Esophagomyotomy (Heller type); thoracic approach	no auth				
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	no auth				
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	no auth				
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	no auth				
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	no auth				
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	no auth				
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	no auth				
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	no auth				
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	no auth				
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	no auth				
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	no auth				
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	no auth				
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	no auth				
43400	Ligation, direct, esophageal varices	no auth				
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	no auth				
43410	Suture of esophageal wound or injury; cervical approach	no auth				
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	no auth				
43420	Closure of esophagostomy or fistula; cervical approach	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	no auth				
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	no auth				
43453	Dilation of esophagus, over guide wire	no auth				
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	no auth				
43496	Free jejunum transfer with microvascular anastomosis	no auth				
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	no auth				
43499	Unlisted procedure, esophagus	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 100.9	MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
43500	Gastrotomy; with exploration or foreign body removal	no auth				
43501	Gastrotomy; with suture repair of bleeding ulcer	no auth				
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	no auth				
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	no auth				
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	no auth				
43605	Biopsy of stomach, by laparotomy	no auth				
43610	Excision, local; ulcer or benign tumor of stomach	no auth				
43611	Excision, local; malignant tumor of stomach	no auth				
43620	Gastrectomy, total; with esophagoenterostomy	no auth				
43621	Gastrectomy, total; with Roux-en-Y reconstruction	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422		
43622	Gastrectomy, total; with formation of intestinal pouch, any type	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422		
43631	Gastrectomy, partial, distal; with gastroduodenostomy	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC)	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC)	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC)	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC)	
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	no auth				
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	no auth				
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastric Obesity Surgery ORG: S-2512 (HC)	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastric Obesity Surgery ORG: S-2512 (HC)	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	AUTH REQUIRED	HUMANITARIAN DEVICE EXEMPTION	Evaluated based on Medicare Reasonable and Necessary Standard		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	AUTH REQUIRED	HUMANITARIAN DEVICE EXEMPTION	Evaluated based on Medicare Reasonable and Necessary Standard		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	no auth				
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	no auth				
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	no auth				
43659	Unlisted laparoscopy procedure, stomach	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35022	MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	no auth				
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	no auth				
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	no auth				
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	no auth				
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	no auth				
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	no auth				
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	no auth				
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	no auth				
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43800	Pyloroplasty	no auth				
43810	Gastroduodenostomy	no auth				
43820	Gastrojejunostomy; without vagotomy	no auth				
43825	Gastrojejunostomy; with vagotomy, any type	no auth				
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	no auth				
43831	Gastrostomy, open; neonatal, for feeding	no auth				
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	no auth				
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	no auth				
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	NOT COVERED		LCA 56422 STATES NOT COVERED		
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	NOT COVERED		LCA 56422 STATES NOT COVERED		
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)	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422		
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC)	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422	MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC)	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	AUTH REQUIRED		NCD 100.1, LCD 35022, LCA 54923, LCA 56422		
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	no auth				
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
43870	Closure of gastrostomy, surgical	no auth				
43880	Closure of gastrocolic fistula	no auth				
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	AUTH REQUIRED	(AKA "Enterra Therapy System" by Medtronic). No active NCD/LCD/LCA, MCG or otherwise. Many plans consider this Investigational. Removal may be medically indicated. Replacemement must be scrutinized same as CPT 43647		MCG:Gastric Stimulation (Electrical) ACG: A-0395 (AC)	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	AUTH REQUIRED	(AKA "Enterra Therapy System" by Medtronic). No active NCD/LCD/LCA, MCG or otherwise. Many plans consider this Investigational. Removal may be medically indicated. Replacemement must be scrutinized same as CPT 43647		MCG:Gastric Stimulation (Electrical) ACG: A-0395 (AC)	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	AUTH REQUIRED		LCD 35022, LCA 54923, LCA 56422		
43999	Unlisted procedure, stomach	NOT COVERED		LCA 56422 STATES NOT COVERED		
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	no auth				
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	no auth				
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	no auth				
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	no auth				
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	no auth				
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	no auth				
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	no auth				
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	no auth				
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	no auth				
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	no auth				
44120	Enterectomy, resection of small intestine; single resection and anastomosis	no auth				
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	no auth				
44125	Enterectomy, resection of small intestine; with enterostomy	no auth				
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	no auth				
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	no auth				
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	no auth				
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	no auth				
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.5		
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	AUTH REQUIRED	Paid for by recipient's plan; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.5		
44135	Intestinal allotransplantation; from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.5		
44136	Intestinal allotransplantation; from living donor	AUTH REQUIRED	Paid for by recipient's plan; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.5		
44137	Removal of transplanted intestinal allograft, complete	AUTH REQUIRED			MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	no auth				
44140	Colectomy, partial; with anastomosis	no auth				
44141	Colectomy, partial; with skin level cecostomy or colostomy	no auth				
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	no auth				
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	no auth				
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	no auth				
44147	Colectomy, partial; abdominal and transanal approach	no auth				
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	no auth				
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	no auth				
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	no auth				
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	no auth				
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	no auth				
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	no auth				
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	no auth				
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	no auth				
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	no auth				
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	no auth				
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	no auth				
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	no auth				
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	no auth				
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	no auth				
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	no auth				
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	no auth				
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	no auth				
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	no auth				
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	no auth				
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	no auth				
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	no auth				
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	no auth				
44238	Unlisted laparoscopy procedure, intestine (except rectum)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	no auth				
44310	Ileostomy or jejunostomy, non-tube	no auth				
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	no auth				
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	no auth				
44316	Continent ileostomy (Kock procedure) (separate procedure)	no auth				
44320	Colostomy or skin level cecostomy;	no auth				
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	no auth				
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	no auth				
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	no auth				
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	no auth				
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	no auth				
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	no auth				
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	no auth				
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	no auth				
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	no auth				
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	no auth				
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	no auth				
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	no auth				
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	no auth				
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	no auth				
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	no auth				
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	no auth				
44382	Ileoscopy, through stoma; with biopsy, single or multiple	no auth				
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	no auth				
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
44389	Colonoscopy through stoma; with biopsy, single or multiple	no auth				
44390	Colonoscopy through stoma; with removal of foreign body(s)	no auth				
44391	Colonoscopy through stoma; with control of bleeding, any method	no auth				
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	no auth				
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	no auth				
44403	Colonoscopy through stoma; with endoscopic mucosal resection	no auth				
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	no auth				
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	no auth				
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	no auth				
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	no auth				
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	no auth				
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	no auth				
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	no auth				
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	no auth				
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	no auth				
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	no auth				
44620	Closure of enterostomy, large or small intestine;	no auth				
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	no auth				
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	no auth				
44640	Closure of intestinal cutaneous fistula	no auth				
44650	Closure of enteroenteric or enterocolic fistula	no auth				
44660	Closure of enterovesical fistula; without intestinal or bladder resection	no auth				
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	no auth				
44680	Intestinal plication (separate procedure)	no auth				
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	no auth				
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	no auth				
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	NOT COVERED	USE G0455 INSTEAD			
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
44799	Unlisted procedure, small intestine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	no auth				
44820	Excision of lesion of mesentery (separate procedure)	no auth				
44850	Suture of mesentery (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
44900	Incision and drainage of appendiceal abscess, open	no auth				
44950	Appendectomy;	no auth				
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	no auth				
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	no auth				
44970	Laparoscopy, surgical, appendectomy	no auth				
44979	Unlisted laparoscopy procedure, appendix	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
45000	Transrectal drainage of pelvic abscess	no auth				
45005	Incision and drainage of submucosal abscess, rectum	no auth				
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess	no auth				
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	no auth				
45108	Anorectal myomectomy	no auth				
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	no auth				
45111	Proctectomy; partial resection of rectum, transabdominal approach	no auth				
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	no auth				
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	no auth				
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	no auth				
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	no auth				
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	no auth				
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	no auth				
45123	Proctectomy, partial, without anastomosis, perineal approach	no auth				
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	no auth				
45130	Excision of rectal procidentia, with anastomosis; perineal approach	no auth				
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	no auth				
45136	Excision of ileoanal reservoir with ileostomy	no auth				
45150	Division of stricture of rectum	no auth				
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	no auth				
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	no auth				
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	no auth				
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	no auth				
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	no auth				
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	no auth				
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	no auth				
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	no auth				
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	no auth				
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	no auth				
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	no auth				
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	no auth				
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	no auth				
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	no auth				
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	no auth				
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	no auth				
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	no auth				
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	no auth				
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	no auth				
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	no auth				
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	no auth				
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	no auth				
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	no auth				
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	no auth				
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	no auth				
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	no auth				
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
45379	Colonoscopy, flexible; with removal of foreign body(s)	no auth				
45380	Colonoscopy, flexible; with biopsy, single or multiple	no auth				
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	no auth				
45382	Colonoscopy, flexible; with control of bleeding, any method	no auth				
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	no auth				
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	no auth				
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	no auth				
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	no auth				
45390	Colonoscopy, flexible; with endoscopic mucosal resection	no auth				
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	no auth				
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	no auth				
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	no auth				
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	no auth				
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	no auth				
45399	Unlisted procedure, colon	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	no auth				
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	no auth				
45499	Unlisted laparoscopy procedure, rectum	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
45500	Proctoplasty; for stenosis	no auth				
45505	Proctoplasty; for prolapse of mucous membrane	no auth				
45520	Perirectal injection of sclerosing solution for prolapse	no auth				
45540	Proctopexy (eg, for prolapse); abdominal approach	no auth				
45541	Proctopexy (eg, for prolapse); perineal approach	no auth				
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	no auth				
45560	Repair of rectocele (separate procedure)	no auth				
45562	Exploration, repair, and presacral drainage for rectal injury;	no auth				
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	no auth				
45800	Closure of rectovesical fistula;	no auth				
45805	Closure of rectovesical fistula; with colostomy	no auth				
45820	Closure of rectourethral fistula;	no auth				
45825	Closure of rectourethral fistula; with colostomy	no auth				
45900	Reduction of procidentia (separate procedure) under anesthesia	no auth				
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	no auth				
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	no auth				
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	no auth				
45999	Unlisted procedure, rectum	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
46020	Placement of seton	no auth				
46030	Removal of anal seton, other marker	no auth				
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	no auth				
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	no auth				
46050	Incision and drainage, perianal abscess, superficial	no auth				
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	no auth				
46070	Incision, anal septum (infant)	NOT COVERED	PEDIATRIC			
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	no auth				
46083	Incision of thrombosed hemorrhoid, external	no auth				
46200	Fissurectomy, including sphincterotomy, when performed	no auth				
46220	Excision of single external papilla or tag, anus	no auth				
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	no auth				
46230	Excision of multiple external papillae or tags, anus	no auth				
46250	Hemorrhoidectomy, external, 2 or more columns/groups	no auth				
46255	Hemorrhoidectomy, internal and external, single column/group;	no auth				
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	no auth				
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	no auth				
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	no auth				
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	no auth				
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	no auth				
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	no auth				
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	no auth				
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	no auth				
46288	Closure of anal fistula with rectal advancement flap	no auth				
46320	Excision of thrombosed hemorrhoid, external	no auth				
46500	Injection of sclerosing solution, hemorrhoids	no auth				
46505	Chemodenervation of internal anal sphincter	no auth				
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	no auth				
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	no auth				
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	no auth				
46606	Anoscopy; with biopsy, single or multiple	no auth				
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	no auth				
46608	Anoscopy; with removal of foreign body	no auth				
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	no auth				
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	no auth				
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	no auth				
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	no auth				
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	no auth				
46700	Anoplasty, plastic operation for stricture; adult	no auth				
46705	Anoplasty, plastic operation for stricture; infant	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
46706	Repair of anal fistula with fibrin glue	no auth				
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	no auth				
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	no auth				
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	no auth				
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	NOT COVERED	PEDIATRIC			
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	NOT COVERED	PEDIATRIC			
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	NOT COVERED	PEDIATRIC			
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	NOT COVERED	PEDIATRIC			
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	NOT COVERED	PEDIATRIC			
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	NOT COVERED	PEDIATRIC			
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	NOT COVERED	PEDIATRIC			
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	NOT COVERED	PEDIATRIC			
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	NOT COVERED	PEDIATRIC			
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	no auth				
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	no auth				
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	no auth				
46754	Removal of Thiersch wire or suture, anal canal	no auth				
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	no auth				
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	no auth				
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	no auth				
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	no auth				
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	no auth				
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	no auth				
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	no auth				
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	no auth				
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	no auth				
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	no auth				
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	no auth				
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	no auth				
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	no auth				
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	no auth				
46999	Unlisted procedure, anus	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47000	Biopsy of liver, needle; percutaneous	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	no auth				
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	no auth				
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	no auth				
47100	Biopsy of liver, wedge	no auth				
47120	Hepatectomy, resection of liver; partial lobectomy	no auth				
47122	Hepatectomy, resection of liver; trisegmentectomy	no auth				
47125	Hepatectomy, resection of liver; total left lobectomy	no auth				
47130	Hepatectomy, resection of liver; total right lobectomy	no auth				
47133	Donor hepatectomy (including cold preservation), from cadaver donor	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS	NCD 260.1		
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	AUTH REQUIRED		NCD 260.1	MCG:Liver Transplant ORG: S-795 (ISC)	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	AUTH REQUIRED			MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	AUTH REQUIRED			MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	AUTH REQUIRED			MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
47300	Marsupialization of cyst or abscess of liver	no auth				
47350	Management of liver hemorrhage; simple suture of liver wound or injury	no auth				
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	no auth				
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	no auth				
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	no auth				
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	no auth				
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	no auth				
47379	Unlisted laparoscopic procedure, liver	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	AUTH REQUIRED			MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC)	
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	AUTH REQUIRED			MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	AUTH REQUIRED			MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC)	
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47399	Unlisted procedure, liver	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	no auth				
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	no auth				
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	no auth				
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	no auth				
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	no auth				
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	no auth				
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	no auth				
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	no auth				
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	no auth				
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	no auth				
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	no auth				
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	no auth				
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	no auth				
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	no auth				
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	no auth				
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	no auth				
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	no auth				
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth				
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	no auth				
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	no auth				
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	no auth				
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	no auth				
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	no auth				
47562	Laparoscopy, surgical; cholecystectomy	no auth				
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	no auth				
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	no auth				
47570	Laparoscopy, surgical; cholecystoenterostomy	no auth				
47579	Unlisted laparoscopy procedure, biliary tract	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
47600	Cholecystectomy;	no auth				
47605	Cholecystectomy; with cholangiography	no auth				
47610	Cholecystectomy with exploration of common duct;	no auth				
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy	no auth				
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	no auth				
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	no auth				
47701	Portoenterostomy (eg, Kasai procedure)	no auth				
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	no auth				
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	no auth				
47715	Excision of choledochal cyst	no auth				
47720	Cholecystoenterostomy; direct	no auth				
47721	Cholecystoenterostomy; with gastroenterostomy	no auth				
47740	Cholecystoenterostomy; Roux-en-Y	no auth				
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	no auth				
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	no auth				
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	no auth				
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	no auth				
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	no auth				
47801	Placement of choledochal stent	no auth				
47802	U-tube hepaticoenterostomy	no auth				
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	no auth				
47999	Unlisted procedure, biliary tract	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
48000	Placement of drains, peripancreatic, for acute pancreatitis;	no auth				
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	no auth				
48020	Removal of pancreatic calculus	no auth				
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	no auth				
48102	Biopsy of pancreas, percutaneous needle	no auth				
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	no auth				
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	no auth				
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	no auth				
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	no auth				
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	no auth				
48148	Excision of ampulla of Vater	no auth				
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	no auth				
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	no auth				
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	no auth				
48155	Pancreatectomy, total	no auth				
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	AUTH REQUIRED	COVERED ONLY IN A CLINICAL TRIAL, OTHERWISE NOT COVERED PER NCD 260.3; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.3, NCD 260.3.1	MCG:Alterwood Policy AHMC.HQ.UM.07 Experimental/Investigational Services and Clinical Trials	
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	no auth				
48500	Marsupialization of pancreatic cyst	no auth				
48510	External drainage, pseudocyst of pancreas, open	no auth				
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	no auth				
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	no auth				
48545	Pancreatorrhaphy for injury	no auth				
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	no auth				
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	no auth				
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	AUTH REQUIRED	Paid for by recipient's plan; COVERED ONLY IN A CLINICAL TRIAL, OTHERWISE NOT COVERED PER NCD 260.3; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.3	MCG:Alterwood Policy AHMC.HQ.UM.07 Experimental/Investigational Services and Clinical Trials	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
48554	Transplantation of pancreatic allograft	AUTH REQUIRED		NCD 260.3		
48556	Removal of transplanted pancreatic allograft	AUTH REQUIRED			MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
48999	Unlisted procedure, pancreas	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	no auth				
49002	Reopening of recent laparotomy	no auth				
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	no auth				
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	no auth				
49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	no auth				
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	no auth				
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	no auth				
49060	Drainage of retroperitoneal abscess, open	no auth				
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	no auth				
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	no auth				
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	no auth				
49084	Peritoneal lavage, including imaging guidance, when performed	no auth				
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	no auth				
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	no auth				
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	no auth				
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	no auth				
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	no auth				
49215	Excision of presacral or sacrococcygeal tumor	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	no auth				
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	no auth				
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	no auth				
49321	Laparoscopy, surgical; with biopsy (single or multiple)	no auth				
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	no auth				
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	no auth				
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	no auth				
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	no auth				
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	no auth				
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	no auth				
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	no auth				
49402	Removal of peritoneal foreign body from peritoneal cavity	no auth				
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	no auth				
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	no auth				
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	no auth				
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	no auth				
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	no auth				
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	no auth				
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	no auth				
49422	Removal of tunneled intraperitoneal catheter	no auth				
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	no auth				
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	no auth				
49425	Insertion of peritoneal-venous shunt	no auth				
49426	Revision of peritoneal-venous shunt	no auth				
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	no auth				
49428	Ligation of peritoneal-venous shunt	no auth				
49429	Removal of peritoneal-venous shunt	no auth				
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	no auth				
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	no auth				
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	no auth				
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	no auth				
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	no auth				
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	NOT COVERED	PEDIATRIC			
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	NOT COVERED	PEDIATRIC			
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	NOT COVERED	PEDIATRIC			
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	NOT COVERED	PEDIATRIC			
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	NOT COVERED	PEDIATRIC			
49505	Repair initial inguinal hernia, age 5 years or older; reducible	no auth				
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	no auth				
49520	Repair recurrent inguinal hernia, any age; reducible	no auth				
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	no auth				
49525	Repair inguinal hernia, sliding, any age	no auth				
49540	Repair lumbar hernia	no auth				
49550	Repair initial femoral hernia, any age; reducible	no auth				
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	no auth				
49555	Repair recurrent femoral hernia; reducible	no auth				
49557	Repair recurrent femoral hernia; incarcerated or strangulated	no auth				
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49600	Repair of small omphalocele, with primary closure	NOT COVERED	PEDIATRIC			
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	NOT COVERED	PEDIATRIC			
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	NOT COVERED	PEDIATRIC			
49610	Repair of omphalocele (Gross type operation); first stage	NOT COVERED	PEDIATRIC			
49611	Repair of omphalocele (Gross type operation); second stage	NOT COVERED	PEDIATRIC			
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC)	
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
49650	Laparoscopy, surgical; repair initial inguinal hernia	no auth				
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	no auth				
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	no auth				
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	no auth				
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	no auth				
49906	Free omental flap with microvascular anastomosis	no auth				
49999	Unlisted procedure, abdomen, peritoneum and omentum	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG)	
50010	Renal exploration, not necessitating other specific procedures	no auth				
50020	Drainage of perirenal or renal abscess, open	no auth				
50040	Nephrostomy, nephrotomy with drainage	no auth				
50045	Nephrotomy, with exploration	no auth				
50060	Nephrolithotomy; removal of calculus	no auth				
50065	Nephrolithotomy; secondary surgical operation for calculus	no auth				
50070	Nephrolithotomy; complicated by congenital kidney abnormality	no auth				
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)	no auth				
50080	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)	no auth				
50081	Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	no auth				
50120	Pyelotomy; with exploration	no auth				
50125	Pyelotomy; with drainage, pyelostomy	no auth				
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	no auth				
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	no auth				
50200	Renal biopsy; percutaneous, by trocar or needle	no auth				
50205	Renal biopsy; by surgical exposure of kidney	no auth				
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	no auth				
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	no auth				
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	no auth				
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	no auth				
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	no auth				
50240	Nephrectomy, partial	no auth				
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	no auth				
50280	Excision or unroofing of cyst(s) of kidney	no auth				
50290	Excision of perinephric cyst	no auth				
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	AUTH REQUIRED	Paid for by recipient's plan; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
50320	Donor nephrectomy (including cold preservation); open, from living donor	AUTH REQUIRED	Payable by recipient's plan.		MCG: Nephrectomy ORG: S-870 (ISC)	
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	AUTH REQUIRED	ANCILLARY PROCEDURE CODE, USE MAIN PROCEDURE CODE OR DIAGNOSIS			
50340	Recipient nephrectomy (separate procedure)	AUTH REQUIRED			MCG: Nephrectomy ORG: S-870 (ISC)	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	AUTH REQUIRED			MCG: Renal Transplant ORG: S-1015 (ISC)	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	AUTH REQUIRED			MCG: Renal Transplant ORG: S-1015 (ISC)	
50370	Removal of transplanted renal allograft	no auth				
50380	Renal autotransplantation, reimplantation of kidney	no auth				
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	no auth				
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	no auth				
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	no auth				
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	no auth				
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	no auth				
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	no auth				
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	no auth				
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	no auth				
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	no auth				
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)	no auth				
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	no auth				
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	no auth				
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	no auth				
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	no auth				
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	no auth				
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	no auth				
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	no auth				
50500	Nephrorrhaphy, suture of kidney wound or injury	no auth				
50520	Closure of nephrocutaneous or pyelocutaneous fistula	no auth				
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	no auth				
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	no auth				
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	no auth				
50541	Laparoscopy, surgical; ablation of renal cysts	no auth				
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	no auth				
50543	Laparoscopy, surgical; partial nephrectomy	no auth				
50544	Laparoscopy, surgical; pyeloplasty	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	no auth				
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	no auth				
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	no auth				
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	no auth				
50549	Unlisted laparoscopy procedure, renal	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	no auth				
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	no auth				
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	no auth				
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	no auth				
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	no auth				
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	no auth				
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	no auth				
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	no auth				
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	no auth				
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	no auth				
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	no auth				
50590	Lithotripsy, extracorporeal shock wave	no auth				
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	no auth				
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	no auth				
50600	Ureterotomy with exploration or drainage (separate procedure)	no auth				
50605	Ureterotomy for insertion of indwelling stent, all types	no auth				
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth				
50610	Ureterolithotomy; upper one-third of ureter	no auth				
50620	Ureterolithotomy; middle one-third of ureter	no auth				
50630	Ureterolithotomy; lower one-third of ureter	no auth				
50650	Ureterectomy, with bladder cuff (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	no auth				
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	no auth				
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	no auth				
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	no auth				
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	no auth				
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	no auth				
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	no auth				
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	no auth				
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	no auth				
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth				
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth				
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	no auth				
50722	Ureterolysis for ovarian vein syndrome	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	no auth				
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	no auth				
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	no auth				
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	no auth				
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	no auth				
50760	Ureteroureterostomy	no auth				
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	no auth				
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	no auth				
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	no auth				
50783	Ureteroneocystostomy; with extensive ureteral tailoring	no auth				
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	no auth				
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	no auth				
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	no auth				
50815	Ureterocolon conduit, including intestine anastomosis	no auth				
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	no auth				
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	no auth				
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	no auth				
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	no auth				
50845	Cutaneous appendico-vesicostomy	no auth				
50860	Ureterostomy, transplantation of ureter to skin	no auth				
50900	Ureterorrhaphy, suture of ureter (separate procedure)	no auth				
50920	Closure of ureterocutaneous fistula	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50930	Closure of ureterovisceral fistula (including visceral repair)	no auth				
50940	Deligation of ureter	no auth				
50945	Laparoscopy, surgical; ureterolithotomy	no auth				
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	no auth				
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	no auth				
50949	Unlisted laparoscopy procedure, ureter	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	no auth				
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	no auth				
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	no auth				
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	no auth				
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	no auth				
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	no auth				
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	no auth				
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	no auth				
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	no auth				
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	no auth				
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	no auth				
51040	Cystostomy, cystotomy with drainage	no auth				
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	no auth				
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	no auth				
51060	Transvesical ureterolithotomy	no auth				
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	no auth				
51080	Drainage of perivesical or prevesical space abscess	no auth				
51100	Aspiration of bladder; by needle	no auth				
51101	Aspiration of bladder; by trocar or intracatheter	no auth				
51102	Aspiration of bladder; with insertion of suprapubic catheter	no auth				
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	no auth				
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	no auth				
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	no auth				
51530	Cystotomy; for excision of bladder tumor	no auth				
51535	Cystotomy for excision, incision, or repair of ureterocele	no auth				
51550	Cystectomy, partial; simple	no auth				
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	no auth				
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	no auth				
51570	Cystectomy, complete; (separate procedure)	no auth				
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	no auth				
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	no auth				
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	no auth				
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	no auth				
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	no auth				
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	no auth				
51600	Injection procedure for cystography or voiding urethrocystography	no auth				
51605	Injection procedure and placement of chain for contrast and/or chain urethrocystography	no auth				
51610	Injection procedure for retrograde urethrocystography	no auth				
51700	Bladder irrigation, simple, lavage and/or instillation	no auth				
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	no auth				
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	no auth				
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	no auth				
51705	Change of cystostomy tube; simple	no auth				
51710	Change of cystostomy tube; complicated	no auth				
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	no auth				
51720	Bladder instillation of anticarcinogenic agent (including retention time)	no auth				
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
51726	Complex cystometrogram (ie, calibrated electronic equipment);	no auth				
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	no auth				
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	no auth				
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	no auth				
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	no auth				
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	no auth				
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	no auth				
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	no auth				
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	no auth				
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	no auth				
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	no auth				
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	no auth				
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	no auth				
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	no auth				
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	no auth				
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	no auth				
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	no auth				
51880	Closure of cystostomy (separate procedure)	no auth				
51900	Closure of vesicovaginal fistula, abdominal approach	no auth				
51920	Closure of vesicouterine fistula;	no auth				
51925	Closure of vesicouterine fistula; with hysterectomy	no auth				
51940	Closure, exstrophy of bladder	no auth				
51960	Enterocystoplasty, including intestinal anastomosis	no auth				
51980	Cutaneous vesicostomy	no auth				
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	no auth				
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	no auth				
51999	Unlisted laparoscopy procedure, bladder	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
52000	Cystourethroscopy (separate procedure)	no auth				
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	no auth				
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	no auth				
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	no auth				
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	no auth				
52204	Cystourethroscopy, with biopsy(s)	no auth				
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	no auth				
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	no auth				
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	no auth				
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	no auth				
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	no auth				
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	no auth				
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	no auth				
52270	Cystourethroscopy, with internal urethrotomy; female	no auth				
52275	Cystourethroscopy, with internal urethrotomy; male	no auth				
52276	Cystourethroscopy with direct vision internal urethrotomy	no auth				
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	no auth				
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	no auth				
52282	Cystourethroscopy, with insertion of permanent urethral stent	no auth				
52283	Cystourethroscopy, with steroid injection into stricture	no auth				
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	no auth				
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	no auth				
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	no auth				
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	no auth				
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	no auth				
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	no auth				
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	no auth				
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	no auth				
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	no auth				
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	no auth				
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	no auth				
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	no auth				
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	no auth				
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	no auth				
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	no auth				
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	no auth				
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	no auth				
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	no auth				
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	no auth				
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	no auth				
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	no auth				
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	no auth				
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	no auth				
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	no auth				
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	no auth				
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	no auth				
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	no auth				
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	no auth				
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	AUTH REQUIRED	UroLift Pro Fees; pairs w/ C9739/C9740 (hosp/ASC fees)		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	AUTH REQUIRED	UroLift Pro Fees; pairs w/ C9739/C9740 (hosp/ASC fees)		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf
52450	Transurethral incision of prostate	no auth				
52500	Transurethral resection of bladder neck (separate procedure)	no auth				
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	no auth				
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
52640	Transurethral resection; of postoperative bladder neck contracture	no auth				
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	no auth				
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	no auth				
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	no auth				
52700	Transurethral drainage of prostatic abscess	no auth				
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	no auth				
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	no auth				
53020	Meatotomy, cutting of meatus (separate procedure); except infant	no auth				
53025	Meatotomy, cutting of meatus (separate procedure); infant	NOT COVERED	PEDIATRIC			
53040	Drainage of deep periurethral abscess	no auth				
53060	Drainage of Skene's gland abscess or cyst	no auth				
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	no auth				
53085	Drainage of perineal urinary extravasation; complicated	no auth				
53200	Biopsy of urethra	no auth				
53210	Urethrectomy, total, including cystostomy; female	no auth				
53215	Urethrectomy, total, including cystostomy; male	no auth				
53220	Excision or fulguration of carcinoma of urethra	no auth				
53230	Excision of urethral diverticulum (separate procedure); female	no auth				
53235	Excision of urethral diverticulum (separate procedure); male	no auth				
53240	Marsupialization of urethral diverticulum, male or female	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
53250	Excision of bulbourethral gland (Cowper's gland)	no auth				
53260	Excision or fulguration; urethral polyp(s), distal urethra	no auth				
53265	Excision or fulguration; urethral caruncle	no auth				
53270	Excision or fulguration; Skene's glands	no auth				
53275	Excision or fulguration; urethral prolapse	no auth				
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)	no auth				
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	no auth				
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	no auth				
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	no auth				
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	no auth				
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	no auth				
53430	Urethroplasty, reconstruction of female urethra	no auth				
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	no auth				
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	no auth				
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	no auth				
53444	Insertion of tandem cuff (dual cuff)	no auth				
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	no auth				
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	no auth				
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	no auth				
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	no auth				
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
53450	Urethromeatoplasty, with mucosal advancement	no auth				
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	AUTH REQUIRED			MCG:Artificial Urinary Sphincter ACG: A-0267 (AC)	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	AUTH REQUIRED			MCG:Artificial Urinary Sphincter ACG: A-0267 (AC)	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	AUTH REQUIRED			MCG:Artificial Urinary Sphincter ACG: A-0267 (AC)	
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	AUTH REQUIRED			MCG:Artificial Urinary Sphincter ACG: A-0267 (AC)	
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	no auth				
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	no auth				
53502	Urethrorrhaphy, suture of urethral wound or injury, female	no auth				
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	no auth				
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	no auth				
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	no auth				
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	no auth				
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	no auth				
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	no auth				
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	no auth				
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	no auth				
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	no auth				
53660	Dilation of female urethra including suppository and/or instillation; initial	no auth				
53661	Dilation of female urethra including suppository and/or instillation; subsequent	no auth				
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	no auth				
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	no auth				
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	no auth				
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	no auth				
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	no auth				
53899	Unlisted procedure, urinary system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	NOT COVERED	PEDIATRIC			
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	NOT COVERED	PEDIATRIC			
54015	Incision and drainage of penis, deep	no auth				
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	no auth				
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	no auth				
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	no auth				
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	no auth				
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	no auth				
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	no auth				
54100	Biopsy of penis; (separate procedure)	no auth				
54105	Biopsy of penis; deep structures	no auth				
54110	Excision of penile plaque (Peyronie disease);	no auth				
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	no auth				
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	no auth				
54120	Amputation of penis; partial	AUTH REQUIRED		NCA CAG-00446N		WPATH Guidelines
54125	Amputation of penis; complete	AUTH REQUIRED		NCA CAG-00446N		WPATH Guidelines
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	no auth				
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	no auth				
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	no auth				
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	NOT COVERED	PEDIATRIC			
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	AUTH REQUIRED			MCG:Circumcision ACG: A-0269 (AC)	
54162	Lysis or excision of penile post-circumcision adhesions	no auth				
54163	Repair incomplete circumcision	no auth				
54164	Frenulotomy of penis	no auth				
54200	Injection procedure for Peyronie disease;	no auth				
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	no auth				
54220	Irrigation of corpora cavernosa for priapism	no auth				
54230	Injection procedure for corpora cavernosography	no auth				
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	no auth				
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	no auth				
54240	Penile plethysmography	no auth				
54250	Nocturnal penile tumescence and/or rigidity test	no auth				
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	NOT COVERED	PEDIATRIC			
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	NOT COVERED	PEDIATRIC			
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	NOT COVERED	PEDIATRIC			
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	NOT COVERED	PEDIATRIC			
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	NOT COVERED	PEDIATRIC			
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	NOT COVERED	PEDIATRIC			
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)	NOT COVERED	PEDIATRIC			
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	NOT COVERED	PEDIATRIC			
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	NOT COVERED	PEDIATRIC			
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	NOT COVERED	PEDIATRIC			
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	NOT COVERED	PEDIATRIC			
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	NOT COVERED	PEDIATRIC			
54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	NOT COVERED	PEDIATRIC			
54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)	NOT COVERED	PEDIATRIC			
54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
54360	Plastic operation on penis to correct angulation	no auth				
54380	Plastic operation on penis for epispadias distal to external sphincter;	NOT COVERED	PEDIATRIC			
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	NOT COVERED	PEDIATRIC			
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	NOT COVERED	PEDIATRIC			
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	no auth				
54401	Insertion of penile prosthesis; inflatable (self-contained)	AUTH REQUIRED		NCD 230.4	MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	AUTH REQUIRED		NCD 230.4	MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	no auth				
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	no auth				
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	no auth				
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	no auth				
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	no auth				
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	no auth				
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	no auth				
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	no auth				
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	no auth				
54437	Repair of traumatic corporeal tear(s)	no auth				
54438	Replantation, penis, complete amputation including urethral repair	no auth				
54440	Plastic operation of penis for injury	no auth				
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	no auth				
54500	Biopsy of testis, needle (separate procedure)	no auth				
54505	Biopsy of testis, incisional (separate procedure)	no auth				
54512	Excision of extraparenchymal lesion of testis	no auth				
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	no auth				
54522	Orchiectomy, partial	no auth				
54530	Orchiectomy, radical, for tumor; inguinal approach	no auth				
54535	Orchiectomy, radical, for tumor; with abdominal exploration	no auth				
54550	Exploration for undescended testis (inguinal or scrotal area)	no auth				
54560	Exploration for undescended testis with abdominal exploration	no auth				
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	no auth				
54620	Fixation of contralateral testis (separate procedure)	no auth				
54640	Orchiopexy, inguinal or scrotal approach	no auth				
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	no auth				
54660	Insertion of testicular prosthesis (separate procedure)	AUTH REQUIRED		NCA CAG-00446N		WPATH Guidelines
54670	Suture or repair of testicular injury	no auth				
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	no auth				
54690	Laparoscopy, surgical; orchiectomy	no auth				
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	no auth				
54699	Unlisted laparoscopy procedure, testis	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	no auth				
54800	Biopsy of epididymis, needle	no auth				
54830	Excision of local lesion of epididymis	no auth				
54840	Excision of spermatocele, with or without epididymectomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
54860	Epididymectomy; unilateral	no auth				
54861	Epididymectomy; bilateral	no auth				
54865	Exploration of epididymis, with or without biopsy	no auth				
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	no auth				
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	no auth				
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	no auth				
55040	Excision of hydrocele; unilateral	no auth				
55041	Excision of hydrocele; bilateral	no auth				
55060	Repair of tunica vaginalis hydrocele (Bottle type)	no auth				
55100	Drainage of scrotal wall abscess	no auth				
55110	Scrotal exploration	no auth				
55120	Removal of foreign body in scrotum	no auth				
55150	Resection of scrotum	no auth				
55175	Scrotoplasty; simple	no auth				
55180	Scrotoplasty; complicated	no auth				
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	no auth				
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	no auth				
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	no auth				
55400	Vasovasostomy, vasovasorrhaphy	no auth				
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	no auth				
55520	Excision of lesion of spermatic cord (separate procedure)	no auth				
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	no auth				
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	no auth				
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	no auth				
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	no auth				
55559	Unlisted laparoscopy procedure, spermatic cord	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
55600	Vesiculotomy;	no auth				
55605	Vesiculotomy; complicated	no auth				
55650	Vesiculectomy, any approach	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
55680	Excision of Mullerian duct cyst	no auth				
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	no auth				
55705	Biopsy, prostate; incisional, any approach	no auth				
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	no auth				
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	no auth				
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	no auth				
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	no auth				
55810	Prostatectomy, perineal radical;	no auth				
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	no auth				
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	no auth				
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	no auth				
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	no auth				
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	no auth				
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	no auth				
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	no auth				
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	no auth				
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	no auth				
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	no auth				
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG)	
55870	Electroejaculation	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	no auth				
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	AUTH REQUIRED			MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	no auth				
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	no auth				
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	no auth				
55899	Unlisted procedure, male genital system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	no auth				
55970	Intersex surgery; male to female	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00446N	MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	WPATH Guidelines
55980	Intersex surgery; female to male	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00446N	MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG)	WPATH Guidelines
56405	Incision and drainage of vulva or perineal abscess	no auth				
56420	Incision and drainage of Bartholin's gland abscess	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
56440	Marsupialization of Bartholin's gland cyst	no auth				
56441	Lysis of labial adhesions	no auth				
56442	Hymenotomy, simple incision	no auth				
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	no auth				
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	no auth				
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	no auth				
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	no auth				
56620	Vulvectomy simple; partial	no auth				
56625	Vulvectomy simple; complete	no auth				
56630	Vulvectomy, radical, partial;	no auth				
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	no auth				
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	no auth				
56633	Vulvectomy, radical, complete;	no auth				
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	no auth				
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	no auth				
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	no auth				
56700	Partial hymenectomy or revision of hymenal ring	no auth				
56740	Excision of Bartholin's gland or cyst	no auth				
56800	Plastic repair of introitus	no auth				
56805	Clitoroplasty for intersex state	AUTH REQUIRED		NCA CAG-00446N	MCG: Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG)	WPATH Guidelines
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	no auth				
56820	Colposcopy of the vulva;	no auth				
56821	Colposcopy of the vulva; with biopsy(s)	no auth				
57000	Colpotomy; with exploration	no auth				
57010	Colpotomy; with drainage of pelvic abscess	no auth				
57020	Colpocentesis (separate procedure)	no auth				
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	no auth				
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	no auth				
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	no auth				
57100	Biopsy of vaginal mucosa; simple (separate procedure)	no auth				
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	no auth				
57106	Vaginectomy, partial removal of vaginal wall;	no auth				
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	no auth				
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	no auth				
57110	Vaginectomy, complete removal of vaginal wall;	no auth				
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	no auth				
57120	Colpocleisis (Le Fort type)	no auth				
57130	Excision of vaginal septum	no auth				
57135	Excision of vaginal cyst or tumor	no auth				
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	no auth				
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	no auth				
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	no auth				
57160	Fitting and insertion of pessary or other intravaginal support device	no auth				
57170	Diaphragm or cervical cap fitting with instructions	no auth				
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	no auth				
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	no auth				
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	no auth				
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	no auth				
57230	Plastic repair of urethrocele	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	no auth				
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	no auth				
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	no auth				
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	no auth				
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	no auth				
57268	Repair of enterocele, vaginal approach (separate procedure)	no auth				
57270	Repair of enterocele, abdominal approach (separate procedure)	no auth				
57280	Colpopexy, abdominal approach	no auth				
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	no auth				
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	no auth				
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	no auth				
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	no auth				
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	no auth				
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	no auth				
57289	Pereyra procedure, including anterior colporrhaphy	no auth				
57291	Construction of artificial vagina; without graft	no auth				
57292	Construction of artificial vagina; with graft	no auth				
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	no auth				
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	no auth				
57300	Closure of rectovaginal fistula; vaginal or transanal approach	no auth				
57305	Closure of rectovaginal fistula; abdominal approach	no auth				
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	no auth				
57310	Closure of urethrovaginal fistula;	no auth				
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	no auth				
57320	Closure of vesicovaginal fistula; vaginal approach	no auth				
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	no auth				
57335	Vaginoplasty for intersex state	AUTH REQUIRED		NCA CAG-00446N	MCG: Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG)	WPATH Guidelines
57400	Dilation of vagina under anesthesia (other than local)	no auth				
57410	Pelvic examination under anesthesia (other than local)	no auth				
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	no auth				
57420	Colposcopy of the entire vagina, with cervix if present;	no auth				
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	no auth				
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	no auth				
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	no auth				
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	no auth				
57452	Colposcopy of the cervix including upper/adjacent vagina;	no auth				
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	no auth				
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	no auth				
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	no auth				
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	no auth				
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	no auth				
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	no auth				
57505	Endocervical curettage (not done as part of a dilation and curettage)	no auth				
57510	Cautery of cervix; electro or thermal	no auth				
57511	Cautery of cervix; cryocautery, initial or repeat	no auth				
57513	Cautery of cervix; laser ablation	no auth				
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	no auth				
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	no auth				
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	no auth				
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	no auth				
57540	Excision of cervical stump, abdominal approach;	no auth				
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	no auth				
57550	Excision of cervical stump, vaginal approach;	no auth				
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	no auth				
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	no auth				
57558	Dilation and curettage of cervical stump	no auth				
57700	Cerclage of uterine cervix, nonobstetrical	no auth				
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	no auth				
57800	Dilation of cervical canal, instrumental (separate procedure)	no auth				
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	no auth				
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	no auth				
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	no auth				
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	no auth				
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	no auth				
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	no auth				
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	no auth				
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	no auth				
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	no auth				
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	no auth				
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	AUTH REQUIRED			MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58260	Vaginal hysterectomy, for uterus 250 g or less;	no auth				
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	no auth				
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	no auth				
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	no auth				
58275	Vaginal hysterectomy, with total or partial vaginectomy;	no auth				
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	no auth				
58285	Vaginal hysterectomy, radical (Schauta type operation)	no auth				
58290	Vaginal hysterectomy, for uterus greater than 250 g;	no auth				
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	no auth				
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	no auth				
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	no auth				
58300	Insertion of intrauterine device (IUD)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
58301	Removal of intrauterine device (IUD)	no auth				
58321	Artificial insemination; intra-cervical	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
58322	Artificial insemination; intra-uterine	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
58323	Sperm washing for artificial insemination	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
58346	Insertion of Heyman capsules for clinical brachytherapy	no auth				
58350	Chromotubation of oviduct, including materials	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
58353	Endometrial ablation, thermal, without hysteroscopic guidance	no auth				
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	no auth				
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	no auth				
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	no auth				
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	no auth				
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	no auth				
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	no auth				
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	no auth				
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	no auth				
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	no auth				
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	no auth				
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	no auth				
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	no auth				
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	no auth				
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	no auth				
58555	Hysteroscopy, diagnostic (separate procedure)	no auth				
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	no auth				
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	no auth				
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	no auth				
58561	Hysteroscopy, surgical; with removal of leiomyomata	no auth				
58562	Hysteroscopy, surgical; with removal of impacted foreign body	no auth				
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	no auth				
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	no auth				
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	no auth				
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	no auth				
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	no auth				
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	no auth				
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58578	Unlisted laparoscopy procedure, uterus	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Medicare Benefit Policy Manual Chapter 15, Section 20.1; Medicare Reasonable and Necessary Standard.	MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG), Laparoscopic Uterosacral Nerve Ablation (LUNA) ACG: A-0284 (AC)	
58579	Unlisted hysteroscopy procedure, uterus	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Medicare Benefit Policy Manual Chapter 15, Section 20.1; Medicare Reasonable and Necessary Standard.	MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG), Hysteroscopy, with or without Endometrial Resection, Ablation, or Myomectomy ACG: A-0286 (AC)	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	no auth				
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	no auth				
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	no auth				
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	no auth				
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	no auth				
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	no auth				
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	no auth				
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	no auth				
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	no auth				
58672	Laparoscopy, surgical; with fimbrioplasty	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	no auth				
58679	Unlisted laparoscopy procedure, oviduct, ovary	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Medicare Benefit Policy Manual Chapter 15, Section 20.1; Medicare Reasonable and Necessary Standard.	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	no auth				
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	no auth				
58740	Lysis of adhesions (salpingolysis, ovariolysis)	no auth				
58750	Tubotubal anastomosis	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58752	Tubouterine implantation	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58760	Fimbrioplasty	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58770	Salpingostomy (salpingoneostomy)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	no auth				
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	no auth				
58820	Drainage of ovarian abscess; vaginal approach, open	no auth				
58822	Drainage of ovarian abscess; abdominal approach	no auth				
58825	Transposition, ovary(s)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria	MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC)	
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	no auth				
58920	Wedge resection or bisection of ovary, unilateral or bilateral	no auth				
58925	Ovarian cystectomy, unilateral or bilateral	no auth				
58940	Oophorectomy, partial or total, unilateral or bilateral;	no auth				
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	no auth				
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	no auth				
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	no auth				
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	no auth				
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	no auth				
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	no auth				
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	no auth				
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	no auth				
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	no auth				
58970	Follicle puncture for oocyte retrieval, any method	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
58974	Embryo transfer, intrauterine	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
58999	Unlisted procedure, female genital system (nonobstetrical)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
59000	Amniocentesis; diagnostic	no auth				
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	no auth				
59012	Cordocentesis (intrauterine), any method	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
59015	Chorionic villus sampling, any method	no auth				
59020	Fetal contraction stress test	no auth				
59025	Fetal non-stress test	no auth				
59030	Fetal scalp blood sampling	no auth				
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	no auth				
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	no auth				
59070	Transabdominal amnioinfusion, including ultrasound guidance	AUTH REQUIRED			MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
59072	Fetal umbilical cord occlusion, including ultrasound guidance	AUTH REQUIRED			MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	AUTH REQUIRED			MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
59076	Fetal shunt placement, including ultrasound guidance	AUTH REQUIRED			MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	no auth				
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	no auth				
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	no auth				
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	no auth				
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	no auth				
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	no auth				
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	no auth				
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	no auth				
59160	Curettage, postpartum	no auth				
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
59300	Episiotomy or vaginal repair, by other than attending	no auth				
59320	Cerclage of cervix, during pregnancy; vaginal	no auth				
59325	Cerclage of cervix, during pregnancy; abdominal	no auth				
59350	Hysterorrhaphy of ruptured uterus	no auth				
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	no auth				
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	no auth				
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	no auth				
59412	External cephalic version, with or without tocolysis	no auth				
59414	Delivery of placenta (separate procedure)	no auth				
59425	Antepartum care only; 4-6 visits	no auth				
59426	Antepartum care only; 7 or more visits	no auth				
59430	Postpartum care only (separate procedure)	no auth				
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	no auth				
59514	Cesarean delivery only;	no auth				
59515	Cesarean delivery only; including postpartum care	no auth				
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	no auth				
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	no auth				
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	no auth				
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	no auth				
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	no auth				
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	no auth				
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
59812	Treatment of incomplete abortion, any trimester, completed surgically	no auth				
59820	Treatment of missed abortion, completed surgically; first trimester	no auth				
59821	Treatment of missed abortion, completed surgically; second trimester	no auth				
59830	Treatment of septic abortion, completed surgically	no auth				
59840	Induced abortion, by dilation and curettage	AUTH REQUIRED		NCD 140.1		
59841	Induced abortion, by dilation and evacuation	AUTH REQUIRED		NCD 140.1		
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	AUTH REQUIRED		NCD 140.2		
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	AUTH REQUIRED		NCD 140.3		
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	AUTH REQUIRED		NCD 140.4		
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	AUTH REQUIRED		NCD 140.5		
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	AUTH REQUIRED		NCD 140.6		
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	AUTH REQUIRED		NCD 140.7		
59866	Multifetal pregnancy reduction(s) (MPR)	AUTH REQUIRED		NCD 140.8		
59870	Uterine evacuation and curettage for hydatidiform mole	no auth				
59871	Removal of cerclage suture under anesthesia (other than local)	no auth				
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
59898	Unlisted laparoscopy procedure, maternity care and delivery	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
59899	Unlisted procedure, maternity care and delivery	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG)	
60000	Incision and drainage of thyroglossal duct cyst, infected	no auth				
60100	Biopsy thyroid, percutaneous core needle	no auth				
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	no auth				
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	no auth				
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	no auth				
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	no auth				
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	no auth				
60240	Thyroidectomy, total or complete	no auth				
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	no auth				
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	no auth				
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	no auth				
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	no auth				
60271	Thyroidectomy, including substernal thyroid; cervical approach	no auth				
60280	Excision of thyroglossal duct cyst or sinus;	no auth				
60281	Excision of thyroglossal duct cyst or sinus; recurrent	no auth				
60300	Aspiration and/or injection, thyroid cyst	no auth				
60500	Parathyroidectomy or exploration of parathyroid(s);	no auth				
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	no auth				
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	no auth				
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	no auth				
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	no auth				
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	no auth				
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	no auth				
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	no auth				
60600	Excision of carotid body tumor; without excision of carotid artery	no auth				
60605	Excision of carotid body tumor; with excision of carotid artery	no auth				
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	no auth				
60659	Unlisted laparoscopy procedure, endocrine system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
60699	Unlisted procedure, endocrine system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	NOT COVERED	PEDIATRIC			
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	NOT COVERED	PEDIATRIC			
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	no auth				
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	no auth				
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	no auth				
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	no auth				
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61105	Twist drill hole for subdural or ventricular puncture	no auth				
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	no auth				
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	no auth				
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	no auth				
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	no auth				
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	no auth				
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	no auth				
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	no auth				
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	no auth				
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	no auth				
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	no auth				
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	no auth				
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	no auth				
61304	Craniectomy or craniotomy, exploratory; supratentorial	no auth				
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	no auth				
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	no auth				
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	no auth				
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	no auth				
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	no auth				
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	no auth				
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	no auth				
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	no auth				
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	no auth				
61330	Decompression of orbit only, transcranial approach	no auth				
61333	Exploration of orbit (transcranial approach); with removal of lesion	no auth				
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	no auth				
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	no auth				
61345	Other cranial decompression, posterior fossa	no auth				
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	no auth				
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	no auth				
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	no auth				
61500	Craniectomy; with excision of tumor or other bone lesion of skull	no auth				
61501	Craniectomy; for osteomyelitis	no auth				
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	no auth				
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	no auth				
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	no auth				
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	no auth				
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	no auth				
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	no auth				
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	no auth				
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	no auth				
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	no auth				
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	no auth				
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	no auth				
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	no auth				
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	no auth				
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	no auth				
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	no auth				
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	no auth				
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	no auth				
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	no auth				
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	no auth				
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	no auth				
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	no auth				
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	no auth				
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	no auth				
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	no auth				
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	no auth				
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	no auth				
61550	Craniectomy for craniosynostosis; single cranial suture	no auth				
61552	Craniectomy for craniosynostosis; multiple cranial sutures	no auth				
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	no auth				
61557	Craniotomy for craniosynostosis; bifrontal bone flap	no auth				
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	no auth				
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	no auth				
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	no auth				
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	no auth				
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	no auth				
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	no auth				
61570	Craniectomy or craniotomy; with excision of foreign body from brain	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	no auth				
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	no auth				
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	no auth				
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	no auth				
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	no auth				
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	no auth				
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	no auth				
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	no auth				
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	no auth				
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	no auth				
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	no auth				
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	no auth				
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	no auth				
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	no auth				
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	no auth				
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	no auth				
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	no auth				
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	no auth				
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	no auth				
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	no auth				
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	no auth				
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	no auth				
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	no auth				
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	no auth				
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	no auth				
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	no auth				
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	no auth				
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	no auth				
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	no auth				
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	no auth				
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	no auth				
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	no auth				
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	no auth				
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	no auth				
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	no auth				
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	no auth				
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	no auth				
61690	Surgery of intracranial arteriovenous malformation; dural, simple	no auth				
61692	Surgery of intracranial arteriovenous malformation; dural, complex	no auth				
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	no auth				
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	no auth				
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	no auth				
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	no auth				
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	no auth				
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	no auth				
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	no auth				
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	no auth				
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	no auth				
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	no auth				
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	no auth				
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	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	no auth				
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	no auth				
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	no auth				
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	no auth				
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	no auth				
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	no auth				
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	no auth				
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	no auth				
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	no auth				
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	no auth				
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	no auth				
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	no auth				
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	no auth				
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	no auth				
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	no auth				
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	no auth				
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	no auth				
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	no auth				
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	no auth				
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)	no auth				
61880	Revision or removal of intracranial neurostimulator electrodes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	AUTH REQUIRED		NCD 160.18 (vagus), NCD 160.7 (electrical nerve stim), and NCD 160.24 (deep brain), LCD 34328 (peripheral nerve)	MCG:MCG: Deep Brain Stimulation (DBS) ACG: A-0403 (AC), MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC)	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	AUTH REQUIRED		NCD 160.18 (vagus), NCD 160.7 (electrical nerve stim), and NCD 160.24 (deep brain), LCD 34328 (peripheral nerve)	MCG:MCG: Deep Brain Stimulation (DBS) ACG: A-0403 (AC), MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC)	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	no auth				
62000	Elevation of depressed skull fracture; simple, extradural	no auth				
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	no auth				
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	no auth				
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	no auth				
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	no auth				
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	no auth				
62120	Repair of encephalocele, skull vault, including cranioplasty	no auth				
62121	Craniotomy for repair of encephalocele, skull base	no auth				
62140	Cranioplasty for skull defect; up to 5 cm diameter	no auth				
62141	Cranioplasty for skull defect; larger than 5 cm diameter	no auth				
62142	Removal of bone flap or prosthetic plate of skull	no auth				
62143	Replacement of bone flap or prosthetic plate of skull	no auth				
62145	Cranioplasty for skull defect with reparative brain surgery	no auth				
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	no auth				
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	no auth				
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	no auth				
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	no auth				
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	no auth				
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	no auth				
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	no auth				
62180	Ventriculocisternostomy (Torkildsen type operation)	no auth				
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	no auth				
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	no auth				
62194	Replacement or irrigation, subarachnoid/subdural catheter	no auth				
62200	Ventriculocisternostomy, third ventricle;	no auth				
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	no auth				
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	no auth				
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	no auth				
62225	Replacement or irrigation, ventricular catheter	no auth				
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	no auth				
62252	Reprogramming of programmable cerebrospinal shunt	no auth				
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	no auth				
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	no auth				
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	no auth				
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	no auth				
62268	Percutaneous aspiration, spinal cord cyst or syrinx	no auth				
62269	Biopsy of spinal cord, percutaneous needle	no auth				
62270	Spinal puncture, lumbar, diagnostic;	no auth				
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	no auth				
62273	Injection, epidural, of blood or clot patch	no auth				
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	no auth				
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	no auth				
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	no auth				
62284	Injection procedure for myelography and/or computed tomography, lumbar	no auth				
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	no auth				
62290	Injection procedure for discography, each level; lumbar	no auth				
62291	Injection procedure for discography, each level; cervical or thoracic	no auth				
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	no auth				
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	no auth				
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	no auth				
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	no auth				
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	no auth				
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	no auth				
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	no auth				
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	no auth				
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	no auth				
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	no auth				
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	no auth				
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	no auth				
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	no auth				
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	no auth				
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	AUTH REQUIRED		LCA 56778, LCD 35112	MCG:Intrathecal Pump Implantation ACG: A-0420 (AC)	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	AUTH REQUIRED		LCA 56778, LCD 35112	MCG:Intrathecal Pump Implantation ACG: A-0420 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
62355	Removal of previously implanted intrathecal or epidural catheter	no auth				
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	AUTH REQUIRED			MCG:Intrathecal Pump Implantation ACG: A-0420 (AC)	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	AUTH REQUIRED		LCA 56778, LCD 35112	MCG:Intrathecal Pump Implantation ACG: A-0420 (AC)	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	AUTH REQUIRED		LCA 56778, LCD 35112	MCG:Intrathecal Pump Implantation ACG: A-0420 (AC)	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	no auth				
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	AUTH REQUIRED		LCA 56778, LCD 35112		
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	AUTH REQUIRED		LCA 56778, LCD 35112		
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	AUTH REQUIRED		LCA 56778, LCD 35112		
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	AUTH REQUIRED		LCA 56778, LCD 35112		
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	AUTH REQUIRED			MCG:Lumbar Diskectomy, Foraminotomy, or Laminotomy ORG: S-810 (ISC)	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	no auth				
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	no auth				
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	no auth				
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	no auth				
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	no auth				
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	no auth				
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	no auth				
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	no auth				
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	no auth				
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	no auth				
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	no auth				
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	no auth				
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	no auth				
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	no auth				
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	no auth				
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	no auth				
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	no auth				
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	no auth				
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	no auth				
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	no auth				
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	no auth				
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	no auth				
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	no auth				
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	no auth				
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	no auth				
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	no auth				
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	no auth				
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	no auth				
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	no auth				
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	no auth				
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	no auth				
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	no auth				
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	no auth				
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	no auth				
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	no auth				
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	no auth				
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	no auth				
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	no auth				
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	no auth				
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	no auth				
63185	Laminectomy with rhizotomy; 1 or 2 segments	no auth				
63190	Laminectomy with rhizotomy; more than 2 segments	no auth				
63191	Laminectomy with section of spinal accessory nerve	no auth				
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	no auth				
63200	Laminectomy, with release of tethered spinal cord, lumbar	no auth				
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	no auth				
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	no auth				
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	no auth				
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	no auth				
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	no auth				
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	no auth				
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	no auth				
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	no auth				
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	no auth				
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	no auth				
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	no auth				
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	no auth				
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	no auth				
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	no auth				
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	no auth				
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	no auth				
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	no auth				
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	no auth				
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	no auth				
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	no auth				
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	no auth				
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	no auth				
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	no auth				
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	no auth				
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	no auth				
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	no auth				
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	no auth				
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	no auth				
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	no auth				
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	no auth				
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	no auth				
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	no auth				
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	no auth				
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	no auth				
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	no auth				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	AUTH REQUIRED		NCD 160.7, LCD 35450	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	AUTH REQUIRED		NCD 160.7, LCD 35450	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	AUTH REQUIRED		NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	AUTH REQUIRED		NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	AUTH REQUIRED		NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	AUTH REQUIRED		NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	AUTH REQUIRED		NCD 160.7, LCD 35450	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	AUTH REQUIRED		NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC)	
63700	Repair of meningocele; less than 5 cm diameter	no auth				
63702	Repair of meningocele; larger than 5 cm diameter	no auth				
63704	Repair of myelomeningocele; less than 5 cm diameter	no auth				
63706	Repair of myelomeningocele; larger than 5 cm diameter	no auth				
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	no auth				
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	no auth				
63710	Dural graft, spinal	no auth				
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	no auth				
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	no auth				
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	no auth				
63746	Removal of entire lumbosubarachnoid shunt system without replacement	no auth				
64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	no auth				
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	no auth				
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve	no auth				
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	no auth				
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed	no auth				
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve	no auth				
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	no auth				
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	no auth				
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	no auth				
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve	no auth				
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	no auth				
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed	no auth				
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	no auth				
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	no auth				
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed	no auth				
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	no auth				
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	no auth				
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	no auth				
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64455	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)	no auth				
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	no auth				
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	no auth				
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	no auth				
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	no auth				
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	no auth				
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	no auth				
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	no auth				
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	no auth				
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	no auth				
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	no auth				
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	no auth				
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	no auth				
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	no auth				
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	no auth				
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	no auth				
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	no auth				
64505	Injection, anesthetic agent; sphenopalatine ganglion	no auth				
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	no auth				
64517	Injection, anesthetic agent; superior hypogastric plexus	no auth				
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	no auth				
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	AUTH REQUIRED		NCD 160.18	MCG:Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC)	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	AUTH REQUIRED		NCD 160.7	MCG:Occipital Nerve Stimulation ACG: A-0716 (AC)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	AUTH REQUIRED		NCD 230.16, 230.18	MCG:Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC)	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	AUTH REQUIRED		NCD 160.7, LCD 35011	MCG:Percutaneous Tibial Nerve Stimulation (PTNS) ACG: A-0699 (AC)	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	AUTH REQUIRED		NCD 160.18	MCG:MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	AUTH REQUIRED		NCD 160.18	MCG:MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	AUTH REQUIRED		NCD 160.18	MCG:MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	AUTH REQUIRED		NCD 160.7, NCD 160.19	MCG:MCG: Occipital Nerve Stimulation ACG: A-0716 (AC), MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
64580	Open implantation of neurostimulator electrode array; neuromuscular	AUTH REQUIRED		NCD 160.19	MCG:Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	AUTH REQUIRED		NCD 230.16, NCD 230.18	MCG:Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC)	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	AUTH REQUIRED		LCD 38385	MCG:Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	AUTH REQUIRED		LCD 38385	MCG:Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	AUTH REQUIRED		LCD 38385	MCG:Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
64585	Revision or removal of peripheral neurostimulator electrode array	no auth				
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	AUTH REQUIRED		NCD 160.7, NCD 230.16, NCD 160.19, NCD 230.18	MCG: Gastric Stimulation (Electrical) ACG: A-0395 (AC), MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC), MCG: Occipital Nerve Stimulation ACG: A-0716 (AC), MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	AUTH REQUIRED		NCD 160.7, NCD 230.16, NCD 160.19, NCD 230.18	MCG:MCG: Gastric Stimulation (Electrical) ACG: A-0395 (AC), MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC), MCG: Occipital Nerve Stimulation ACG: A-0716 (AC), MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	no auth				
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	no auth				
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	no auth				
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	no auth				
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	no auth				
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	no auth				
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	no auth				
64620	Destruction by neurolytic agent, intercostal nerve	no auth				
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	no auth				
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	no auth				
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	no auth				
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)	no auth				
64630	Destruction by neurolytic agent; pudendal nerve	no auth				
64632	Destruction by neurolytic agent; plantar common digital nerve	no auth				
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	no auth				
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	no auth				
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	no auth				
64640	Destruction by neurolytic agent; other peripheral nerve or branch	no auth				
64642	Chemodenervation of one extremity; 1-4 muscle(s)	no auth				
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	no auth				
64644	Chemodenervation of one extremity; 5 or more muscles	no auth				
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	no auth				
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	no auth				
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	no auth				
64650	Chemodenervation of eccrine glands; both axillae	no auth				
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	no auth				
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	no auth				
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	no auth				
64702	Neuroplasty; digital, 1 or both, same digit	no auth				
64704	Neuroplasty; nerve of hand or foot	no auth				
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	no auth				
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	no auth				
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	no auth				
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	no auth				
64716	Neuroplasty and/or transposition; cranial nerve (specify)	no auth				
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	no auth				
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	no auth				
64722	Decompression; unspecified nerve(s) (specify)	no auth				
64726	Decompression; plantar digital nerve	no auth				
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	no auth				
64732	Transection or avulsion of; supraorbital nerve	no auth				
64734	Transection or avulsion of; infraorbital nerve	no auth				
64736	Transection or avulsion of; mental nerve	no auth				
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	no auth				
64740	Transection or avulsion of; lingual nerve	no auth				
64742	Transection or avulsion of; facial nerve, differential or complete	no auth				
64744	Transection or avulsion of; greater occipital nerve	no auth				
64746	Transection or avulsion of; phrenic nerve	no auth				
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	no auth				
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	no auth				
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	no auth				
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	no auth				
64771	Transection or avulsion of other cranial nerve, extradural	no auth				
64772	Transection or avulsion of other spinal nerve, extradural	no auth				
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	no auth				
64776	Excision of neuroma; digital nerve, 1 or both, same digit	no auth				
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	no auth				
64782	Excision of neuroma; hand or foot, except digital nerve	no auth				
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64784	Excision of neuroma; major peripheral nerve, except sciatic	no auth				
64786	Excision of neuroma; sciatic nerve	no auth				
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	no auth				
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	no auth				
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	no auth				
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	no auth				
64795	Biopsy of nerve	no auth				
64802	Sympathectomy, cervical	no auth				
64804	Sympathectomy, cervicothoracic	no auth				
64809	Sympathectomy, thoracolumbar	no auth				
64818	Sympathectomy, lumbar	no auth				
64820	Sympathectomy; digital arteries, each digit	no auth				
64821	Sympathectomy; radial artery	no auth				
64822	Sympathectomy; ulnar artery	no auth				
64823	Sympathectomy; superficial palmar arch	no auth				
64831	Suture of digital nerve, hand or foot; 1 nerve	no auth				
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	no auth				
64834	Suture of 1 nerve; hand or foot, common sensory nerve	no auth				
64835	Suture of 1 nerve; median motor thenar	no auth				
64836	Suture of 1 nerve; ulnar motor	no auth				
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	no auth				
64840	Suture of posterior tibial nerve	no auth				
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	no auth				
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	no auth				
64858	Suture of sciatic nerve	no auth				
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	no auth				
64861	Suture of; brachial plexus	no auth				
64862	Suture of; lumbar plexus	no auth				
64864	Suture of facial nerve; extracranial	no auth				
64865	Suture of facial nerve; infratemporal, with or without grafting	no auth				
64866	Anastomosis; facial-spinal accessory	no auth				
64868	Anastomosis; facial-hypoglossal	no auth				
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	no auth				
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	no auth				
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	no auth				
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	no auth				
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	no auth				
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	no auth				
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	no auth				
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	no auth				
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	no auth				
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	no auth				
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	no auth				
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	no auth				
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	no auth				
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	no auth				
64905	Nerve pedicle transfer; first stage	no auth				
64907	Nerve pedicle transfer; second stage	no auth				
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	no auth				
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	no auth				
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	no auth				
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	no auth				
64999	Unlisted procedure, nervous system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.18, NCD 160.1, NCD 160.7.1, NCD 160.7, NCD 110.20, NCD 150.11, LCD 34892	MCG:Presacral Neurectomy ACG: A-0236 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
65091	Evisceration of ocular contents; without implant	no auth				
65093	Evisceration of ocular contents; with implant	no auth				
65101	Enucleation of eye; without implant	no auth				
65103	Enucleation of eye; with implant, muscles not attached to implant	no auth				
65105	Enucleation of eye; with implant, muscles attached to implant	no auth				
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	no auth				
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	no auth				
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	no auth				
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	no auth				
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	no auth				
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	no auth				
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	no auth				
65150	Reinsertion of ocular implant; with or without conjunctival graft	no auth				
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	no auth				
65175	Removal of ocular implant	no auth				
65205	Removal of foreign body, external eye; conjunctival superficial	no auth				
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	no auth				
65220	Removal of foreign body, external eye; corneal, without slit lamp	no auth				
65222	Removal of foreign body, external eye; corneal, with slit lamp	no auth				
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	no auth				
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	no auth				
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	no auth				
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	no auth				
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	no auth				
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	no auth				
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	no auth				
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	no auth				
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	no auth				
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	no auth				
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	no auth				
65410	Biopsy of cornea	no auth				
65420	Excision or transposition of pterygium; without graft	no auth				
65426	Excision or transposition of pterygium; with graft	no auth				
65430	Scraping of cornea, diagnostic, for smear and/or culture	no auth				
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	no auth				
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	no auth				
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	no auth				
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	no auth				
65710	Keratoplasty (corneal transplant); anterior lamellar	no auth				
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	no auth				
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	no auth				
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	no auth				
65756	Keratoplasty (corneal transplant); endothelial	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	no auth				
65760	Keratomileusis	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
65765	Keratophakia	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
65767	Epikeratoplasty	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
65770	Keratoprosthesis	no auth				
65771	Radial keratotomy	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
65772	Corneal relaxing incision for correction of surgically induced astigmatism	AUTH REQUIRED	Covered only for surgically induced refractive errors.	NCD 80.7		
65775	Corneal wedge resection for correction of surgically induced astigmatism	AUTH REQUIRED	Covered only for surgically induced refractive errors.	NCD 80.7		
65778	Placement of amniotic membrane on the ocular surface; without sutures	no auth				
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	no auth				
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	no auth				
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	no auth				
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	no auth				
65785	Implantation of intrastromal corneal ring segments	no auth				
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	no auth				
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	no auth				
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	no auth				
65820	Goniotomy	no auth				
65850	Trabeculotomy ab externo	no auth				
65855	Trabeculoplasty by laser surgery	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	no auth				
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	no auth				
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	no auth				
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	no auth				
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	no auth				
65900	Removal of epithelial downgrowth, anterior chamber of eye	no auth				
65920	Removal of implanted material, anterior segment of eye	no auth				
65930	Removal of blood clot, anterior segment of eye	no auth				
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	no auth				
66030	Injection, anterior chamber of eye (separate procedure); medication	no auth				
66130	Excision of lesion, sclera	no auth				
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	no auth				
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	no auth				
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	no auth				
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	no auth				
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	no auth				
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	no auth				
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	no auth				
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	no auth				
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	no auth				
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	no auth				
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	no auth				
66225	Repair of scleral staphyloma; with graft	no auth				
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	no auth				
66500	Iridotomy by stab incision (separate procedure); except transfixion	no auth				
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	no auth				
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	no auth				
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	no auth				
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	no auth				
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	no auth				
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	no auth				
66680	Repair of iris, ciliary body (as for iridodialysis)	no auth				
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	no auth				
66700	Ciliary body destruction; diathermy	no auth				
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	no auth				
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens	no auth				
66720	Ciliary body destruction; cryotherapy	no auth				
66740	Ciliary body destruction; cyclodialysis	no auth				
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	no auth				
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	no auth				
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	no auth				
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	no auth				
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	no auth				
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	no auth				
66840	Removal of lens material; aspiration technique, 1 or more stages	no auth				
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	no auth				
66852	Removal of lens material; pars plana approach, with or without vitrectomy	no auth				
66920	Removal of lens material; intracapsular	no auth				
66930	Removal of lens material; intracapsular, for dislocated lens	no auth				
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	no auth				
66982	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 capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	no auth				
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	no auth				
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	no auth				
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	no auth				
66986	Exchange of intraocular lens	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
66987	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 capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	no auth				
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	no auth				
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 capsulorrhexis) 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 reservoir, internal approach, one or more	no auth				
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	no auth				
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 reservoir, internal approach, one or more	no auth				
66999	Unlisted procedure, anterior segment of eye	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	no auth				
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	no auth				
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	no auth				
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	no auth				
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	no auth				
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	no auth				
67030	Discission of vitreous strands (without removal), pars plana approach	no auth				
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	no auth				
67036	Vitrectomy, mechanical, pars plana approach;	no auth				
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	no auth				
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	no auth				
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	no auth				
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	no auth				
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	no auth				
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	no auth				
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	no auth				
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	no auth				
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	no auth				
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	no auth				
67115	Release of encircling material (posterior segment)	no auth				
67120	Removal of implanted material, posterior segment; extraocular	no auth				
67121	Removal of implanted material, posterior segment; intraocular	no auth				
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	no auth				
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	no auth				
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	no auth				
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	no auth				
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	no auth				
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	no auth				
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	no auth				
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	no auth				
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	no auth				
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	no auth				
67250	Scleral reinforcement (separate procedure); without graft	no auth				
67255	Scleral reinforcement (separate procedure); with graft	no auth				
67299	Unlisted procedure, posterior segment	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	no auth				
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	no auth				
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	no auth				
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	no auth				
67318	Strabismus surgery, any procedure, superior oblique muscle	no auth				
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	no auth				
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)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	no auth				
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	no auth				
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)	no auth				
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	no auth				
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	no auth				
67345	Chemodenervation of extraocular muscle	no auth				
67346	Biopsy of extraocular muscle	no auth				
67399	Unlisted procedure, extraocular muscle	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	no auth				
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	no auth				
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	no auth				
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	no auth				
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	no auth				
67415	Fine needle aspiration of orbital contents	no auth				
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	no auth				
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	no auth				
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	no auth				
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	no auth				
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	no auth				
67505	Retrobulbar injection; alcohol	no auth				
67515	Injection of medication or other substance into Tenon's capsule	no auth				
67550	Orbital implant (implant outside muscle cone); insertion	no auth				
67560	Orbital implant (implant outside muscle cone); removal or revision	no auth				
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	no auth				
67599	Unlisted procedure, orbit	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
67700	Blepharotomy, drainage of abscess, eyelid	no auth				
67710	Severing of tarsorrhaphy	no auth				
67715	Canthotomy (separate procedure)	no auth				
67800	Excision of chalazion; single	no auth				
67801	Excision of chalazion; multiple, same lid	no auth				
67805	Excision of chalazion; multiple, different lids	no auth				
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	no auth				
67810	Incisional biopsy of eyelid skin including lid margin	no auth				
67820	Correction of trichiasis; epilation, by forceps only	no auth				
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	no auth				
67830	Correction of trichiasis; incision of lid margin	no auth				
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	no auth				
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	no auth				
67850	Destruction of lesion of lid margin (up to 1 cm)	no auth				
67875	Temporary closure of eyelids by suture (eg, Frost suture)	no auth				
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	no auth				
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004		
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004	MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
67909	Reduction of overcorrection of ptosis	AUTH REQUIRED	POTENTIALLY COSMETIC	LCD 35004		
67911	Correction of lid retraction	no auth				
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	no auth				
67914	Repair of ectropion; suture	no auth				
67915	Repair of ectropion; thermocauterization	no auth				
67916	Repair of ectropion; excision tarsal wedge	no auth				
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	no auth				
67921	Repair of entropion; suture	no auth				
67922	Repair of entropion; thermocauterization	no auth				
67923	Repair of entropion; excision tarsal wedge	no auth				
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	no auth				
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	no auth				
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	no auth				
67938	Removal of embedded foreign body, eyelid	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
67950	Canthoplasty (reconstruction of canthus)	AUTH REQUIRED	POTENTIALLY COSMETIC		MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC)	
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 transfer or rearrangement; up to one-fourth of lid margin	no auth				
67966	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 transfer or rearrangement; over one-fourth of lid margin	no auth				
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	no auth				
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	no auth				
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	no auth				
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	no auth				
67999	Unlisted procedure, eyelids	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
68020	Incision of conjunctiva, drainage of cyst	no auth				
68040	Expression of conjunctival follicles (eg, for trachoma)	no auth				
68100	Biopsy of conjunctiva	no auth				
68110	Excision of lesion, conjunctiva; up to 1 cm	no auth				
68115	Excision of lesion, conjunctiva; over 1 cm	no auth				
68130	Excision of lesion, conjunctiva; with adjacent sclera	no auth				
68135	Destruction of lesion, conjunctiva	no auth				
68200	Subconjunctival injection	no auth				
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	no auth				
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	no auth				
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	no auth				
68330	Repair of symblepharon; conjunctivoplasty, without graft	no auth				
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	no auth				
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	no auth				
68360	Conjunctival flap; bridge or partial (separate procedure)	no auth				
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	no auth				
68371	Harvesting conjunctival allograft, living donor	no auth				
68399	Unlisted procedure, conjunctiva	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
68400	Incision, drainage of lacrimal gland	no auth				
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	no auth				
68440	Snip incision of lacrimal punctum	no auth				
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	no auth				
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	no auth				
68510	Biopsy of lacrimal gland	no auth				
68520	Excision of lacrimal sac (dacryocystectomy)	no auth				
68525	Biopsy of lacrimal sac	no auth				
68530	Removal of foreign body or dacryolith, lacrimal passages	no auth				
68540	Excision of lacrimal gland tumor; frontal approach	no auth				
68550	Excision of lacrimal gland tumor; involving osteotomy	no auth				
68700	Plastic repair of canaliculi	no auth				
68705	Correction of everted punctum, cautery	no auth				
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	no auth				
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	no auth				
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	no auth				
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
68761	Closure of the lacrimal punctum; by plug, each	no auth				
68770	Closure of lacrimal fistula (separate procedure)	no auth				
68801	Dilation of lacrimal punctum, with or without irrigation	no auth				
68810	Probing of nasolacrimal duct, with or without irrigation;	no auth				
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	no auth				
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	no auth				
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	no auth				
68840	Probing of lacrimal canaliculi, with or without irrigation	no auth				
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	no auth				
68850	Injection of contrast medium for dacryocystography	no auth				
68899	Unlisted procedure, lacrimal system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
69000	Drainage external ear, abscess or hematoma; simple	no auth				
69005	Drainage external ear, abscess or hematoma; complicated	no auth				
69020	Drainage external auditory canal, abscess	no auth				
69090	Ear piercing	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
69100	Biopsy external ear	no auth				
69105	Biopsy external auditory canal	no auth				
69110	Excision external ear; partial, simple repair	no auth				
69120	Excision external ear; complete amputation	no auth				
69140	Excision exostosis(es), external auditory canal	no auth				
69145	Excision soft tissue lesion, external auditory canal	no auth				
69150	Radical excision external auditory canal lesion; without neck dissection	no auth				
69155	Radical excision external auditory canal lesion; with neck dissection	no auth				
69200	Removal foreign body from external auditory canal; without general anesthesia	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
69205	Removal foreign body from external auditory canal; with general anesthesia	no auth				
69209	Removal impacted cerumen using irrigation/lavage, unilateral	no auth				
69210	Removal impacted cerumen requiring instrumentation, unilateral	no auth				
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	no auth				
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	no auth				
69300	Otoplasty, protruding ear, with or without size reduction	no auth				
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	no auth				
69320	Reconstruction external auditory canal for congenital atresia, single stage	no auth				
69399	Unlisted procedure, external ear	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
69420	Myringotomy including aspiration and/or eustachian tube inflation	no auth				
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	no auth				
69424	Ventilating tube removal requiring general anesthesia	no auth				
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	no auth				
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	no auth				
69440	Middle ear exploration through postauricular or ear canal incision	no auth				
69450	Tympanolysis, transcanal	no auth				
69501	Transmastoid antrotomy (simple mastoidectomy)	no auth				
69502	Mastoidectomy; complete	no auth				
69505	Mastoidectomy; modified radical	no auth				
69511	Mastoidectomy; radical	no auth				
69530	Petrous apicectomy including radical mastoidectomy	no auth				
69535	Resection temporal bone, external approach	no auth				
69540	Excision aural polyp	no auth				
69550	Excision aural glomus tumor; transcanal	no auth				
69552	Excision aural glomus tumor; transmastoid	no auth				
69554	Excision aural glomus tumor; extended (extratemporal)	no auth				
69601	Revision mastoidectomy; resulting in complete mastoidectomy	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	no auth				
69603	Revision mastoidectomy; resulting in radical mastoidectomy	no auth				
69604	Revision mastoidectomy; resulting in tympanoplasty	no auth				
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	no auth				
69620	Myringoplasty (surgery confined to drumhead and donor area)	no auth				
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	no auth				
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	no auth				
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	no auth				
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	no auth				
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	no auth				
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	no auth				
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	no auth				
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	no auth				
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	no auth				
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	no auth				
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	no auth				
69650	Stapes mobilization	no auth				
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	no auth				
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	no auth				
69662	Revision of stapedectomy or stapedotomy	no auth				
69666	Repair oval window fistula	no auth				
69667	Repair round window fistula	no auth				
69670	Mastoid obliteration (separate procedure)	no auth				
69676	Tympanic neurectomy	no auth				
69700	Closure postauricular fistula, mastoid (separate procedure)	no auth				
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	no auth				
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	no auth				
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED		Medicare Benefit Policy Manual Chapter 16, Section 100	MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED		Medicare Benefit Policy Manual Chapter 16, Section 100	MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED		Medicare Benefit Policy Manual Chapter 16, Section 100	MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED		Medicare Benefit Policy Manual Chapter 16, Section 100	MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	no auth				
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	no auth				
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED		Medicare Benefit Policy Manual Chapter 16, Section 100	MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED		Medicare Benefit Policy Manual Chapter 16, Section 100	MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
69728	Removal, entire 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 surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC), Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC), Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
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 surface area of bone deep to the outer cranial cortex	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC), Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	no auth				
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	no auth				
69799	Unlisted procedure, middle ear	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	no auth				
69805	Endolymphatic sac operation; without shunt	no auth				
69806	Endolymphatic sac operation; with shunt	no auth				
69905	Labyrinthectomy; transcanal	no auth				
69910	Labyrinthectomy; with mastoidectomy	no auth				
69915	Vestibular nerve section, translabyrinthine approach	no auth				
69930	Cochlear device implantation, with or without mastoidectomy	AUTH REQUIRED		NCD 50.3	MCG:Cochlear Implant ACG: A-0177 (AC)	
69949	Unlisted procedure, inner ear	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 50.8, NCD 50.7	MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	
69950	Vestibular nerve section, transcranial approach	no auth				
69955	Total facial nerve decompression and/or repair (may include graft)	no auth				
69960	Decompression internal auditory canal	no auth				
69970	Removal of tumor, temporal bone	no auth				
69979	Unlisted procedure, temporal bone, middle fossa approach	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	no auth				
70010	Myelography, posterior fossa, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
70015	Cisternography, positive contrast, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
70030	Radiologic examination, eye, for detection of foreign body	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70100	Radiologic examination, mandible; partial, less than 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70110	Radiologic examination, mandible; complete, minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70120	Radiologic examination, mastoids; less than 3 views per side	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70134	Radiologic examination, internal auditory meati, complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70140	Radiologic examination, facial bones; less than 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70150	Radiologic examination, facial bones; complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70190	Radiologic examination; optic foramina	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
70200	Radiologic examination; orbits, complete, minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70210	Radiologic examination, sinuses, paranasal, less than 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70240	Radiologic examination, sella turcica	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70250	X-ray of skull, fewer than 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70260	Radiologic examination, skull; complete, minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70300	Radiologic examination, teeth; single view	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70310	Radiologic examination, teeth; partial examination, less than full mouth	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70320	Radiologic examination, teeth; complete, full mouth	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
70350	Cephalogram, orthodontic	AUTH REQUIRED	POTENTIALLY DENTAL, NOT DONE AT ADV RAD, but may be done at other free-standing facilities	Evaluated based on Medicare Reasonable and Necessary Standard		
70355	Orthopantogram (eg, panoramic x-ray)	AUTH REQUIRED	POTENTIALLY DENTAL, NOT DONE AT ADV RAD, but may be done at other free-standing facilities	Evaluated based on Medicare Reasonable and Necessary Standard		
70360	Radiologic examination; neck, soft tissue	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	no auth	Payable in Regulated Space without authorization.			
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	no auth	Payable in Regulated Space without authorization.			
70380	Radiologic examination, salivary gland for calculus	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70390	Sialography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
70450	Computed tomography, head or brain; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70460	Computed tomography, head or brain; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70486	Computed tomography, maxillofacial area; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
70487	Computed tomography, maxillofacial area; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70490	Computed tomography, soft tissue neck; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70491	Computed tomography, soft tissue neck; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70544	Magnetic resonance angiography, head; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70545	Magnetic resonance angiography, head; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
70547	Magnetic resonance angiography, neck; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70548	Magnetic resonance angiography, neck; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	AUTH REQUIRED		NCD 220.2, LCA 58917	MCG:Brain Functional MRI ACG: A-0539 (AC)	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	AUTH REQUIRED		NCD 220.2, LCA 58917	MCG:Brain Functional MRI ACG: A-0539 (AC)	
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	no auth	Payable in Regulated Space without authorization.			
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	no auth	Payable in Regulated Space without authorization.			
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
71045	Radiologic examination, chest; single view	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71046	Radiologic examination, chest; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71047	Radiologic examination, chest; 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71048	Radiologic examination, chest; 4 or more views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71100	Radiologic examination, ribs, unilateral; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71110	Radiologic examination, ribs, bilateral; 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71120	Radiologic examination; sternum, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
71250	Computed tomography, thorax, diagnostic; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

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71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72020	Radiologic examination, spine, single view, specify level	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72040	Radiologic examination, spine, cervical; 2 or 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72050	Radiologic examination, spine, cervical; 4 or 5 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72052	Radiologic examination, spine, cervical; 6 or more views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72070	Radiologic examination, spine; thoracic, 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72072	Radiologic examination, spine; thoracic, 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72074	Radiologic examination, spine; thoracic, minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72125	Computed tomography, cervical spine; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72126	Computed tomography, cervical spine; with contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72128	Computed tomography, thoracic spine; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
72129	Computed tomography, thoracic spine; with contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72131	Computed tomography, lumbar spine; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72132	Computed tomography, lumbar spine; with contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72170	Radiologic examination, pelvis; 1 or 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72190	Radiologic examination, pelvis; complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72192	Computed tomography, pelvis; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72193	Computed tomography, pelvis; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
72200	Radiologic examination, sacroiliac joints; less than 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			

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72202	Radiologic examination, sacroiliac joints; 3 or more views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
72240	Myelography, cervical, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
72255	Myelography, thoracic, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
72265	Myelography, lumbosacral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
72285	Discography, cervical or thoracic, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
72295	Discography, lumbar, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
73000	Radiologic examination; clavicle, complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73010	Radiologic examination; scapula, complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73020	Radiologic examination, shoulder; 1 view	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73030	Radiologic examination, shoulder; complete, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73060	Radiologic examination; humerus, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
73070	Radiologic examination, elbow; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73080	Radiologic examination, elbow; complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73090	Radiologic examination; forearm, 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73100	Radiologic examination, wrist; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73110	Radiologic examination, wrist; complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73120	Radiologic examination, hand; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73130	Radiologic examination, hand; minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73140	Radiologic examination, finger(s), minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73200	Computed tomography, upper extremity; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73201	Computed tomography, upper extremity; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73551	Radiologic examination, femur; 1 view	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73552	Radiologic examination, femur; minimum 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73560	Radiologic examination, knee; 1 or 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73562	Radiologic examination, knee; 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73564	Radiologic examination, knee; complete, 4 or more views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73565	Radiologic examination, knee; both knees, standing, anteroposterior	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73590	Radiologic examination; tibia and fibula, 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	NOT COVERED	PEDIATRIC			
73600	Radiologic examination, ankle; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
73610	Radiologic examination, ankle; complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73620	Radiologic examination, foot; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73630	Radiologic examination, foot; complete, minimum of 3 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73650	Radiologic examination; calcaneus, minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73660	Radiologic examination; toe(s), minimum of 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	NOT DONE AT ADV RAD, but may be done at other free-standing facilities			
73700	Computed tomography, lower extremity; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73701	Computed tomography, lower extremity; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74018	Radiologic examination, abdomen; 1 view	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74019	Radiologic examination, abdomen; 2 views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74021	Radiologic examination, abdomen; 3 or more views	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74150	Computed tomography, abdomen; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74160	Computed tomography, abdomen; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth	Payable in Regulated Space without authorization.			
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
74176	Computed tomography, abdomen and pelvis; without contrast material	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	no auth	Payable in Regulated Space without authorization.			
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74250	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74251	Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered	no auth	Payable in Regulated Space without authorization.			
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.1		
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.1		
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	NOT COVERED		NCD 210.3 STATES NOT COVERED		
74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
74290	Cholecystography, oral contrast	no auth	Payable in Regulated Space without authorization.			
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74410	Urography, infusion, drip technique and/or bolus technique;	no auth	Payable in Regulated Space without authorization.			
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	no auth	Payable in Regulated Space without authorization.			
74420	Urography, retrograde, with or without KUB	no auth	Payable in Regulated Space without authorization.			
74425	Urography, antegrade, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
74445	Corpora cavernosography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74450	Urethrocystography, retrograde, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74455	Urethrocystography, voiding, radiological supervision and interpretation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74485	Dilation of ureter(s) or urethra, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
74710	Pelvimetry, with or without placental localization	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	AUTH REQUIRED	NOT DONE AT ADV RAD		MCG:Pelvic MRI ACG: A-0055 (AC)	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	AUTH REQUIRED	NOT DONE AT ADV RAD		MCG:Pelvic MRI ACG: A-0055 (AC)	
74740	Hysterosalpingography, radiological supervision and interpretation	AUTH REQUIRED	Can be done at ADVANCED RADIOLOGY; FERTILITY	Medicare Benefit Policy Manual Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	AUTH REQUIRED	NOT DONE AT ADV RAD; FERTILITY, Typically done in hospital	Medicare Benefit Policy Manual Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	NOT COVERED	PEDIATRIC			
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	no auth	Payable in Regulated Space without authorization.			
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	no auth	Payable in Regulated Space without authorization.			
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	no auth	Payable in Regulated Space without authorization.			
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	no auth	Payable in Regulated Space without authorization.			
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	no auth	Payable in Regulated Space without authorization.			
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	no auth	Payable in Regulated Space without authorization.			
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	no auth	Payable in Regulated Space without authorization. Goes with 75571.			
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
75705	Angiography, spinal, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75756	Angiography, internal mammary, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75810	Splenoportography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75820	Venography, extremity, unilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75822	Venography, extremity, bilateral, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75872	Venography, epidural, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75880	Venography, orbital, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	no auth	Payable in Regulated Space without authorization.			
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75970	Transcatheter biopsy, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	no auth	Payable in Regulated Space without authorization.			
76010	Radiologic examination from nose to rectum for foreign body, single view, child	NOT COVERED	PEDIATRIC			
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
76098	Radiological examination, surgical specimen	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	no auth	Payable in Regulated Space without authorization.			
76120	Cineradiography/videoradiography, except where specifically included	no auth	Payable in Regulated Space without authorization.			
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
76140	Consultation on X-ray examination made elsewhere, written report	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	AUTH REQUIRED			MCG:MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC), MCG: Brachytherapy ACG: A-0270 (AC), MCG: Proton Beam Therapy ACG: A-0389 (AC), MCG: Brachytherapy (Cardiovascular) ACG: A-0419 (AC), MCG: Stereotactic Radiosurgery ACG: A-0423 (AC), MCG: Stereotactic Body Radiotherapy ACG: A-0694 (AC)	
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	no auth	Payable in Regulated Space without authorization.			
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76380	Computed tomography, limited or localized follow-up study	no auth	Payable in Regulated Space without authorization.			
76390	Magnetic resonance spectroscopy	NOT COVERED		NCD 220.2.1 STATES NOT COVERED		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76391	Magnetic resonance (eg, vibration) elastography	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
76499	Unlisted diagnostic radiographic procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 220.9, Evaluated based on Medicare Reasonable and Necessary Standard.		
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	no auth	Payable in Regulated Space without authorization.			
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	no auth	Payable in Regulated Space without authorization.			
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	no auth	Payable in Regulated Space without authorization.			
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	no auth	Payable in Regulated Space without authorization.			
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	no auth	Payable in Regulated Space without authorization.			
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	no auth	Payable in Regulated Space without authorization.			
76516	Ophthalmic biometry by ultrasound echography, A-scan;	no auth	Payable in Regulated Space without authorization.			
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	no auth	Payable in Regulated Space without authorization.			
76529	Ophthalmic ultrasonic foreign body localization	no auth	Payable in Regulated Space without authorization.			
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	no auth	Payable in Regulated Space without authorization.			
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76700	Ultrasound, abdominal, real time with image documentation; complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	no auth	Payable in Regulated Space without authorization.			
76800	Ultrasound, spinal canal and contents	no auth	Payable in Regulated Space without authorization.			
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	no auth	Payable in Regulated Space without authorization.			
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	no auth	Payable in Regulated Space without authorization.			
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	no auth	Payable in Regulated Space without authorization.			
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			
76818	Fetal biophysical profile; with non-stress testing	no auth	Payable in Regulated Space without authorization.			
76819	Fetal biophysical profile; without non-stress testing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY, OBSTETRIC-FETAL PROCEDURES			
76820	Doppler velocimetry, fetal; umbilical artery	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76821	Doppler velocimetry, fetal; middle cerebral artery	no auth	Payable in Regulated Space without authorization.			
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	no auth	Payable in Regulated Space without authorization.			
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	no auth	Payable in Regulated Space without authorization.			
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	no auth	Payable in Regulated Space without authorization.			
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	no auth	Payable in Regulated Space without authorization.			
76830	Ultrasound, transvaginal	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76870	Ultrasound, scrotum and contents	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76872	Ultrasound, transrectal;	no auth	Payable in Regulated Space without authorization.			
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	no auth	Payable in Regulated Space without authorization.			
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	NOT COVERED	PEDIATRIC			
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	NOT COVERED	PEDIATRIC			
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	no auth	Payable in Regulated Space without authorization.			
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	no auth	Payable in Regulated Space without authorization.			
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	no auth				
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	no auth				
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	no auth				
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
76965	Ultrasonic guidance for interstitial radioelement application	no auth	Payable in Regulated Space without authorization.			
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	no auth	Payable in Regulated Space without authorization.			
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	no auth	Payable in Regulated Space without authorization.			
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
76981	Ultrasound, elastography; parenchyma (eg, organ)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
76982	Ultrasound, elastography; first target lesion	no auth	Payable in Regulated Space without authorization.			
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
76998	Ultrasonic guidance, intraoperative	no auth	Payable in Regulated Space without authorization.			
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 220.5, Evaluated based on Medicare Reasonable and Necessary Standard.		
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
77011	Computed tomography guidance for stereotactic localization	no auth	Payable in Regulated Space without authorization.			
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	no auth	Payable in Regulated Space without authorization.			
77014	Computed tomography guidance for placement of radiation therapy fields	no auth	Payable in Regulated Space without authorization.			
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	no auth	Payable in Regulated Space without authorization.			
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	no auth	Payable in Regulated Space without authorization.			
77061	Diagnostic digital breast tomosynthesis; unilateral	NOT COVERED	USE G0279 instead	LCA 53252		
77062	Diagnostic digital breast tomosynthesis; bilateral	NOT COVERED	USE G0279 instead	LCA 53252		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	no auth*	*Because Alterwood is committed to making screening mammography extremely accessible to our members, screening mammography is payable in hospitals (regulated space) without authorization. HOWEVER, Alterwood strongly prefers that screening mammography occur in free-standing facilities (ex: Advanced Radiology) instead of inside hospitals. Of note, if a diagnostic mammogram follow up is required, prior authorization is not necessary in free-standing facilities, but IS REQUIRED in hospitals.			
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	no auth*	*Because Alterwood is committed to making screening mammography extremely accessible to our members, screening mammography is payable in hospitals (regulated space) without authorization. HOWEVER, Alterwood strongly prefers that screening mammography occur in free-standing facilities (ex: Advanced Radiology) instead of inside hospitals. Of note, if a diagnostic mammogram follow up is required, prior authorization is not necessary in free-standing facilities, but IS REQUIRED in hospitals.			
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	no auth	Payable in Regulated Space without authorization.			
77072	Bone age studies	NOT COVERED	PEDIATRIC			
77073	Bone length studies (orthoroentgenogram, scanogram)	no auth	Payable in Regulated Space without Authorization			
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77076	Radiologic examination, osseous survey, infant	NOT COVERED	PEDIATRIC			
77077	Joint survey, single view, 2 or more joints (specify)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	no auth	Payable in Regulated Space without authorization.			
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	no auth	Payable in Regulated Space without authorization.			
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	no auth	Payable in Regulated Space without authorization.			
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	no auth	Payable in Regulated Space without authorization.			
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	no auth	Payable in Regulated Space without authorization.			
77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	no auth	Payable in Regulated Space without authorization.			
77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	no auth	Payable in Regulated Space without authorization.			
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	no auth	Payable in Regulated Space without authorization.			
77261	Therapeutic radiology treatment planning; simple	no auth	Payable in Regulated Space without authorization.			
77262	Therapeutic radiology treatment planning; intermediate	no auth	Payable in Regulated Space without authorization.			
77263	Therapeutic radiology treatment planning; complex	no auth	Payable in Regulated Space without authorization.			
77280	Therapeutic radiology simulation-aided field setting; simple	no auth	Payable in Regulated Space without authorization.			
77285	Therapeutic radiology simulation-aided field setting; intermediate	no auth	Payable in Regulated Space without authorization.			
77290	Therapeutic radiology simulation-aided field setting; complex	no auth	Payable in Regulated Space without authorization.			
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77295	3-dimensional radiotherapy plan, including dose-volume histograms	no auth	Payable in Regulated Space without authorization.			
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Alternating Electric Field Therapy ACG: A-0930 (AC)	
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	no auth	Payable in Regulated Space without authorization.			
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	no auth	Payable in Regulated Space without authorization.			
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	no auth	Payable in Regulated Space without authorization.			
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	no auth	Payable in Regulated Space without authorization.			
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	no auth	Payable in Regulated Space without authorization.			
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	no auth	Payable in Regulated Space without authorization.			
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	no auth	Payable in Regulated Space without authorization.			
77321	Special teletherapy port plan, particles, hemibody, total body	no auth	Payable in Regulated Space without authorization.			
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	no auth	Payable in Regulated Space without authorization.			
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	no auth	Payable in Regulated Space without authorization.			
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	no auth	Payable in Regulated Space without authorization.			
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	no auth	Payable in Regulated Space without authorization.			
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	no auth	Payable in Regulated Space without authorization.			
77370	Special medical radiation physics consultation	no auth	Payable in Regulated Space without authorization.			
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	no auth	Payable in Regulated Space without authorization.			
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	no auth	Payable in Regulated Space without authorization.			
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	no auth	Payable in Regulated Space without authorization.			
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	AUTH REQUIRED		LCD 36711	MCG:Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC)	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	AUTH REQUIRED		LCD 36711	MCG:Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC)	
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	no auth	Payable in Regulated Space without authorization.			
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	no auth	Payable in Regulated Space without authorization.			
77402	Radiation treatment delivery, => 1 MeV; simple	no auth				
77407	Radiation treatment delivery, => 1 MeV; intermediate	NOT COVERED	USE G6003-G6014 INSTEAD			
77412	Radiation treatment delivery, => 1 MeV; complex	no auth				
77417	Therapeutic radiology port image(s)	no auth	Payable in Regulated Space without authorization.			
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	no auth	Payable in Regulated Space without authorization.			
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	no auth	Payable in Regulated Space without authorization.			
77427	Radiation treatment management, 5 treatments	no auth	Payable in Regulated Space without authorization.			
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	no auth	Payable in Regulated Space without authorization.			
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	no auth	Payable in Regulated Space without authorization.			
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	no auth	Payable in Regulated Space without authorization.			
77469	Intraoperative radiation treatment management	no auth	Payable in Regulated Space without authorization.			
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	no auth	Payable in Regulated Space without authorization.			
77499	Unlisted procedure, therapeutic radiology treatment management	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
77520	Proton treatment delivery; simple, without compensation	no auth	Payable in Regulated Space without authorization.			
77522	Proton treatment delivery; simple, with compensation	no auth	Payable in Regulated Space without authorization.			
77523	Proton treatment delivery; intermediate	no auth	Payable in Regulated Space without authorization.			
77525	Proton treatment delivery; complex	no auth	Payable in Regulated Space without authorization.			
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	no auth	Payable in Regulated Space without authorization.			
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	no auth	Payable in Regulated Space without authorization.			
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	no auth	Payable in Regulated Space without authorization.			
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	no auth	Payable in Regulated Space without authorization.			
77620	Hyperthermia generated by intracavitary probe(s)	no auth	Payable in Regulated Space without authorization.			
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	no auth	Payable in Regulated Space without authorization.			
77761	Intracavitary radiation source application; simple	no auth	Payable in Regulated Space without authorization.			
77762	Intracavitary radiation source application; intermediate	no auth	Payable in Regulated Space without authorization.			
77763	Intracavitary radiation source application; complex	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	no auth	Payable in Regulated Space without authorization.			
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	no auth	Payable in Regulated Space without authorization.			
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	no auth	Payable in Regulated Space without authorization.			
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	no auth	Payable in Regulated Space without authorization.			
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	no auth	Payable in Regulated Space without authorization.			
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	no auth	Payable in Regulated Space without authorization.			
77789	Surface application of low dose rate radionuclide source	no auth	Payable in Regulated Space without authorization.			
77790	Supervision, handling, loading of radiation source	no auth	Payable in Regulated Space without authorization.			
77799	Unlisted procedure, clinical brachytherapy	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Brachytherapy ACG: A-0270 (AC), Brachytherapy (Cardiovascular)ACG: A-0419 (AC)	
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	no auth	Payable in Regulated Space without authorization.			
78013	Thyroid imaging (including vascular flow, when performed);	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	no auth	Payable in Regulated Space without authorization.			
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78018	Thyroid carcinoma metastases imaging; whole body	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
78070	Parathyroid planar imaging (including subtraction, when performed);	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	no auth	Payable in Regulated Space without authorization.			
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	no auth	Payable in Regulated Space without authorization.			
78075	Adrenal imaging, cortex and/or medulla	no auth	Payable in Regulated Space without authorization.			
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
78102	Bone marrow imaging; limited area	no auth	Payable in Regulated Space without authorization.			
78103	Bone marrow imaging; multiple areas	no auth	Payable in Regulated Space without authorization.			
78104	Bone marrow imaging; whole body	no auth	Payable in Regulated Space without authorization.			
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	no auth	Payable in Regulated Space without authorization.			
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	no auth	Payable in Regulated Space without authorization.			
78120	Red cell volume determination (separate procedure); single sampling	no auth	Payable in Regulated Space without authorization.			
78121	Red cell volume determination (separate procedure); multiple samplings	no auth	Payable in Regulated Space without authorization.			
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	no auth	Payable in Regulated Space without authorization.			
78130	Red cell survival study	no auth	Payable in Regulated Space without authorization.			
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	no auth	Payable in Regulated Space without authorization.			
78185	Spleen imaging only, with or without vascular flow	no auth	Payable in Regulated Space without authorization.			
78191	Platelet survival study	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78195	Lymphatics and lymph nodes imaging	no auth	Payable in Regulated Space without authorization.			
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Labeled Leukocyte Scan ACG: A-0070 (AC)	
78201	Liver imaging; static only	no auth	Payable in Regulated Space without authorization.			
78202	Liver imaging; with vascular flow	no auth	Payable in Regulated Space without authorization.			
78215	Liver and spleen imaging; static only	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78216	Liver and spleen imaging; with vascular flow	no auth	Payable in Regulated Space without authorization.			
78226	Hepatobiliary system imaging, including gallbladder when present;	no auth	Payable in Regulated Space without authorization.			
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78230	Salivary gland imaging;	no auth	Payable in Regulated Space without authorization.			
78231	Salivary gland imaging; with serial images	no auth	Payable in Regulated Space without authorization.			
78232	Salivary gland function study	no auth	Payable in Regulated Space without authorization.			
78258	Esophageal motility	no auth	Payable in Regulated Space without authorization.			
78261	Gastric mucosa imaging	no auth	Payable in Regulated Space without authorization.			
78262	Gastroesophageal reflux study	no auth	Payable in Regulated Space without authorization.			
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	no auth				
78268	Urea breath test, C-14 (isotopic); analysis	no auth				
78278	Acute gastrointestinal blood loss imaging	no auth	Payable in Regulated Space without authorization.			
78282	Gastrointestinal protein loss	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	no auth	Payable in Regulated Space without authorization.			
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
78300	Bone and/or joint imaging; limited area	no auth	Payable in Regulated Space without authorization.			
78305	Bone and/or joint imaging; multiple areas	no auth	Payable in Regulated Space without authorization.			
78306	Bone and/or joint imaging; whole body	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY; Not offered at Open MRI and Imaging at Principio			
78315	Bone and/or joint imaging; 3 phase study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	NOT COVERED		NCD 150.3 STATES NOT COVERED		
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	NOT COVERED		NCD 150.3 STATES NOT COVERED		
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Bone Scan (Bone Scintigraphy) ACG: A-0069 (AC)	
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	no auth	Payable in Regulated Space without authorization.			
78428	Cardiac shunt detection	no auth	Payable in Regulated Space without authorization.			
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.6.8	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.6.8	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.6.8	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.6.8	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.6.8	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	no auth				
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	no auth	Payable in Regulated Space without authorization.			
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	no auth	Payable in Regulated Space without authorization.			
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	no auth	Payable in Regulated Space without authorization.			
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	no auth	Payable in Regulated Space without authorization.			
78456	Acute venous thrombosis imaging, peptide	no auth	Payable in Regulated Space without authorization.			
78457	Venous thrombosis imaging, venogram; unilateral	no auth	Payable in Regulated Space without authorization.			
78458	Venous thrombosis imaging, venogram; bilateral	no auth	Payable in Regulated Space without authorization.			
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	AUTH REQUIRED	Can be done at ADVANCED RADIOLOGY	NCD 220.6.8	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	no auth	Payable in Regulated Space without authorization.			
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	no auth	Payable in Regulated Space without authorization.			
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	no auth	Payable in Regulated Space without authorization.			
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	no auth	Payable in Regulated Space without authorization.			
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	no auth	Payable in Regulated Space without authorization.			
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	no auth	Payable in Regulated Space without authorization.			
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	AUTH REQUIRED	Not done at ADVANCED	NCD 220.6.1	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	AUTH REQUIRED	Not done at ADVANCED	NCD 220.6.1	MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC)	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	no auth	Payable in Regulated Space without authorization.			
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	no auth	Payable in Regulated Space without authorization.			
78580	Pulmonary perfusion imaging (eg, particulate)	no auth	Payable in Regulated Space without authorization.			
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78597	Quantitative differential pulmonary perfusion, including imaging when performed	no auth	Payable in Regulated Space without authorization.			
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	no auth	Payable in Regulated Space without authorization.			
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard	MCG:Lung, Single Photon Emission Computed Tomography (SPECT) ACG: A-0091 (AC)	
78600	Brain imaging, less than 4 static views;	no auth	Payable in Regulated Space without authorization.			
78601	Brain imaging, less than 4 static views; with vascular flow	no auth	Payable in Regulated Space without authorization.			
78605	Brain imaging, minimum 4 static views;	no auth	Payable in Regulated Space without authorization.			
78606	Brain imaging, minimum 4 static views; with vascular flow	no auth	Payable in Regulated Space without authorization.			
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	AUTH REQUIRED	Can be done at ADVANCED RADIOLOGY	NCD 220.6.13, NCD 220.6.9, NCD 220.6.16, NCD 220.6.17		
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	NOT COVERED		LCA 53134 STATES NOT COVERED		
78610	Brain imaging, vascular flow only	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	no auth	Payable in Regulated Space without authorization.			
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	no auth	Payable in Regulated Space without authorization.			
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	no auth	Payable in Regulated Space without authorization.			
78650	Cerebrospinal fluid leakage detection and localization	no auth	Payable in Regulated Space without authorization.			
78660	Radiopharmaceutical dacryocystography	no auth	Payable in Regulated Space without authorization.			
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
78700	Kidney imaging morphology;	no auth	Payable in Regulated Space without authorization.			
78701	Kidney imaging morphology; with vascular flow	no auth	Payable in Regulated Space without authorization.			
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	no auth	Payable in Regulated Space without authorization.			
78725	Kidney function study, non-imaging radioisotopic study	no auth	Payable in Regulated Space without authorization.			
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	no auth	Payable in Regulated Space without authorization.			
78761	Testicular imaging with vascular flow	no auth	Payable in Regulated Space without authorization.			
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	no auth	Payable in Regulated Space without authorization.			
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	no auth	Payable in Regulated Space without authorization.			
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	no auth	Payable in Regulated Space without authorization.			
78813	Positron emission tomography (PET) imaging; whole body	no auth	Payable in Regulated Space without authorization.			
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	no auth	Payable in Regulated Space without authorization.			
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	no auth	Payable in Regulated Space without authorization.			
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	no auth	Payable in Regulated Space without authorization.			
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	no auth	Payable in Regulated Space without authorization.			
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
79005	Radiopharmaceutical therapy, by oral administration	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
79101	Radiopharmaceutical therapy, by intravenous administration	no auth	Payable in Regulated Space without authorization.			
79200	Radiopharmaceutical therapy, by intracavitary administration	no auth	Payable in Regulated Space without authorization.			
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	no auth	Payable in Regulated Space without authorization.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	no auth	Payable in Regulated Space without authorization.			
79440	Radiopharmaceutical therapy, by intra-articular administration	no auth	Payable in Regulated Space without authorization.			
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	no auth	Payable in Regulated Space without authorization.			
79999	Radiopharmaceutical therapy, unlisted procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD		MCG:Medical Oncology GRG: PG-ONC (ISC GRG)	
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	no auth				
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	no auth				
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	NOT COVERED		NOT ON MEDICARE LAB FEE SCHEDULE		
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	no auth				
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	no auth				
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	no auth				
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	no auth				
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	no auth				
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	no auth				
80081	Obstetric panel (includes HIV testing)	no auth				
80143	Acetaminophen	no auth				
80145	Adalimumab	no auth				
80150	Amikacin	no auth				
80151	Amiodarone	no auth				
80155	Caffeine	no auth				
80156	Carbamazepine; total	no auth				
80157	Carbamazepine; free	no auth				
80158	Cyclosporine	no auth				
80159	Clozapine	no auth				
80161	Carbamazepine; -10,11-epoxide	no auth				
80162	Digoxin; total	no auth				
80163	Digoxin; free	no auth				
80164	Valproic acid (dipropylacetic acid); total	no auth				

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80165	Valproic acid (dipropylacetic acid); free	no auth				
80167	Felbamate	no auth				
80168	Ethosuximide	no auth				
80169	Everolimus	no auth				
80170	Gentamicin	no auth				
80171	Gabapentin, whole blood, serum, or plasma	no auth				
80173	Haloperidol	no auth				
80175	Lamotrigine	no auth				
80176	Lidocaine	no auth				
80177	Levetiracetam	no auth				
80178	Lithium	no auth				
80179	Salicylate	no auth				
80180	Mycophenolate (mycophenolic acid)	no auth				
80181	Flecainide	no auth				
80183	Oxcarbazepine	no auth				
80184	Phenobarbital	no auth				
80185	Phenytoin; total	no auth				
80186	Phenytoin; free	no auth				
80187	Posaconazole	no auth				
80188	Primidone	no auth				
80189	Itraconazole	no auth				
80190	Procainamide;	no auth				
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	no auth				
80193	Leflunomide	no auth				
80194	Quinidine	no auth				
80195	Sirolimus	no auth				
80197	Tacrolimus	no auth				
80198	Theophylline	no auth				
80199	Tiagabine	no auth				
80200	Tobramycin	no auth				
80201	Topiramate	no auth				
80202	Vancomycin	no auth				
80203	Zonisamide	no auth				
80204	Methotrexate	no auth				
80210	Rufinamide	no auth				
80220	Hydroxychloroquine	no auth				
80230	Infliximab	no auth				
80235	Lacosamide	no auth				
80280	Vedolizumab	no auth				
80285	Voriconazole	no auth				
80299	Quantitation of therapeutic drug, not elsewhere specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	no auth				
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	no auth				
80320	Alcohols	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80321	Alcohol biomarkers; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80322	Alcohol biomarkers; 3 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80323	Alkaloids, not otherwise specified	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80324	Amphetamines; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80325	Amphetamines; 3 or 4	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80326	Amphetamines; 5 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80327	Anabolic steroids; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
80328	Anabolic steroids; 3 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80329	Analgesics, non-opioid; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80330	Analgesics, non-opioid; 3-5	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80331	Analgesics, non-opioid; 6 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80332	Antidepressants, serotonergic class; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80333	Antidepressants, serotonergic class; 3-5	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80334	Antidepressants, serotonergic class; 6 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80336	Antidepressants, tricyclic and other cyclicals; 3-5	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80338	Antidepressants, not otherwise specified	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80339	Antiepileptics, not otherwise specified; 1-3	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80340	Antiepileptics, not otherwise specified; 4-6	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		

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80341	Antiepileptics, not otherwise specified; 7 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80342	Antipsychotics, not otherwise specified; 1-3	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80343	Antipsychotics, not otherwise specified; 4-6	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80344	Antipsychotics, not otherwise specified; 7 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80345	Barbiturates	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80346	Benzodiazepines; 1-12	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80347	Benzodiazepines; 13 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80348	Buprenorphine	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80349	Cannabinoids, natural	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80350	Cannabinoids, synthetic; 1-3	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80351	Cannabinoids, synthetic; 4-6	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80352	Cannabinoids, synthetic; 7 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80353	Cocaine	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
80354	Fentanyl	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80355	Gabapentin, non-blood	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80356	Heroin metabolite	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80357	Ketamine and norketamine	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80358	Methadone	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80360	Methylphenidate	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80361	Opiates, 1 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80362	Opioids and opiate analogs; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80363	Opioids and opiate analogs; 3 or 4	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80364	Opioids and opiate analogs; 5 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80365	Oxycodone	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80366	Pregabalin	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		

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80367	Propoxyphene	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80368	Sedative hypnotics (non-benzodiazepines)	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80369	Skeletal muscle relaxants; 1 or 2	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80370	Skeletal muscle relaxants; 3 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80371	Stimulants, synthetic	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80372	Tapentadol	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80373	Tramadol	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80374	Stereoisomer (enantiomer) analysis, single drug class	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	NOT COVERED		LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting)		
80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	no auth				
80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)	no auth				

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80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	no auth				
80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	no auth				
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	no auth				
80412	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)	no auth				
80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	no auth				
80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples)	no auth				
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	no auth				
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	no auth				
80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	no auth				
80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	no auth				
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	no auth				
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	no auth				

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80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	no auth				
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	no auth				
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	no auth				
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	no auth				
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	no auth				
80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	no auth				
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	no auth				
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	no auth				
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	no auth				
80503	Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making	no auth				
80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making	no auth				
80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
80506	Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)	no auth				
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	no auth				
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	no auth				
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	no auth				
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	no auth				
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	no auth				
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	no auth				
81015	Urinalysis; microscopic only	no auth				
81020	Urinalysis; 2 or 3 glass test	no auth				
81025	Urine pregnancy test, by visual color comparison methods	no auth				
81050	Volume measurement for timed collection, each	no auth				
81099	Unlisted urinalysis procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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 (T145M)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC)	
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 (I843S)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC)	
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))	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC), Post-Transfusion Purpura - Human Platelet Antigen (HPA) Genotyping ACG: A-0800 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC), Post-Transfusion Purpura - Human Platelet Antigen (HPA) Genotyping ACG: A-0800 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC), Post-Transfusion Purpura - Human Platelet Antigen (HPA) Genotyping ACG: A-0800 (AC)	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Muscular Dystrophies (Duchenne, Becker) - DMD Gene ACG: A-0608 (AC), MCG: Familial Dilated Cardiomyopathy - Gene and Gene Panel Testing ACG: A-0648 (AC)	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	

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81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	

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81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	AUTH REQUIRED		LCA 58917, LCD 35062		
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC)	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062		
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062		
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062		
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	

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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)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062		
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myotonic Dystrophy, Type 2 - CNBP Gene ACG: A-0844 (AC)	

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81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC)	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC)	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC)	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Familial Adenomatous Polyposis - APC Gene ACG: A-0534 (AC)	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Familial Adenomatous Polyposis - APC Gene ACG: A-0534 (AC)	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Familial Adenomatous Polyposis - APC Gene ACG: A-0534 (AC)	

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81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	AUTH REQUIRED		LCA 58917, LCD 35062		
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Maple Syrup Urine Disease, Type 1 or Type 2 - BCKDHA, BCKDHB, and DBT Genes ACG: A-0681 (AC)	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC)	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC)	
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC)	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Bloom Syndrome - BLM Gene ACG: A-0682 (AC)	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Colorectal Cancer - BRAF V600E Testing ACG: A-0772 (AC), MCG: Malignant Melanoma (Cutaneous) - BRAF V600 Testing ACG: A-0787 (AC)	

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81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	

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81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Myeloproliferative Neoplasms - MPL Gene ACG: A-0843 (AC), MCG: Myeloproliferative Neoplasms - CALR Gene ACG: A-0975 (AC)	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC)	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC)	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC)	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC)	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Clopidogrel Pharmacogenetics - CYP2C19 Gene ACG: A-0631 (AC), MCG: Psychotropic Medication Pharmacogenetics - CYP450 Polymorphisms ACG: A-0692 (AC), Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 GeneACG: A-0992 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Tamoxifen Pharmacogenetics - CYP2D6 Gene ACG: A-0647 (AC), MCG: Psychotropic Medication Pharmacogenetics - CYP450 Polymorphisms ACG: A-0692 (AC), Attention-Deficit Hyperactivity Disorder Medication Pharmacogenetics - ADRA2A, COMT, CYP2B6, and CYP2D6 Genes ACG: A-0764 (AC); Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC)	
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Warfarin Pharmacogenetics - CYP2C9, CYP4F2, and VKORC1 Genes ACG: A-0587 (AC), MCG: Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria depending on reason for analysis (ex: MEN, Alzheimers, ALS, DM, etc.)	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria depending on reason for analysis (ex: MEN, Alzheimers, ALS, DM, etc.)	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Tacrolimus Pharmacogenetics - CYP3A4 and CYP3A5 Genes ACG: A-0775 (AC), MCG: Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC)	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Tacrolimus Pharmacogenetics - CYP3A4 and CYP3A5 Genes ACG: A-0775 (AC), MCG: Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC)	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG: 5-Fluorouracil Pharmacogenetics - DPYD and TYMS Genes ACG: A-0665 (AC)	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myotonic Dystrophy, Type 1 - DMPK Gene ACG: A-0609 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062		
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myotonic Dystrophy, Type 1 - DMPK Gene ACG: A-0609 (AC)	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Prothrombin Thrombophilia - F2 Gene ACG: A-0613 (AC)	
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Factor V Leiden Thrombophilia - F5 Gene ACG: A-0600 (AC)	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Fanconi Anemia - FANC Genes and Gene Panel Testing ACG: A-0683 (AC)	
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on diagnosis	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on diagnosis	
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:G6PD Pharmacogenetics - G6PD Gene ACG: A-0653 (AC)	
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:G6PD Pharmacogenetics - G6PD Gene ACG: A-0653 (AC)	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:G6PD Pharmacogenetics - G6PD Gene ACG: A-0653 (AC)	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Glycogen Storage Disease, Type I - G6PC and SLC37A4 Genes ACG: A-0684 (AC)	

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81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Gaucher Disease - GBA Gene ACG: A-0603 (AC), MCG: Parkinson Disease - Gene Testing and Gene Panels ACG: A-0671 (AC)	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Deafness and Hearing Loss, Nonsyndromic - GJB2, MT-RNR1, MT-TS1, POU3F4, PRPS1, and SMPX Genes ACG: A-0596 (AC)	
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Deafness and Hearing Loss, Nonsyndromic - GJB2, MT-RNR1, MT-TS1, POU3F4, PRPS1, and SMPX Genes ACG: A-0596 (AC)	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Deafness and Hearing Loss, Nonsyndromic - GJB2, MT-RNR1, MT-TS1, POU3F4, PRPS1, and SMPX Genes ACG: A-0596 (AC)	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Tay-Sachs Disease and Variants - HEXA Gene ACG: A-0614 (AC)	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemochromatosis - HFE Gene ACG: A-0599 (AC)	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria depending on reason for analysis (ex: Alpha thal, MED, VHL, ALS, etc.)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Alpha Thalassemia - HBA1 and HBA2 Genes ACG: A-0808 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Alpha Thalassemia - HBA1 and HBA2 Genes ACG: A-0808 (AC)	

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81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Familial Dysautonomia - ELP1 Gene ACG: A-0685 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	AUTH REQUIRED		LCA 58917, LCD 35062		
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	AUTH REQUIRED		LCA 58917, LCD 35062		
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		

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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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Alpha Thalassemia - HBA1 and HBA2 Genes ACG: A-0808 (AC)	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myeloproliferative Neoplasms - JAK2 Gene ACG: A-0669 (AC)	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Huntington Disease - HTT Gene ACG: A-0605 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes ACG: A-0780 (AC)	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:MCG: Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes ACG: A-0780 (AC)	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Huntington Disease - HTT Gene ACG: A-0605 (AC)	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG: Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC); MCG: Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG: Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC); MCG: Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC)	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	AUTH REQUIRED		LCA 58917, LCD 35062		
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on diagnosis (Deafness, diabetes, asthma, Alzheimers, etc.)	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myeloproliferative Neoplasms - JAK2 Gene ACG: A-0669 (AC)	

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81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	AUTH REQUIRED		LCA 58917, LCD 35062		
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Friedreich Ataxia - FXN Gene ACG: A-0907 (AC)	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Friedreich Ataxia - FXN Gene ACG: A-0907 (AC)	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Friedreich Ataxia - FXN Gene ACG: A-0907 (AC)	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:MCG: Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC)	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Friedreich Ataxia - FXN Gene ACG: A-0907 (AC)	
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Mucolipidosis IV - MCOLN1 Gene ACG: A-0686 (AC)	
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hyperhomocysteinemia - MTHFR Gene ACG: A-0629 (AC); Methotrexate Pharmacogenetics - MTHFR Gene ACG: A-1009 (AC)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	

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81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC);	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC);	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC);	

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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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC);	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	NOT COVERED	PEDIATRIC			
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	NOT COVERED	PEDIATRIC			
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	NOT COVERED	PEDIATRIC			
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Tacrolimus Pharmacogenetics - CYP3A4 and CYP3A5 Genes ACG: A-0775 (AC)	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer - PALB2 Gene ACG: A-0989 (AC)	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer - PALB2 Gene ACG: A-0989 (AC)	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	AUTH REQUIRED		LCA 58917, LCD 35062		
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC)	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062		
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Prostate Cancer - PCA3 Gene ACG: A-0855 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes ACG: A-0780 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Acute Promyelocytic Leukemia - PML-RARA Fusion Gene Testing ACG: A-0760 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Acute Promyelocytic Leukemia - PML-RARA Fusion Gene Testing ACG: A-0760 (AC)	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC)	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC)	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC)	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Cowden Syndrome - PTEN Gene ACG: A-0585 (AC)	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Cowden Syndrome - PTEN Gene ACG: A-0585 (AC)	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Cowden Syndrome - PTEN Gene ACG: A-0585 (AC)	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC)	

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81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC)	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC)	
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Septin 9 (SEPT9) DNA Methylation Testing ACG: A-0706 (AC)	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Statin Pharmacogenetics - SLCO1B1 Gene ACG: A-0981 (AC)	
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	NOT COVERED	PEDIATRIC			
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	NOT COVERED	PEDIATRIC			
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	NOT COVERED	PEDIATRIC			
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Alpha-1 Antitrypsin Deficiency - SERPINA1 Gene ACG: A-1006 (AC)	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	AUTH REQUIRED		LCA 58917, LCD 35062		
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Azathioprine and 6-Mercaptopurine Pharmacogenetics - NUDT15 and TPMT Genes ACG: A-0628 (AC)	

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81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	NOT COVERED	PEDIATRIC			
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	NOT COVERED	PEDIATRIC			
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myeloproliferative Neoplasms - MPL Gene ACG: A-0843 (AC)	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myeloproliferative Neoplasms - MPL Gene ACG: A-0843 (AC)	
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Lymphoma - T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing ACG: A-0786 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lymphoma - T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing ACG: A-0786 (AC)	
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Lymphoma - T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing ACG: A-0786 (AC)	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:5-Fluorouracil Pharmacogenetics - DPYD and TYMS Genes ACG: A-0665 (AC)	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	

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81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	AUTH REQUIRED		LCA 58917, LCD 35062		
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Irinotecan Pharmacogenetics - UGT1A1 Gene ACG: A-0624 (AC)	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Li-Fraumeni Syndrome - TP53 Gene ACG: A-0584 (AC)	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Li-Fraumeni Syndrome - TP53 Gene ACG: A-0584 (AC)	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Li-Fraumeni Syndrome - TP53 Gene ACG: A-0584 (AC)	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Warfarin Pharmacogenetics - CYP2C9, CYP4F2, and VKORC1 Genes ACG: A-0587 (AC)	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	

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81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC)	
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC)	

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81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	no auth				
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	AUTH REQUIRED		LCA 58917, LCD 35062		
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC); Narcolepsy - HLA Testing ACG: A-1005 (AC)	
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Narcolepsy - HLA Testing ACG: A-1005 (AC)	
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	AUTH REQUIRED		LCA 58917, LCD 35062		
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	AUTH REQUIRED		LCA 58917, LCD 35062		
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC)	
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC)	
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC); Narcolepsy - HLA Testing ACG: A-1005 (AC); Celiac Disease - HLA Testing ACG: A-0769 (AC)	
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Narcolepsy - HLA Testing ACG: A-1005 (AC); Celiac Disease - HLA Testing ACG: A-0769 (AC)	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	

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81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	

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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, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Familial Thoracic Aortic Aneurysm and Aortic Dissection - Gene Testing and Gene Panels ACG: A-0778 (AC); Loeys-Dietz Syndrome - Gene and Gene Panel Testing ACG: A-0909 (AC); Ehlers-Danlos Syndrome (Vascular) - COL3A1 Gene ACG: A-0910 (AC)	
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 TGFBR1, TGFBR2, MYH11, and COL3A1	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Familial Thoracic Aortic Aneurysm and Aortic Dissection - Gene Testing and Gene Panels ACG: A-0778 (AC); Loeys-Dietz Syndrome - Gene and Gene Panel Testing ACG: A-0909 (AC); Ehlers-Danlos Syndrome (Vascular) - COL3A1 Gene ACG: A-0910 (AC)	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	AUTH REQUIRED		LCA 58917, LCD 35062	MCG: Ashkenazi Jewish Genetic Carrier Panel ACG: A-0592 (AC)	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	

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81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
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	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062, LCD 39063		
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC)	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	AUTH REQUIRED		LCA 58917, LCD 35062		
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	AUTH REQUIRED		LCA 58917, LCD 35062		
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria.	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Deafness and Hearing Loss, Nonsyndromic - Microarray and Multigene Panels ACG: A-0823 (AC)	
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	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062	MCG: Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062	MCG: Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Retinal Disorders (Hereditary) - Gene Panels ACG: A-0912 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062, LCD 35396	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC)	
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062, LCD 35396	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC)	
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	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062, LCD 35396	MCG:Paraganglioma-Pheochromocytoma (Hereditary) - Gene Testing and Gene Panel ACG: A-0798 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Paraganglioma-Pheochromocytoma (Hereditary) - Gene Testing and Gene Panel ACG: A-0798 (AC)	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Arrhythmogenic Right Ventricular Cardiomyopathy - ARVC Genes ACG: A-0627 (AC); Familial Hypertrophic Cardiomyopathy, Nonsyndromic - Gene and Gene Panel Testing ACG: A-0633 (AC); Familial Dilated Cardiomyopathy - Gene and Gene Panel Testing ACG: A-0648 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED	NEW CODE 1/1/2023	LCD 35062	MCG: Fanconi Anemia - FANC Genes and Gene Panel Testing ACG: A-0683 (AC)	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Noonan Syndrome - Gene and Gene Panel Testing ACG: A-0915 (AC)	
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 (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Ashkenazi Jewish Genetic Carrier Panel ACG: A-0592 (AC); Autosomal and X-Linked Recessive Disease Carrier Screening - Expanded Gene Panels ACG: A-0768 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81445	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; DNA analysis or combined DNA and RNA analysis	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062, LCD 35396	MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC); Pancreatic Cancer (Hereditary) - Gene Panel ACG: A-0797 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC)	
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	AUTH REQUIRED	NEW CODE 1/1/2023	LCD 35062	MCG: Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC)	
81450	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; DNA analysis or combined DNA and RNA analysis	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062, LCD 35396	MCG:Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC); Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
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	AUTH REQUIRED	NEW CODE 1/1/2023	LCD 35062	MCG: Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC), Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81455	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; DNA analysis or combined DNA and RNA analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC)	
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	AUTH REQUIRED	NEW CODE 1/1/2023	LCD 35062	MCG: Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC), Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	AUTH REQUIRED		LCA 58917, LCD 35062		
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	AUTH REQUIRED		LCA 58917, LCD 35062		
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Intellectual Disability - Gene Panels ACG: A-0923 (AC)	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Intellectual Disability - Gene Panels ACG: A-0923 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81479	Unlisted molecular pathology procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 90.2, LCA 58917, LCD 35062, LCD 35396	MCG:Many MCG criteria based on underlying clinical context (ex: BRCA 1/2, Lynch, ALS, Melanoma, etc.)	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Proteomics - Ovarian Cancer Biomarker Panel (ROMA) ACG: A-0858 (AC)	
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Proteomics - Ovarian Cancer Biomarker Panel (ROMA) ACG: A-0858 (AC)	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Cancer of Unknown Primary - Gene Expression Profiling ACG: A-0673 (AC)	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Aneuploidy Testing ACG: A-0724 (AC)	
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062		
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062		
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062		

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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)	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	no auth				
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC)	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC)	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC)	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Colon Cancer Gene Expression Assay - Oncotype DX ACG: A-0651 (AC)	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	no auth		NCD 210.3, LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Melanoma (Cutaneous) - Gene Expression Profiling ACG: A-0837 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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 (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Proteomics (VeriStrat) ACG: A-0693 (AC)	
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Cancer of Unknown Primary - Gene Expression Profiling ACG: A-0673 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Prostate Cancer Gene Expression Testing - Prolaris ACG: A-0857 (AC)	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Prostate Cancer Gene Expression Testing - Decipher ACG: A-0856 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396	MCG:Thyroid Nodule Gene Expression Testing ACG: A-0711 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062		
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Melanoma (Uveal) - Gene Expression Profiling ACG: A-0670 (AC)	
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])	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	NOT COVERED	PEDIATRIC			
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Heart Transplant Rejection Gene Expression Profiling (AlloMap) ACG: A-0623 (AC)	
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	no auth				
81599	Unlisted multianalyte assay with algorithmic analysis	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	no auth				
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	no auth				
82013	Acetylcholinesterase	no auth				
82016	Acylcarnitines; qualitative, each specimen	no auth				
82017	Acylcarnitines; quantitative, each specimen	no auth				
82024	Adrenocorticotropic hormone (ACTH)	no auth				
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	no auth				
82040	Albumin; serum, plasma or whole blood	no auth				
82042	Albumin; other source, quantitative, each specimen	no auth				
82043	Albumin; urine (eg, microalbumin), quantitative	no auth				
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	no auth				
82045	Albumin; ischemia modified	no auth				
82075	Alcohol (ethanol); breath	no auth				
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	no auth				
82085	Aldolase	no auth				
82088	Aldosterone	no auth				
82103	Alpha-1-antitrypsin; total	no auth				
82104	Alpha-1-antitrypsin; phenotype	no auth				
82105	Alpha-fetoprotein (AFP); serum	no auth				
82106	Alpha-fetoprotein (AFP); amniotic fluid	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	no auth				
82108	Aluminum	no auth				
82120	Amines, vaginal fluid, qualitative	no auth				
82127	Amino acids; single, qualitative, each specimen	no auth				
82128	Amino acids; multiple, qualitative, each specimen	no auth				
82131	Amino acids; single, quantitative, each specimen	no auth				
82135	Aminolevulinic acid, delta (ALA)	no auth				
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	no auth				
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	no auth				
82140	Ammonia	no auth				
82143	Amniotic fluid scan (spectrophotometric)	no auth				
82150	Amylase	no auth				
82154	Androstanediol glucuronide	no auth				
82157	Androstenedione	no auth				
82160	Androsterone	no auth				
82163	Angiotensin II	no auth				
82164	Angiotensin I - converting enzyme (ACE)	no auth				
82172	Apolipoprotein, each	no auth				
82175	Arsenic	no auth				
82180	Ascorbic acid (Vitamin C), blood	no auth				
82190	Atomic absorption spectroscopy, each analyte	no auth				
82232	Beta-2 microglobulin	no auth				
82239	Bile acids; total	no auth				
82240	Bile acids; cholylglycine	no auth				
82247	Bilirubin; total	no auth				
82248	Bilirubin; direct	no auth				
82252	Bilirubin; feces, qualitative	no auth				
82261	Biotinidase, each specimen	no auth				
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	no auth				
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	no auth				
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	no auth				
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	no auth				
82286	Bradykinin	no auth				
82300	Cadmium	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	no auth				
82308	Calcitonin	no auth				
82310	Calcium; total	no auth				
82330	Calcium; ionized	no auth				
82331	Calcium; after calcium infusion test	no auth				
82340	Calcium; urine quantitative, timed specimen	no auth				
82355	Calculus; qualitative analysis	no auth				
82360	Calculus; quantitative analysis, chemical	no auth				
82365	Calculus; infrared spectroscopy	no auth				
82370	Calculus; X-ray diffraction	no auth				
82373	Carbohydrate deficient transferrin	no auth				
82374	Carbon dioxide (bicarbonate)	no auth				
82375	Carboxyhemoglobin; quantitative	no auth				
82376	Carboxyhemoglobin; qualitative	no auth				
82378	Carcinoembryonic antigen (CEA)	no auth				
82379	Carnitine (total and free), quantitative, each specimen	no auth				
82380	Carotene	no auth				
82382	Catecholamines; total urine	no auth				
82383	Catecholamines; blood	no auth				
82384	Catecholamines; fractionated	no auth				
82387	Cathepsin-D	no auth				
82390	Ceruloplasmin	no auth				
82397	Chemiluminescent assay	no auth				
82415	Chloramphenicol	no auth				
82435	Chloride; blood	no auth				
82436	Chloride; urine	no auth				
82438	Chloride; other source	no auth				
82441	Chlorinated hydrocarbons, screen	no auth				
82465	Cholesterol, serum or whole blood, total	no auth				
82480	Cholinesterase; serum	no auth				
82482	Cholinesterase; RBC	no auth				
82485	Chondroitin B sulfate, quantitative	no auth				
82495	Chromium	no auth				
82507	Citrate	no auth				
82523	Collagen cross links, any method	no auth				
82525	Copper	no auth				
82528	Corticosterone	no auth				
82530	Cortisol; free	no auth				
82533	Cortisol; total	no auth				
82540	Creatine	no auth				
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	no auth				
82550	Creatine kinase (CK), (CPK); total	no auth				
82552	Creatine kinase (CK), (CPK); isoenzymes	no auth				
82553	Creatine kinase (CK), (CPK); MB fraction only	no auth				
82554	Creatine kinase (CK), (CPK); isoforms	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
82565	Creatinine; blood	no auth				
82570	Creatinine; other source	no auth				
82575	Creatinine; clearance	no auth				
82585	Cryofibrinogen	no auth				
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	no auth				
82600	Cyanide	no auth				
82607	Cyanocobalamin (Vitamin B-12);	no auth				
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	no auth				
82610	Cystatin C	no auth				
82615	Cystine and homocystine, urine, qualitative	no auth				
82626	Dehydroepiandrosterone (DHEA)	no auth				
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	no auth				
82633	Desoxycorticosterone, 11-	no auth				
82634	Deoxycortisol, 11-	no auth				
82638	Dibucaine number	no auth				
82642	Dihydrotestosterone (DHT)	no auth				
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	no auth				
82653	Elastase, pancreatic (EL-1), fecal; quantitative	no auth				
82656	Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative	no auth				
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	no auth				
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	no auth				
82664	Electrophoretic technique, not elsewhere specified	no auth				
82668	Erythropoietin	no auth				
82670	Estradiol; total	no auth				
82671	Estrogens; fractionated	no auth				
82672	Estrogens; total	no auth				
82677	Estriol	no auth				
82679	Estrone	no auth				
82681	Estradiol; free, direct measurement (eg, equilibrium dialysis)	no auth				
82693	Ethylene glycol	no auth				
82696	Etiocholanolone	no auth				
82705	Fat or lipids, feces; qualitative	no auth				
82710	Fat or lipids, feces; quantitative	no auth				
82715	Fat differential, feces, quantitative	no auth				
82725	Fatty acids, nonesterified	no auth				
82726	Very long chain fatty acids	no auth				
82728	Ferritin	no auth				
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	no auth				
82735	Fluoride	no auth				
82746	Folic acid; serum	no auth				
82747	Folic acid; RBC	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
82757	Fructose, semen	no auth				
82759	Galactokinase, RBC	no auth				
82760	Galactose	no auth				
82775	Galactose-1-phosphate uridyl transferase; quantitative	no auth				
82776	Galactose-1-phosphate uridyl transferase; screen	no auth				
82777	Galectin-3	no auth				
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	no auth				
82785	Gammaglobulin (immunoglobulin); IgE	no auth				
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	no auth				
82800	Gases, blood, pH only	no auth				
82803	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation);	no auth				
82805	Gases, blood, any combination of pH, pCO2, pO2, CO2, HCO3 (including calculated O2 saturation); with O2 saturation, by direct measurement, except pulse oximetry	no auth				
82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry	no auth				
82820	Hemoglobin-oxygen affinity (pO2 for 50% hemoglobin saturation with oxygen)	no auth				
82930	Gastric acid analysis, includes pH if performed, each specimen	no auth				
82938	Gastrin after secretin stimulation	no auth				
82941	Gastrin	no auth				
82943	Glucagon	no auth				
82945	Glucose, body fluid, other than blood	no auth				
82946	Glucagon tolerance test	no auth				
82947	Glucose; quantitative, blood (except reagent strip)	no auth				
82948	Glucose; blood, reagent strip	no auth				
82950	Glucose; post glucose dose (includes glucose)	no auth				
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	no auth				
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	no auth				
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	no auth				
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	no auth				
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	no auth				
82963	Glucosidase, beta	no auth				
82965	Glutamate dehydrogenase	no auth				
82977	Glutamyltransferase, gamma (GGT)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
82978	Glutathione	no auth				
82979	Glutathione reductase, RBC	no auth				
82985	Glycated protein	no auth				
83001	Gonadotropin; follicle stimulating hormone (FSH)	no auth				
83002	Gonadotropin; luteinizing hormone (LH)	no auth				
83003	Growth hormone, human (HGH) (somatotropin)	no auth				
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	no auth				
83010	Haptoglobin; quantitative	no auth				
83012	Haptoglobin; phenotypes	no auth				
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	no auth				
83014	Helicobacter pylori; drug administration	no auth				
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	no auth				
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	no auth				
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	no auth				
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	no auth				
83026	Hemoglobin; by copper sulfate method, non-automated	no auth				
83030	Hemoglobin; F (fetal), chemical	no auth				
83033	Hemoglobin; F (fetal), qualitative	no auth				
83036	Hemoglobin; glycosylated (A1C)	no auth				
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	no auth				
83045	Hemoglobin; methemoglobin, qualitative	no auth				
83050	Hemoglobin; methemoglobin, quantitative	no auth				
83051	Hemoglobin; plasma	no auth				
83060	Hemoglobin; sulfhemoglobin, quantitative	no auth				
83065	Hemoglobin; thermolabile	no auth				
83068	Hemoglobin; unstable, screen	no auth				
83069	Hemoglobin; urine	no auth				
83070	Hemosiderin, qualitative	no auth				
83080	b-Hexosaminidase, each assay	no auth				
83088	Histamine	no auth				
83090	Homocysteine	no auth				
83150	Homovanillic acid (HVA)	no auth				
83491	Hydroxycorticosteroids, 17- (17-OHCS)	no auth				
83497	Hydroxyindolacetic acid, 5-(HIAA)	no auth				
83498	Hydroxyprogesterone, 17-d	no auth				
83500	Hydroxyproline; free	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
83505	Hydroxyproline; total	no auth				
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	no auth				
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	no auth				
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	no auth				
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	no auth				
83521	Immunoglobulin light chains (ie, kappa, lambda), free, each	no auth				
83525	Insulin; total	no auth				
83527	Insulin; free	no auth				
83528	Intrinsic factor	no auth				
83529	Interleukin-6 (IL-6)	no auth				
83540	Iron	no auth				
83550	Iron binding capacity	no auth				
83570	Isocitric dehydrogenase (IDH)	no auth				
83582	Ketogenic steroids, fractionation	no auth				
83586	Ketosteroids, 17- (17-KS); total	no auth				
83593	Ketosteroids, 17- (17-KS); fractionation	no auth				
83605	Lactate (lactic acid)	no auth				
83615	Lactate dehydrogenase (LD), (LDH);	no auth				
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	no auth				
83630	Lactoferrin, fecal; qualitative	no auth				
83631	Lactoferrin, fecal; quantitative	no auth				
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	no auth				
83633	Lactose, urine, qualitative	no auth				
83655	Lead	no auth				
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	no auth				
83662	Fetal lung maturity assessment; foam stability test	no auth				
83663	Fetal lung maturity assessment; fluorescence polarization	no auth				
83664	Fetal lung maturity assessment; lamellar body density	no auth				
83670	Leucine aminopeptidase (LAP)	no auth				
83690	Lipase	no auth				
83695	Lipoprotein (a)	no auth				
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
83700	Lipoprotein, blood; electrophoretic separation and quantitation	no auth				
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	no auth				
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	no auth				
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	no auth				
83719	Lipoprotein, direct measurement; VLDL cholesterol	no auth				
83721	Lipoprotein, direct measurement; LDL cholesterol	no auth				
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	no auth				
83727	Luteinizing releasing factor (LRH)	no auth				
83735	Magnesium	no auth				
83775	Malate dehydrogenase	no auth				
83785	Manganese	no auth				
83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	no auth				
83825	Mercury, quantitative	no auth				
83835	Metanephrines	no auth				
83857	Methemalbumin	no auth				
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	no auth				
83864	Mucopolysaccharides, acid, quantitative	no auth				
83872	Mucin, synovial fluid (Ropes test)	no auth				
83873	Myelin basic protein, cerebrospinal fluid	no auth				
83874	Myoglobin	no auth				
83876	Myeloperoxidase (MPO)	no auth				
83880	Natriuretic peptide	no auth				
83883	Nephelometry, each analyte not elsewhere specified	no auth				
83885	Nickel	no auth				
83915	Nucleotidase 5'-	no auth				
83916	Oligoclonal immune (oligoclonal bands)	no auth				
83918	Organic acids; total, quantitative, each specimen	no auth				
83919	Organic acids; qualitative, each specimen	no auth				
83921	Organic acid, single, quantitative	no auth				
83930	Osmolality; blood	no auth				
83935	Osmolality; urine	no auth				
83937	Osteocalcin (bone g1a protein)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
83945	Oxalate	no auth				
83950	Oncoprotein; HER-2/neu	no auth				
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	no auth				
83970	Parathormone (parathyroid hormone)	no auth				
83986	pH; body fluid, not otherwise specified	no auth				
83987	pH; exhaled breath condensate	no auth				
83992	Phencyclidine (PCP)	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
83993	Calprotectin, fecal	no auth				
84030	Phenylalanine (PKU), blood	no auth				
84035	Phenylketones, qualitative	no auth				
84060	Phosphatase, acid; total	no auth				
84066	Phosphatase, acid; prostatic	no auth				
84075	Phosphatase, alkaline;	no auth				
84078	Phosphatase, alkaline; heat stable (total not included)	no auth				
84080	Phosphatase, alkaline; isoenzymes	no auth				
84081	Phosphatidylglycerol	no auth				
84085	Phosphogluconate, 6-, dehydrogenase, RBC	no auth				
84087	Phosphohexose isomerase	no auth				
84100	Phosphorus inorganic (phosphate);	no auth				
84105	Phosphorus inorganic (phosphate); urine	no auth				
84106	Porphobilinogen, urine; qualitative	no auth				
84110	Porphobilinogen, urine; quantitative	no auth				
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	no auth				
84119	Porphyrins, urine; qualitative	no auth				
84120	Porphyrins, urine; quantitation and fractionation	no auth				
84126	Porphyrins, feces, quantitative	no auth				
84132	Potassium; serum, plasma or whole blood	no auth				
84133	Potassium; urine	no auth				
84134	Prealbumin	no auth				
84135	Pregnanediol	no auth				
84138	Pregnanetriol	no auth				
84140	Pregnenolone	no auth				
84143	17-hydroxypregnenolone	no auth				
84144	Progesterone	no auth				
84145	Procalcitonin (PCT)	no auth				
84146	Prolactin	no auth				
84150	Prostaglandin, each	no auth				
84152	Prostate specific antigen (PSA); complexed (direct measurement)	no auth				
84153	Prostate specific antigen (PSA); total	no auth				
84154	Prostate specific antigen (PSA); free	no auth				
84155	Protein, total, except by refractometry; serum, plasma or whole blood	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
84156	Protein, total, except by refractometry; urine	no auth				
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	no auth				
84160	Protein, total, by refractometry, any source	no auth				
84163	Pregnancy-associated plasma protein-A (PAPP-A)	no auth				
84165	Protein; electrophoretic fractionation and quantitation, serum	no auth				
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	no auth				
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	no auth				
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	no auth				
84202	Protoporphyrin, RBC; quantitative	no auth				
84203	Protoporphyrin, RBC; screen	no auth				
84206	Proinsulin	no auth				
84207	Pyridoxal phosphate (Vitamin B-6)	no auth				
84210	Pyruvate	no auth				
84220	Pyruvate kinase	no auth				
84228	Quinine	no auth				
84233	Receptor assay; estrogen	no auth				
84234	Receptor assay; progesterone	no auth				
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	no auth				
84238	Receptor assay; non-endocrine (specify receptor)	no auth				
84244	Renin	no auth				
84252	Riboflavin (Vitamin B-2)	no auth				
84255	Selenium	no auth				
84260	Serotonin	no auth				
84270	Sex hormone binding globulin (SHBG)	no auth				
84275	Sialic acid	no auth				
84285	Silica	no auth				
84295	Sodium; serum, plasma or whole blood	no auth				
84300	Sodium; urine	no auth				
84302	Sodium; other source	no auth				
84305	Somatomedin	no auth				
84307	Somatostatin	no auth				
84311	Spectrophotometry, analyte not elsewhere specified	no auth				
84315	Specific gravity (except urine)	no auth				
84375	Sugars, chromatographic, TLC or paper chromatography	no auth				
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	no auth				
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	no auth				
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	no auth				
84392	Sulfate, urine	no auth				
84402	Testosterone; free	no auth				
84403	Testosterone; total	no auth				
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	no auth				
84425	Thiamine (Vitamin B-1)	no auth				
84430	Thiocyanate	no auth				
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	no auth				
84432	Thyroglobulin	no auth				
84433	Thiopurine S-methyltransferase (TPMT)	no auth				
84436	Thyroxine; total	no auth				
84437	Thyroxine; requiring elution (eg, neonatal)	no auth				
84439	Thyroxine; free	no auth				
84442	Thyroxine binding globulin (TBG)	no auth				
84443	Thyroid stimulating hormone (TSH)	no auth				
84445	Thyroid stimulating immune globulins (TSI)	no auth				
84446	Tocopherol alpha (Vitamin E)	no auth				
84449	Transcortin (cortisol binding globulin)	no auth				
84450	Transferase; aspartate amino (AST) (SGOT)	no auth				
84460	Transferase; alanine amino (ALT) (SGPT)	no auth				
84466	Transferrin	no auth				
84478	Triglycerides	no auth				
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	no auth				
84480	Triiodothyronine T3; total (TT-3)	no auth				
84481	Triiodothyronine T3; free	no auth				
84482	Triiodothyronine T3; reverse	no auth				
84484	Troponin, quantitative	no auth				
84485	Trypsin; duodenal fluid	no auth				
84488	Trypsin; feces, qualitative	no auth				
84490	Trypsin; feces, quantitative, 24-hour collection	no auth				
84510	Tyrosine	no auth				
84512	Troponin, qualitative	no auth				
84520	Urea nitrogen; quantitative	no auth				
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	no auth				
84540	Urea nitrogen, urine	no auth				
84545	Urea nitrogen, clearance	no auth				
84550	Uric acid; blood	no auth				
84560	Uric acid; other source	no auth				
84577	Urobilinogen, feces, quantitative	no auth				
84578	Urobilinogen, urine; qualitative	no auth				
84580	Urobilinogen, urine; quantitative, timed specimen	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
84583	Urobilinogen, urine; semiquantitative	no auth				
84585	Vanillylmandelic acid (VMA), urine	no auth				
84586	Vasoactive intestinal peptide (VIP)	no auth				
84588	Vasopressin (antidiuretic hormone, ADH)	no auth				
84590	Vitamin A	no auth				
84591	Vitamin, not otherwise specified	no auth				
84597	Vitamin K	no auth				
84600	Volatiles (eg, acetic anhydride, diethylether)	no auth				
84620	Xylose absorption test, blood and/or urine	no auth				
84630	Zinc	no auth				
84681	C-peptide	no auth				
84702	Gonadotropin, chorionic (hCG); quantitative	no auth				
84703	Gonadotropin, chorionic (hCG); qualitative	no auth				
84704	Gonadotropin, chorionic (hCG); free beta chain	no auth				
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	no auth				
84999	Unlisted chemistry procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
85002	Bleeding time	no auth				
85004	Blood count; automated differential WBC count	no auth				
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	no auth				
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	no auth				
85009	Blood count; manual differential WBC count, buffy coat	no auth				
85013	Blood count; spun microhematocrit	no auth				
85014	Blood count; hematocrit (Hct)	no auth				
85018	Blood count; hemoglobin (Hgb)	no auth				
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	no auth				
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	no auth				
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	no auth				
85041	Blood count; red blood cell (RBC), automated	no auth				
85044	Blood count; reticulocyte, manual	no auth				
85045	Blood count; reticulocyte, automated	no auth				
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
85048	Blood count; leukocyte (WBC), automated	no auth				
85049	Blood count; platelet, automated	no auth				
85055	Reticulated platelet assay	no auth				
85060	Blood smear, peripheral, interpretation by physician with written report	no auth				
85097	Bone marrow, smear interpretation	no auth				
85130	Chromogenic substrate assay	no auth				
85170	Clot retraction	no auth				
85175	Clot lysis time, whole blood dilution	no auth				
85210	Clotting; factor II, prothrombin, specific	no auth				
85220	Clotting; factor V (AcG or proaccelerin), labile factor	no auth				
85230	Clotting; factor VII (proconvertin, stable factor)	no auth				
85240	Clotting; factor VIII (AHG), 1-stage	no auth				
85244	Clotting; factor VIII related antigen	no auth				
85245	Clotting; factor VIII, VW factor, ristocetin cofactor	no auth				
85246	Clotting; factor VIII, VW factor antigen	no auth				
85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	no auth				
85250	Clotting; factor IX (PTC or Christmas)	no auth				
85260	Clotting; factor X (Stuart-Prower)	no auth				
85270	Clotting; factor XI (PTA)	no auth				
85280	Clotting; factor XII (Hageman)	no auth				
85290	Clotting; factor XIII (fibrin stabilizing)	no auth				
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	no auth				
85292	Clotting; prekallikrein assay (Fletcher factor assay)	no auth				
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	no auth				
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	no auth				
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	no auth				
85302	Clotting inhibitors or anticoagulants; protein C, antigen	no auth				
85303	Clotting inhibitors or anticoagulants; protein C, activity	no auth				
85305	Clotting inhibitors or anticoagulants; protein S, total	no auth				
85306	Clotting inhibitors or anticoagulants; protein S, free	no auth				
85307	Activated Protein C (APC) resistance assay	no auth				
85335	Factor inhibitor test	no auth				
85337	Thrombomodulin	no auth				
85345	Coagulation time; Lee and White	no auth				
85347	Coagulation time; activated	no auth				
85348	Coagulation time; other methods	no auth				
85360	Euglobulin lysis	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	no auth				
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	no auth				
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	no auth				
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	no auth				
85379	Fibrin degradation products, D-dimer; quantitative	no auth				
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	no auth				
85384	Fibrinogen; activity	no auth				
85385	Fibrinogen; antigen	no auth				
85390	Fibrinolysins or coagulopathy screen, interpretation and report	no auth				
85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	no auth				
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	no auth				
85400	Fibrinolytic factors and inhibitors; plasmin	no auth				
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	no auth				
85415	Fibrinolytic factors and inhibitors; plasminogen activator	no auth				
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	no auth				
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	no auth				
85441	Heinz bodies; direct	no auth				
85445	Heinz bodies; induced, acetyl phenylhydrazine	no auth				
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	no auth				
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	no auth				
85475	Hemolysin, acid	no auth				
85520	Heparin assay	no auth				
85525	Heparin neutralization	no auth				
85530	Heparin-protamine tolerance test	no auth				
85536	Iron stain, peripheral blood	no auth				
85540	Leukocyte alkaline phosphatase with count	no auth				
85547	Mechanical fragility, RBC	no auth				
85549	Muramidase	no auth				
85555	Osmotic fragility, RBC; unincubated	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
85557	Osmotic fragility, RBC; incubated	no auth				
85576	Platelet, aggregation (in vitro), each agent	no auth				
85597	Phospholipid neutralization; platelet	no auth				
85598	Phospholipid neutralization; hexagonal phospholipid	no auth				
85610	Prothrombin time;	no auth				
85611	Prothrombin time; substitution, plasma fractions, each	no auth				
85612	Russell viper venom time (includes venom); undiluted	no auth				
85613	Russell viper venom time (includes venom); diluted	no auth				
85635	Reptilase test	no auth				
85651	Sedimentation rate, erythrocyte; non-automated	no auth				
85652	Sedimentation rate, erythrocyte; automated	no auth				
85660	Sickling of RBC, reduction	no auth				
85670	Thrombin time; plasma	no auth				
85675	Thrombin time; titer	no auth				
85705	Thromboplastin inhibition, tissue	no auth				
85730	Thromboplastin time, partial (PTT); plasma or whole blood	no auth				
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	no auth				
85810	Viscosity	no auth				
85999	Unlisted hematology and coagulation procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	no auth				
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	no auth				
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	no auth				
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	no auth				
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	no auth				
86015	Actin (smooth muscle) antibody (ASMA), each	no auth				
86021	Antibody identification; leukocyte antibodies	no auth				
86022	Antibody identification; platelet antibodies	no auth				
86023	Antibody identification; platelet associated immunoglobulin assay	no auth				
86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody	no auth				
86038	Antinuclear antibodies (ANA);	no auth				
86039	Antinuclear antibodies (ANA); titer	no auth				
86051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA)	no auth				
86052	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each	no auth				
86053	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each	no auth				
86060	Antistreptolysin 0; titer	no auth				
86063	Antistreptolysin 0; screen	no auth				
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	no auth				
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	no auth				
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	no auth				
86140	C-reactive protein;	no auth				
86141	C-reactive protein; high sensitivity (hsCRP)	no auth				
86146	Beta 2 Glycoprotein I antibody, each	no auth				
86147	Cardiolipin (phospholipid) antibody, each Ig class	no auth				
86148	Anti-phosphatidylserine (phospholipid) antibody	no auth				
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	no auth				
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	no auth				
86155	Chemotaxis assay, specify method	no auth				
86156	Cold agglutinin; screen	no auth				
86157	Cold agglutinin; titer	no auth				
86160	Complement; antigen, each component	no auth				
86161	Complement; functional activity, each component	no auth				
86162	Complement; total hemolytic (CH50)	no auth				
86171	Complement fixation tests, each antigen	no auth				
86200	Cyclic citrullinated peptide (CCP), antibody	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86215	Deoxyribonuclease, antibody	no auth				
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	no auth				
86226	Deoxyribonucleic acid (DNA) antibody; single stranded	no auth				
86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class	no auth				
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	no auth				
86255	Fluorescent noninfectious agent antibody; screen, each antibody	no auth				
86256	Fluorescent noninfectious agent antibody; titer, each antibody	no auth				
86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class	no auth				
86277	Growth hormone, human (HGH), antibody	no auth				
86280	Hemagglutination inhibition test (HAI)	no auth				
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	no auth				
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	no auth				
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	no auth				
86304	Immunoassay for tumor antigen, quantitative; CA 125	no auth				
86305	Human epididymis protein 4 (HE4)	no auth				
86308	Heterophile antibodies; screening	no auth				
86309	Heterophile antibodies; titer	no auth				
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	no auth				
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	no auth				
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	no auth				
86318	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);	no auth				
86320	Immunoelectrophoresis; serum	no auth				
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	no auth				
86327	Immunoelectrophoresis; crossed (2-dimensional assay)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	no auth				
86329	Immunodiffusion; not elsewhere specified	no auth				
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	no auth				
86332	Immune complex assay	no auth				
86334	Immunofixation electrophoresis; serum	no auth				
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	no auth				
86336	Inhibin A	no auth				
86337	Insulin antibodies	no auth				
86340	Intrinsic factor antibodies	no auth				
86341	Islet cell antibody	no auth				
86343	Leukocyte histamine release test (LHR)	no auth				
86344	Leukocyte phagocytosis	no auth				
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	no auth				
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	no auth				
86355	B cells, total count	no auth				
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	no auth				
86357	Natural killer (NK) cells, total count	no auth				
86359	T cells; total count	no auth				
86360	T cells; absolute CD4 and CD8 count, including ratio	no auth				
86361	T cells; absolute CD4 count	no auth				
86362	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each	no auth				
86363	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each	no auth				
86364	Tissue transglutaminase, each immunoglobulin (Ig) class	no auth				
86367	Stem cells (ie, CD34), total count	no auth				
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	no auth				
86381	Mitochondrial antibody (eg, M2), each	no auth				
86382	Neutralization test, viral	no auth				
86384	Nitroblue tetrazolium dye test (NTD)	no auth				
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	no auth				
86403	Particle agglutination; screen, each antibody	no auth				
86406	Particle agglutination; titer, each antibody	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen	no auth				
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer	no auth				
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
86430	Rheumatoid factor; qualitative	no auth				
86431	Rheumatoid factor; quantitative	no auth				
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	no auth				
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	no auth				
86485	Skin test; candida	no auth				
86486	Skin test; unlisted antigen, each	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
86490	Skin test; coccidioidomycosis	no auth				
86510	Skin test; histoplasmosis	no auth				
86580	Skin test; tuberculosis, intradermal	no auth				
86590	Streptokinase, antibody	no auth				
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	no auth				
86593	Syphilis test, non-treponemal antibody; quantitative	no auth				
86596	Voltage-gated calcium channel antibody, each	no auth				
86602	Antibody; actinomyces	no auth				
86603	Antibody; adenovirus	no auth				
86606	Antibody; Aspergillus	no auth				
86609	Antibody; bacterium, not elsewhere specified	no auth				
86611	Antibody; Bartonella	no auth				
86612	Antibody; Blastomyces	no auth				
86615	Antibody; Bordetella	no auth				
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	no auth				
86618	Antibody; Borrelia burgdorferi (Lyme disease)	no auth				
86619	Antibody; Borrelia (relapsing fever)	no auth				
86622	Antibody; Brucella	no auth				
86625	Antibody; Campylobacter	no auth				
86628	Antibody; Candida	no auth				
86631	Antibody; Chlamydia	no auth				
86632	Antibody; Chlamydia, IgM	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86635	Antibody; Coccidioides	no auth				
86638	Antibody; Coxiella burnetii (Q fever)	no auth				
86641	Antibody; Cryptococcus	no auth				
86644	Antibody; cytomegalovirus (CMV)	no auth				
86645	Antibody; cytomegalovirus (CMV), IgM	no auth				
86648	Antibody; Diphtheria	no auth				
86651	Antibody; encephalitis, California (La Crosse)	no auth				
86652	Antibody; encephalitis, Eastern equine	no auth				
86653	Antibody; encephalitis, St. Louis	no auth				
86654	Antibody; encephalitis, Western equine	no auth				
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	no auth				
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	no auth				
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	no auth				
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	no auth				
86666	Antibody; Ehrlichia	no auth				
86668	Antibody; Francisella tularensis	no auth				
86671	Antibody; fungus, not elsewhere specified	no auth				
86674	Antibody; Giardia lamblia	no auth				
86677	Antibody; Helicobacter pylori	no auth				
86682	Antibody; helminth, not elsewhere specified	no auth				
86684	Antibody; Haemophilus influenza	no auth				
86687	Antibody; HTLV-I	no auth				
86688	Antibody; HTLV-II	no auth				
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	no auth				
86692	Antibody; hepatitis, delta agent	no auth				
86694	Antibody; herpes simplex, non-specific type test	no auth				
86695	Antibody; herpes simplex, type 1	no auth				
86696	Antibody; herpes simplex, type 2	no auth				
86698	Antibody; histoplasma	no auth				
86701	Antibody; HIV-1	no auth				
86702	Antibody; HIV-2	no auth				
86703	Antibody; HIV-1 and HIV-2, single result	no auth				
86704	Hepatitis B core antibody (HBcAb); total	no auth				
86705	Hepatitis B core antibody (HBcAb); IgM antibody	no auth				
86706	Hepatitis B surface antibody (HBsAb)	no auth				
86707	Hepatitis Be antibody (HBeAb)	no auth				
86708	Hepatitis A antibody (HAAb)	no auth				
86709	Hepatitis A antibody (HAAb), IgM antibody	no auth				
86710	Antibody; influenza virus	no auth				
86711	Antibody; JC (John Cunningham) virus	no auth				
86713	Antibody; Legionella	no auth				
86717	Antibody; Leishmania	no auth				
86720	Antibody; Leptospira	no auth				
86723	Antibody; Listeria monocytogenes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86727	Antibody; lymphocytic choriomeningitis	no auth				
86732	Antibody; mucormycosis	no auth				
86735	Antibody; mumps	no auth				
86738	Antibody; mycoplasma	no auth				
86741	Antibody; Neisseria meningitidis	no auth				
86744	Antibody; Nocardia	no auth				
86747	Antibody; parvovirus	no auth				
86750	Antibody; Plasmodium (malaria)	no auth				
86753	Antibody; protozoa, not elsewhere specified	no auth				
86756	Antibody; respiratory syncytial virus	no auth				
86757	Antibody; Rickettsia	no auth				
86759	Antibody; rotavirus	no auth				
86762	Antibody; rubella	no auth				
86765	Antibody; rubeola	no auth				
86768	Antibody; Salmonella	no auth				
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	no auth				
86771	Antibody; Shigella	no auth				
86774	Antibody; tetanus	no auth				
86777	Antibody; Toxoplasma	no auth				
86778	Antibody; Toxoplasma, IgM	no auth				
86780	Antibody; Treponema pallidum	no auth				
86784	Antibody; Trichinella	no auth				
86787	Antibody; varicella-zoster	no auth				
86788	Antibody; West Nile virus, IgM	no auth				
86789	Antibody; West Nile virus	no auth				
86790	Antibody; virus, not elsewhere specified	no auth				
86793	Antibody; Yersinia	no auth				
86794	Antibody; Zika virus, IgM	no auth				
86800	Thyroglobulin antibody	no auth				
86803	Hepatitis C antibody;	no auth				
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	no auth				
86805	Lymphocytotoxicity assay, visual crossmatch; with titration	no auth				
86806	Lymphocytotoxicity assay, visual crossmatch; without titration	no auth				
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	no auth				
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	no auth				
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	no auth				
86813	HLA typing; A, B, or C, multiple antigens	no auth				
86816	HLA typing; DR/DQ, single antigen	no auth				
86817	HLA typing; DR/DQ, multiple antigens	no auth				
86821	HLA typing; lymphocyte culture, mixed (MLC)	no auth				
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	no auth				
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	no auth				
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	no auth				
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	no auth				
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	no auth				
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	no auth				
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	no auth				
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	no auth				
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	no auth				
86849	Unlisted immunology procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86850	Antibody screen, RBC, each serum technique	no auth				
86860	Antibody elution (RBC), each elution	no auth				
86870	Antibody identification, RBC antibodies, each panel for each serum technique	no auth				
86880	Antihuman globulin test (Coombs test); direct, each antiserum	no auth				
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	no auth				
86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	no auth				
86890	Autologous blood or component, collection processing and storage; predeposited	no auth				
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	no auth				
86900	Blood typing, serologic; ABO	no auth				
86901	Blood typing, serologic; Rh (D)	no auth				
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	no auth				
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	no auth				
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	no auth				
86906	Blood typing, serologic; Rh phenotyping, complete	no auth				
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	NOT COVERED		NOT ON MEDICARE LAB FEE SCHEDULE		
86911	Blood typing, for paternity testing, per individual; each additional antigen system	NOT COVERED		NOT ON MEDICARE LAB FEE SCHEDULE		
86920	Compatibility test each unit; immediate spin technique	no auth				
86921	Compatibility test each unit; incubation technique	no auth				
86922	Compatibility test each unit; antiglobulin technique	no auth				
86923	Compatibility test each unit; electronic	no auth				
86927	Fresh frozen plasma, thawing, each unit	no auth				
86930	Frozen blood, each unit; freezing (includes preparation)	no auth				
86931	Frozen blood, each unit; thawing	no auth				
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	no auth				
86940	Hemolysins and agglutinins; auto, screen, each	no auth				
86941	Hemolysins and agglutinins; incubated	no auth				
86945	Irradiation of blood product, each unit	no auth				
86950	Leukocyte transfusion	no auth				
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	no auth				
86965	Pooling of platelets or other blood products	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	no auth				
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	no auth				
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	no auth				
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	no auth				
86976	Pretreatment of serum for use in RBC antibody identification; by dilution	no auth				
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	no auth				
86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	no auth				
86985	Splitting of blood or blood products, each unit	no auth				
86999	Unlisted transfusion medicine procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
87003	Animal inoculation, small animal, with observation and dissection	no auth				
87015	Concentration (any type), for infectious agents	no auth				
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	no auth				
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	no auth				
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	no auth				
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	no auth				
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	no auth				
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	no auth				
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	no auth				
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	no auth				
87081	Culture, presumptive, pathogenic organisms, screening only;	no auth				
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	no auth				
87086	Culture, bacterial; quantitative colony count, urine	no auth				
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	no auth				
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	no auth				
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	no auth				
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	no auth				
87106	Culture, fungi, definitive identification, each organism; yeast	no auth				
87107	Culture, fungi, definitive identification, each organism; mold	no auth				
87109	Culture, mycoplasma, any source	no auth				
87110	Culture, chlamydia, any source	no auth				
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	no auth				
87118	Culture, mycobacterial, definitive identification, each isolate	no auth				
87140	Culture, typing; immunofluorescent method, each antiserum	no auth				
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	no auth				
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	no auth				
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	no auth				
87152	Culture, typing; identification by pulse field gel typing	no auth				
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	no auth				
87154	Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets	no auth				
87158	Culture, typing; other methods	no auth				
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	no auth				
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	no auth				
87168	Macroscopic examination; arthropod	no auth				
87169	Macroscopic examination; parasite	no auth				
87172	Pinworm exam (eg, cellophane tape prep)	no auth				
87176	Homogenization, tissue, for culture	no auth				
87177	Ova and parasites, direct smears, concentration and identification	no auth				
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	no auth				
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	no auth				
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	no auth				
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	no auth				
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	no auth				
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	no auth				
87197	Serum bactericidal titer (Schlichter test)	no auth				
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	no auth				
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	no auth				
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	no auth				
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	no auth				
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	no auth				
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	no auth				
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	no auth				
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	no auth				
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	no auth				
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	no auth				
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	no auth				
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	no auth				
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	no auth				
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	no auth				
87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	no auth				

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87269	Infectious agent antigen detection by immunofluorescent technique; giardia	no auth				
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	no auth				
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	no auth				
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	no auth				
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	no auth				
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	no auth				
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	no auth				
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	no auth				
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	no auth				
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	no auth				
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	no auth				
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	no auth				
87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	no auth				
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	no auth				
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	no auth				
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	no auth				
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41	no auth				
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Aspergillus	no auth				
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis	no auth				
87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Clostridium difficile toxin(s)	no auth				
87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Cryptococcus neoformans	no auth				
87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cryptosporidium	no auth				

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87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; giardia	no auth				
87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cytomegalovirus	no auth				
87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Escherichia coli 0157	no auth				
87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica dispar group	no auth				
87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica group	no auth				
87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori, stool	no auth				

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87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori	no auth				
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	no auth				
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	no auth				
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg)	no auth				
87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis, delta agent	no auth				
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma capsulatum	no auth				

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87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	no auth				
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	no auth				
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	no auth				
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each	no auth				
87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus	no auth				
87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; rotavirus	no auth				

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87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	no auth				
87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Shiga-like toxin	no auth				
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	no auth				
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A	no auth				
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism	no auth				
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum	no auth				

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87467	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	no auth				
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	no auth				
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	no auth				
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	no auth				
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	no auth				
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	no auth				
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	no auth				
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	no auth				
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	no auth				
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	no auth				
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	no auth				
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	no auth				
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	no auth				
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	no auth				
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	no auth				
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	no auth				
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	no auth				
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	no auth				
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	no auth				
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	no auth				
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	no auth				
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	no auth				
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	no auth				
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	no auth				
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	no auth				
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	no auth				
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	no auth				
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	no auth				
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	no auth				
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	no auth				
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	no auth				
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	no auth				
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	no auth				
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	no auth				
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	no auth				
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	no auth				
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	no auth				
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	no auth				
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	no auth				
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	no auth				
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	no auth				
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	no auth				
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	no auth				
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	no auth				
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	no auth				
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	no auth				
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	no auth				
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	no auth				
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	no auth				
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	no auth				
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	no auth				
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	no auth				
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	no auth				
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	no auth				
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	no auth				
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	no auth				
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	no auth				
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	no auth				
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	no auth				
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	no auth				
87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	no auth				
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	no auth				
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	no auth				
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	no auth				
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	no auth				
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	no auth				
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	no auth				
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	no auth				
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	no auth				
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	no auth				
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	no auth				
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	no auth				
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	no auth				
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	no auth				
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique	no auth				
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	no auth				
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	no auth				
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	no auth				
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	no auth				
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	no auth				
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	no auth				
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	no auth				
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	no auth				
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	no auth				
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	no auth				
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	no auth				
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	no auth				
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	no auth				
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	no auth				
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	no auth				
87802	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B	no auth				
87803	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	no auth				
87804	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza	no auth				
87806	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies	no auth				
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	no auth				
87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis	no auth				
87809	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus	no auth				
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis	no auth				
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])	no auth				
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	no auth				
87880	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A	no auth				
87899	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified	no auth				
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	no auth				
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	no auth				
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	no auth				
87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	no auth				
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	no auth				
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	no auth				
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	no auth				
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	no auth				
87913	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
87999	Unlisted microbiology procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
88000	Necropsy (autopsy), gross examination only; without CNS	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88005	Necropsy (autopsy), gross examination only; with brain	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88012	Necropsy (autopsy), gross examination only; infant with brain	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88016	Necropsy (autopsy), gross examination only; macerated stillborn	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88020	Necropsy (autopsy), gross and microscopic; without CNS	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88025	Necropsy (autopsy), gross and microscopic; with brain	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88028	Necropsy (autopsy), gross and microscopic; infant with brain	NOT COVERED		NOT ON LAB FEE SCHEDULE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88040	Necropsy (autopsy); forensic examination	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88045	Necropsy (autopsy); coroner's call	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88099	Unlisted necropsy (autopsy) procedure	NOT COVERED		NOT ON LAB FEE SCHEDULE		
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	no auth				
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	no auth				
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	no auth				
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	no auth				
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	no auth				
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	no auth				
88125	Cytopathology, forensic (eg, sperm)	no auth				
88130	Sex chromatin identification; Barr bodies	no auth				
88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	no auth				
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	no auth				
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	no auth				
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	no auth				
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	no auth				
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	no auth				
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	no auth				
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	no auth				
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	no auth				
88160	Cytopathology, smears, any other source; screening and interpretation	no auth				
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	no auth				
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	no auth				
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	no auth				
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	no auth				
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	no auth				
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	no auth				
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	no auth				
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	no auth				
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	no auth				
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	no auth				
88182	Flow cytometry, cell cycle or DNA analysis	no auth				
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	no auth				
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	no auth				
88187	Flow cytometry, interpretation; 2 to 8 markers	no auth				
88188	Flow cytometry, interpretation; 9 to 15 markers	no auth				
88189	Flow cytometry, interpretation; 16 or more markers	no auth				
88199	Unlisted cytopathology procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
88230	Tissue culture for non-neoplastic disorders; lymphocyte	AUTH REQUIRED		NCD 190.3		
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	AUTH REQUIRED		NCD 190.3		
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	AUTH REQUIRED		NCD 190.3		
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	AUTH REQUIRED		NCD 190.3		
88239	Tissue culture for neoplastic disorders; solid tumor	AUTH REQUIRED		NCD 190.3		
88240	Cryopreservation, freezing and storage of cells, each cell line	AUTH REQUIRED		NCD 190.3		
88241	Thawing and expansion of frozen cells, each aliquot	AUTH REQUIRED		NCD 190.3		
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	AUTH REQUIRED		NCD 190.3	MCG:Bloom Syndrome - BLM Gene ACG: A-0682 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED		NCD 190.3	MCG:Many MCG (ataxia-tel. ATM, fragile X FMR1, Fanconi FANC genes)	
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	AUTH REQUIRED		NCD 190.3		
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	AUTH REQUIRED		NCD 190.3		
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	AUTH REQUIRED		NCD 190.3		
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	AUTH REQUIRED		NCD 190.3		
88264	Chromosome analysis; analyze 20-25 cells	AUTH REQUIRED		NCD 190.3		
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	AUTH REQUIRED		NCD 190.3		
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	AUTH REQUIRED		NCD 190.3		
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	AUTH REQUIRED		NCD 190.3	MCG:Many MCG (ataxia-tel, breast CA, gastric CA, Wilms, etc.)	
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	AUTH REQUIRED		NCD 190.3	MCG:Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC)	
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	AUTH REQUIRED		NCD 190.3	MCG:Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC)	
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	AUTH REQUIRED		NCD 190.3	MCG:Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC); Breast Cancer - HER2 Testing ACG: A-0766 (AC); Gastric Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0927 (AC)	
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	AUTH REQUIRED		NCD 190.3	MCG:Many MCG depending on underlying clinical diagnosis and testing desired.	
88280	Chromosome analysis; additional karyotypes, each study	AUTH REQUIRED		NCD 190.3		
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	AUTH REQUIRED		NCD 190.3		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88285	Chromosome analysis; additional cells counted, each study	AUTH REQUIRED		NCD 190.3	MCG:Telomere Analysis ACG: A-0672 (AC)	
88289	Chromosome analysis; additional high resolution study	AUTH REQUIRED		NCD 190.3		
88291	Cytogenetics and molecular cytogenetics, interpretation and report	AUTH REQUIRED		NCD 190.3	MCG:Many MCG depending on underlying clinical diagnosis and testing desired.	
88299	Unlisted cytogenetic study	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:MCG: Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC), MCG: Telomere Analysis ACG: A-0672 (AC)	
88300	Level I - Surgical pathology, gross examination only	no auth				
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	no auth				
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection	no auth				
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	no auth				
88312	Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88313	Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	no auth				
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	no auth				
88319	Special stain including interpretation and report; Group III, for enzyme constituents	no auth				
88321	Consultation and report on referred slides prepared elsewhere	no auth				
88323	Consultation and report on referred material requiring preparation of slides	no auth				
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	no auth				
88329	Pathology consultation during surgery;	no auth				
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	no auth				
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	no auth				
88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	no auth				
88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	no auth				
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	no auth				
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	no auth				
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	no auth				
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	no auth				
88348	Electron microscopy, diagnostic	no auth				
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88355	Morphometric analysis; skeletal muscle	no auth				
88356	Morphometric analysis; nerve	no auth				
88358	Morphometric analysis; tumor (eg, DNA ploidy)	no auth				
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	no auth				
88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology	no auth				
88362	Nerve teasing preparations	no auth				
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	no auth				
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	no auth				
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	no auth				
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	no auth				
88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure	no auth				
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure	no auth				
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
88371	Protein analysis of tissue by Western Blot, with interpretation and report;	no auth				
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	no auth				
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	no auth				
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	no auth				
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	no auth				
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	no auth				
88399	Unlisted surgical pathology procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
88720	Bilirubin, total, transcutaneous	no auth				
88738	Hemoglobin (Hgb), quantitative, transcutaneous	no auth				
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	no auth				
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	no auth				
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	no auth				
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	no auth				
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	no auth				
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	no auth				
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	no auth				
89125	Fat stain, feces, urine, or respiratory secretions	no auth				
89160	Meat fibers, feces	no auth				
89190	Nasal smear for eosinophils	no auth				
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	no auth				
89230	Sweat collection by iontophoresis	no auth				
89240	Unlisted miscellaneous pathology test	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89253	Assisted embryo hatching, microtechniques (any method)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89254	Oocyte identification from follicular fluid	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
89255	Preparation of embryo for transfer (any method)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89257	Sperm identification from aspiration (other than seminal fluid)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89258	Cryopreservation; embryo(s)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89259	Cryopreservation; sperm	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89264	Sperm identification from testis tissue, fresh or cryopreserved	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89268	Insemination of oocytes	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100, Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89310	Semen analysis; motility and count (not including Huhner test)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89320	Semen analysis; volume, count, motility, and differential	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
89321	Semen analysis; sperm presence and motility of sperm, if performed	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89325	Sperm antibodies	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89329	Sperm evaluation; hamster penetration test	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89335	Cryopreservation, reproductive tissue, testicular	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89337	Cryopreservation, mature oocyte(s)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
89342	Storage (per year); embryo(s)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89343	Storage (per year); sperm/semen	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89344	Storage (per year); reproductive tissue, testicular/ovarian	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89346	Storage (per year); oocyte(s)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89352	Thawing of cryopreserved; embryo(s)	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89353	Thawing of cryopreserved; sperm/semen, each aliquot	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
89356	Thawing of cryopreserved; oocytes, each aliquot	NOT COVERED	INFERTILITY-ASSISTED REPRODUCTIVE TECHNOLOGY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
89398	Unlisted reproductive medicine laboratory procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:MCG: Sperm-Hyaluronan Binding Assay (HBA) ACG: A-0589 (AC), MCG: Assisted Reproductive Technology ACG: A-0504 (AC)	
90281	Immune globulin (Ig), human, for intramuscular use	AUTH REQUIRED	Pays under Part B only (submit request and claims through Alterwood)			Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90283	Immune globulin (IgIV), human, for intravenous use	AUTH REQUIRED	Pays under Part B only (submit request and claims through Alterwood)			Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	AUTH REQUIRED	NOT ON A FEE SCHEDULE, BUT SHOULD BE COVERED WITH A J CODE FOR SQ IgG; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING; Pays under Part B only (submit request and claims through Alterwood)			Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90287	Botulinum antitoxin, equine, any route	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90288	Botulism immune globulin, human, for intravenous use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90296	Diphtheria antitoxin, equine, any route	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90371	Hepatitis B immune globulin (HBIg), human, for intramuscular use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90375	Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90376	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	NOT COVERED	PEDIATRIC			
90384	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90385	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use	no auth- PART B (submit medical claim)	Pays under Part B only (submit claims through Alterwood)			
90389	Tetanus immune globulin (TIg), human, for intramuscular use	no auth- submit PART B (medical claim) or PART D (through pharmacy/pharmacy benefit)	Part B for treatment (submit claims through Alterwood), Part D for preventative (submit request to Elixir 866-267-3144)			
90393	Vaccinia immune globulin, human, for intramuscular use	no auth- offically Part D item, but may be obtained in any setting it is available.	Can be administered under Part B or members can go to a network pharmacy to obtain.	LCA 57554, LCD 34771		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90396	Varicella-zoster immune globulin, human, for intramuscular use	no auth- PART B (submit medical claim)	Pays under Part B only (submit request and claims through Alterwood)	LCA 57554, LCD 34771		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90399	Unlisted immune globulin	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	no auth				
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	no auth				
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	no auth				
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	no auth				
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	no auth				
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	no auth				
90476	Adenovirus vaccine, type 4, live, for oral use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90477	Adenovirus vaccine, type 7, live, for oral use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90581	Anthrax vaccine, for subcutaneous or intramuscular use	no auth- PART B (submit medical claim)	Pays under Part B only (submit request and claims through Alterwood)			Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	no auth- PART B (submit medical claim)	Pays under Part B only (submit request and claims through Alterwood)			
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	NOT COVERED	PEDIATRIC	VACCINE NOT COVERED BY MEDICARE PART B/D		
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	NOT COVERED	PEDIATRIC	VACCINE NOT COVERED BY MEDICARE PART B/D		
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	NOT COVERED	PEDIATRIC	VACCINE NOT COVERED BY MEDICARE PART B/D		
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	no auth- PART B (submit medical claim)	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	no auth- PART B (submit medical claim)	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144 or member can obtain from in-network pharmacy)			
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90675	Rabies vaccine, for intramuscular use	no auth- offically Part D item, but may be obtained in any setting it is available.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90676	Rabies vaccine, for intradermal use	no auth- offically Part D item, but may be obtained in any setting it is available.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Not covered under Part B/covered under Part D			
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90690	Typhoid vaccine, live, oral	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	no auth- offically Part B item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	NOT COVERED	PEDIATRIC	VACCINE NOT COVERED BY MEDICARE PART B/D		
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	NOT COVERED	PEDIATRIC	VACCINE NOT COVERED BY MEDICARE PART B/D		
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	NOT COVERED	PEDIATRIC	VACCINE NOT COVERED BY MEDICARE PART B/D		
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	no auth- offically Part D item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	no auth- offically Part D item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90717	Yellow fever vaccine, live, for subcutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	no auth- submit PART B (medical claim) or PART D (through pharmacy/pharmacy benefit)	Can be administered under Part B or members can go to a network pharmacy to obtain (Part D).			
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	no auth- submit PART B (medical claim) or PART D (through pharmacy/pharmacy benefit)	Can be administered under Part B or members can go to a network pharmacy to obtain (Part D).			
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	NOT COVERED	PEDIATRIC			
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	NOT COVERED	PEDIATRIC			
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	no auth- submit PART B (medical claim) or PART D (through pharmacy/pharmacy benefit)	Can be administered under Part B or members can go to a network pharmacy to obtain (Part D).			
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	no auth- submit PART B (medical claim) or PART D (through pharmacy/pharmacy benefit)	Can be administered under Part B or members can go to a network pharmacy to obtain (Part D).			
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	NOT COVERED		VACCINE NOT COVERED BY MEDICARE PART B/D		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90749	Unlisted vaccine/toxoid	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	PART D ONLY (through pharmacy/pharmacy benefit)	Pays under Part D (submit request to Elixir 866-267-3144)			
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	no auth- offically Part D item, but may be obtained in any setting.	Can be administered under Part B or members can go to a network pharmacy to obtain.			
90758	Zaire ebolavirus vaccine, live, for intramuscular use	no auth- PART B (submit medical claim)	Pays under Part B only (submit request and claims through Alterwood)			
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	no auth- submit PART B (medical claim) or PART D (through pharmacy/pharmacy benefit)	Can be administered under Part B or members can go to a network pharmacy to obtain (Part D).			
90785	Interactive complexity (List separately in addition to the code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90791	Psychiatric diagnostic evaluation	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90792	Psychiatric diagnostic evaluation with medical services	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90832	Psychotherapy, 30 minutes with patient	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90834	Psychotherapy, 45 minutes with patient	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90837	Psychotherapy, 60 minutes with patient	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90839	Psychotherapy for crisis; first 60 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90845	Psychoanalysis	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90846	Family psychotherapy (without the patient present), 50 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90849	Multiple-family group psychotherapy	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90853	Group psychotherapy (other than of a multiple-family group)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90870	Electroconvulsive therapy (includes necessary monitoring)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
90880	Hypnotherapy	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

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90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90899	Unlisted psychiatric service or procedure	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90901	Biofeedback training by any modality	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	no auth				
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	no auth				
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	no auth				
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	no auth				
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	no auth				
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	no auth				
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	no auth				
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	NOT COVERED	PEDIATRIC			
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	NOT COVERED	PEDIATRIC			
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	no auth				
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	no auth				
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	no auth				
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	no auth				
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	no auth				
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	no auth				
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	no auth				
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	no auth				
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	no auth				
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	no auth				
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	NOT COVERED	PEDIATRIC			
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	no auth				
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	no auth				
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	no auth				
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	no auth				
90997	Hemoperfusion (eg, with activated charcoal or resin)	no auth				
90999	Unlisted dialysis procedure, inpatient or outpatient	no auth				
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	no auth				
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	no auth				
91020	Gastric motility (manometric) studies	no auth				
91022	Duodenal motility (manometric) study	no auth				
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	no auth				
91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	no auth				
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	no auth				
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	no auth				
91040	Esophageal balloon distension study, diagnostic, with provocation when performed	no auth				
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	no auth				
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	no auth				
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	no auth				
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	no auth				
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD	LCD 38807	MCG:Capsule Endoscopy ACG: A-0134 (AC)	
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	no auth				
91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	no auth				
91122	Anorectal manometry	no auth				
91132	Electrogastrography, diagnostic, transcutaneous;	no auth				
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	no auth				
91299	Unlisted diagnostic gastroenterology procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use	NOT COVERED		Not FDA approved, application for approval withdrawn by manufacturer		
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use	no auth				
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use	no auth				
91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	NOT COVERED	PLACEHOLDER			
91312	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	no auth				
91313	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	no auth				
91314	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
91315	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	no auth				
91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	no auth				
91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	NOT COVERED	PEDIATRIC			
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	no auth	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD			
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	no auth	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD			
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	no auth	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD			
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	no auth	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD			
92015	Determination of refractive state	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	no auth				
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92020	Gonioscopy (separate procedure)	no auth				
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	no auth				
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	no auth				
92065	Orthoptic training; performed by a physician or other qualified health care professional	no auth				
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
92071	Fitting of contact lens for treatment of ocular surface disease	no auth				
92072	Fitting of contact lens for management of keratoconus, initial fitting	AUTH REQUIRED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	no auth				
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	no auth				
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	no auth				
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	no auth				
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	no auth				
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	no auth				
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	no auth				
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	no auth				
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	no auth				
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	no auth				
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	no auth				
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	no auth				
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	no auth				
92230	Fluorescein angioscopy with interpretation and report	no auth				
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	no auth				
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	no auth				
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92250	Fundus photography with interpretation and report	no auth	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD			
92260	Ophthalmodynamometry	no auth				
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	no auth				
92270	Electro-oculography with interpretation and report	no auth				
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	no auth				
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	no auth				
92283	Color vision examination, extended, eg, anomaloscope or equivalent	no auth				
92284	Diagnostic dark adaptation examination with interpretation and report	no auth				
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	no auth				
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	no auth				
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	no auth				
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	AUTH REQUIRED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]; FOR MEDICAL CLAIMS, SEND TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	no auth				
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	no auth				
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	no auth				
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	no auth				
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	no auth				
92326	Replacement of contact lens	no auth				
92340	Fitting of spectacles, except for aphakia; monofocal	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92341	Fitting of spectacles, except for aphakia; bifocal	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92352	Fitting of spectacle prosthesis for aphakia; monofocal	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92353	Fitting of spectacle prosthesis for aphakia; multifocal	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92354	Fitting of spectacle mounted low vision aid; single element system	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92370	Repair and refitting spectacles; except for aphakia	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92499	Unlisted ophthalmological service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
92502	Otolaryngologic examination under general anesthesia	no auth				
92504	Binocular microscopy (separate diagnostic procedure)	no auth				
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92511	Nasopharyngoscopy with endoscope (separate procedure)	no auth				
92512	Nasal function studies (eg, rhinomanometry)	no auth				
92516	Facial nerve function studies (eg, electroneuronography)	no auth				
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	no auth				
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	no auth				
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	no auth				
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	no auth				
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92524	Behavioral and qualitative analysis of voice and resonance	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92526	Treatment of swallowing dysfunction and/or oral function for feeding	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92531	Spontaneous nystagmus, including gaze	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92532	Positional nystagmus test	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92534	Optokinetic nystagmus test	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	no auth				
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	no auth				
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	no auth				
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	no auth	LCA 57434 imposes QL 1/YR	LCA 57434		
92542	Positional nystagmus test, minimum of 4 positions, with recording	no auth	LCA 57434 imposes QL 1/YR	LCA 57434		
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	no auth	LCA 57434 imposes QL 1/YR	LCA 57434		
92545	Oscillating tracking test, with recording	no auth	LCA 57434 imposes QL 1/YR	LCA 57434		
92546	Sinusoidal vertical axis rotational testing	no auth	LCA 57434 imposes QL 1/YR	LCA 57434		
92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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;	no auth				
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)	no auth				
92550	Tympanometry and reflex threshold measurements	no auth	HEARING CODE NOT COVERED BY NATIONS			
92551	Screening test, pure tone, air only	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92552	Pure tone audiometry (threshold); air only	no auth	SEE LCA 56497- Only covered if done with Vestibular Function Testing; NATIONS does not cover this code.			
92553	Pure tone audiometry (threshold); air and bone	no auth	SEE LCA 56497- Only covered if done with Vestibular Function Testing; NATIONS does not cover this code.			
92555	Speech audiometry threshold;	no auth	HEARING CODE NOT COVERED BY NATIONS			
92556	Speech audiometry threshold; with speech recognition	no auth	HEARING CODE NOT COVERED BY NATIONS			
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	no auth	SEE LCA 56497- Only covered if done with Vestibular Function Testing; NATIONS does not cover this code.			
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	NOT COVERED	HEARING CODE NOT COVERED BY NATIONS, EXCLUDED BY MEDICARE	STATUTORY EXCLUSION PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92562	Loudness balance test, alternate binaural or monaural	no auth	HEARING CODE NOT COVERED BY NATIONS			
92563	Tone decay test	no auth	HEARING CODE NOT COVERED BY NATIONS			
92565	Stenger test, pure tone	no auth	HEARING CODE NOT COVERED BY NATIONS			
92567	Tympanometry (impedance testing)	no auth	HEARING CODE NOT COVERED BY NATIONS			
92568	Acoustic reflex testing, threshold	no auth	HEARING CODE NOT COVERED BY NATIONS			
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	no auth	HEARING CODE NOT COVERED BY NATIONS			
92571	Filtered speech test	no auth	HEARING CODE NOT COVERED BY NATIONS			
92572	Staggered spondaic word test	no auth	HEARING CODE NOT COVERED BY NATIONS			
92575	Sensorineural acuity level test	no auth	HEARING CODE NOT COVERED BY NATIONS			
92576	Synthetic sentence identification test	no auth	HEARING CODE NOT COVERED BY NATIONS			
92577	Stenger test, speech	no auth	HEARING CODE NOT COVERED BY NATIONS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92579	Visual reinforcement audiometry (VRA)	no auth	HEARING CODE NOT COVERED BY NATIONS			
92582	Conditioning play audiometry	no auth	HEARING CODE NOT COVERED BY NATIONS			
92583	Select picture audiometry	no auth	HEARING CODE NOT COVERED BY NATIONS			
92584	Electrocochleography	no auth	HEARING CODE NOT COVERED BY NATIONS			
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	no auth	HEARING CODE NOT COVERED BY NATIONS			
92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	no auth	HEARING CODE NOT COVERED BY NATIONS			
92590	Hearing aid examination and selection; monaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
92591	Hearing aid examination and selection; binaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
92592	Hearing aid check; monaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
92593	Hearing aid check; binaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
92594	Electroacoustic evaluation for hearing aid; monaural	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92595	Electroacoustic evaluation for hearing aid; binaural	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92596	Ear protector attenuation measurements	no auth	HEARING CODE NOT COVERED BY NATIONS			
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	NCD 50.2		
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	NOT COVERED	PEDIATRIC			
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	NOT COVERED	PEDIATRIC			
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	no auth	HEARING CODE NOT COVERED BY NATIONS			
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	no auth	HEARING CODE NOT COVERED BY NATIONS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92609	Therapeutic services for the use of speech-generating device, including programming and modification	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
92610	Evaluation of oral and pharyngeal swallowing function	no auth				
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	no auth				
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	no auth				
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	no auth				
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	no auth				
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	NOT COVERED		Medicare Addendum B of OPPS		
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	no auth				
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	NOT COVERED		Medicare Addendum B of OPPS		
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92620	Evaluation of central auditory function, with report; initial 60 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	no auth				
92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	no auth				
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	no auth				
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	no auth				
92630	Auditory rehabilitation; prelingual hearing loss	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92633	Auditory rehabilitation; postlingual hearing loss	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	no auth				
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	no auth				
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	no auth				
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	no auth				
92700	Unlisted otorhinolaryngological service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	no auth				
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	no auth				
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	no auth				
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	no auth				
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	no auth				
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	no auth				
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	no auth				
92953	Temporary transcutaneous pacing	no auth				
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	no auth				
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	no auth				
92970	Cardioassist-method of circulatory assist; internal	no auth				
92971	Cardioassist-method of circulatory assist; external	no auth				
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	no auth				
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	no auth				
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	no auth				
92977	Thrombolysis, coronary; by intravenous infusion	no auth				
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	no auth				
92986	Percutaneous balloon valvuloplasty; aortic valve	no auth				
92987	Percutaneous balloon valvuloplasty; mitral valve	no auth				
92990	Percutaneous balloon valvuloplasty; pulmonary valve	no auth				
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	no auth				
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	no auth				
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	no auth				
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	no auth				
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	no auth				
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	no auth				
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	no auth				
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	no auth				
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	no auth				
93024	Ergonovine provocation test	no auth				
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93040	Rhythm ECG, 1-3 leads; with interpretation and report	no auth				
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	no auth				
93042	Rhythm ECG, 1-3 leads; interpretation and report only	no auth				
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	no auth				
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	no auth				
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	no auth				
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	no auth				
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	no auth				
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	no auth				
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	no auth				
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	no auth				
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	no auth				
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	no auth				
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	no auth				
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	no auth				
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	no auth				
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93260	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, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	no auth				
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	no auth				
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	no auth				
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	no auth				
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	no auth				
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	no auth				
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	no auth				
93279	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, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	no auth				
93280	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, review and report by a physician or other qualified health care professional; dual lead pacemaker system	no auth				
93281	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, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	no auth				
93282	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, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	no auth				
93283	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, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93284	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, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	no auth				
93285	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, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	no auth				
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	no auth				
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	no auth				
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	no auth				
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	no auth				
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	no auth				
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	no auth				
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	no auth				
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	no auth				
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	no auth				
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	no auth				
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	no auth				
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	no auth				
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	no auth				
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	no auth				
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	no auth				
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	no auth				
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	no auth				
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	no auth				
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	no auth				
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	no auth				
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	no auth				
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	no auth				
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	no auth				
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	no auth				
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	no auth				
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	no auth				
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	no auth				
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	no auth				
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	no auth				
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	no auth				
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	no auth				
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	no auth				
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	no auth				
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	no auth				

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93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	no auth				
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	no auth				
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	no auth				
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	no auth				
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	no auth				
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	no auth				
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	no auth				
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	no auth				
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	no auth				
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	no auth				
93505	Endomyocardial biopsy	no auth				
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	no auth				
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	no auth				
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	no auth				
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	no auth				
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)	no auth				
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	no auth				
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	no auth				
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	no auth				
93582	Percutaneous transcatheter closure of patent ductus arteriosus	no auth				
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	no auth				
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	no auth				
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	no auth				
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	no auth				
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	no auth				
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	no auth				
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	no auth				
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	no auth				
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	no auth				
93600	Bundle of His recording	no auth				
93602	Intra-atrial recording	no auth				
93603	Right ventricular recording	no auth				
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	no auth				
93610	Intra-atrial pacing	no auth				
93612	Intraventricular pacing	no auth				
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	no auth				
93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	no auth				
93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	no auth				
93618	Induction of arrhythmia by electrical pacing	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	no auth				
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	no auth				
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	no auth				
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	no auth				
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	no auth				
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	no auth				
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	no auth				
93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	no auth				
93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	no auth				
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	no auth				
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	no auth				
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	no auth				
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	no auth				
93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	no auth				
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	no auth				
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	no auth				
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93668	Peripheral arterial disease (PAD) rehabilitation, per session	no auth				
93701	Bioimpedance-derived physiologic cardiovascular analysis	no auth				
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	AUTH REQUIRED			MCG:Bioimpedance Spectroscopy ACG: A-0667 (AC)	
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	no auth				
93740	Temperature gradient studies	NOT COVERED		NCD 220.11 STATES NOT COVERED		
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes 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	no auth				
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	no auth				
93770	Determination of venous pressure	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
93784	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	no auth				
93786	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only	no auth				
93788	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93790	Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report	no auth				
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	no auth				
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	no auth				
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	no auth				
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	no auth				
93799	Unlisted cardiovascular service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
93880	Duplex scan of extracranial arteries; complete bilateral study	no auth				
93882	Duplex scan of extracranial arteries; unilateral or limited study	no auth				
93886	Transcranial Doppler study of the intracranial arteries; complete study	no auth				
93888	Transcranial Doppler study of the intracranial arteries; limited study	no auth				
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	no auth				
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	no auth				
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	no auth				
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	no auth				
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	no auth				
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	no auth				
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	no auth				
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	no auth				
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	no auth				
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	no auth				
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	no auth				
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	no auth				
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	no auth				
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	no auth				
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	no auth				
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	no auth				
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
93998	Unlisted noninvasive vascular diagnostic study	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	no auth				
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	no auth				
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	no auth				
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	no auth				
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	no auth				
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	no auth				
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	no auth				
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	no auth				
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	no auth				
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	no auth				
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	no auth				
94150	Vital capacity, total (separate procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
94200	Maximum breathing capacity, maximal voluntary ventilation	no auth				
94375	Respiratory flow volume loop	no auth				
94450	Breathing response to hypoxia (hypoxia response curve)	no auth				
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	no auth				
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	no auth				
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	no auth				
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)	no auth				
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	no auth				
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	no auth				
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	no auth				
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	no auth				
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	no auth				
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	no auth				
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	no auth				
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	no auth				
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	no auth				
94662	Continuous negative pressure ventilation (CNP), initiation and management	no auth				
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	no auth				
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	no auth				
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	no auth				
94669	Mechanical chest wall oscillation to facilitate lung function, per session	no auth				
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	no auth				
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	no auth				
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	no auth				
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	no auth				
94728	Airway resistance by oscillometry	no auth				
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	no auth				
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	no auth				
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	no auth				
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	no auth				
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	NOT COVERED	PEDIATRIC			
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional	NOT COVERED	PEDIATRIC			
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	NOT COVERED	PEDIATRIC			
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	NOT COVERED	PEDIATRIC			
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	NOT COVERED	PEDIATRIC			
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure)	NOT COVERED	PEDIATRIC			
94799	Unlisted pulmonary service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	no auth				
95012	Nitric oxide expired gas determination	no auth				
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	no auth				
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	no auth				
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	no auth				
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	no auth				
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	no auth				
95044	Patch or application test(s) (specify number of tests)	no auth				
95052	Photo patch test(s) (specify number of tests)	no auth				
95056	Photo tests	no auth				
95060	Ophthalmic mucous membrane tests	no auth				
95065	Direct nasal mucous membrane test	no auth				
95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	no auth				
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	no auth				
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	no auth				
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	no auth				
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	no auth				
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	no auth				
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	no auth				
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	no auth				
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	no auth				
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	no auth				
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	no auth				
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	no auth				
95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	no auth				
95199	Unlisted allergy/clinical immunologic service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Immunotherapy, Sublingual ACG: A-0430 (AC)	
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	no auth				
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	no auth				
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	AUTH REQUIRED		NCD 160.22	MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	no auth				
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	no auth				
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	no auth				
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	AUTH REQUIRED		NCD 160.22	MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC)	
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	AUTH REQUIRED		NCD 160.22	MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC)	
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	AUTH REQUIRED		NCD 160.22	MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC)	
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	no auth				
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	AUTH REQUIRED		NCD 160.22	MCG:EEG, Video Monitoring ORG: M-580 (ISC)	
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	AUTH REQUIRED		NCD 160.22	MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC)	
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	AUTH REQUIRED		NCD 160.22	MCG: EEG, Video Monitoring ORG: M-580 (ISC)	
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	AUTH REQUIRED		NCD 160.22	MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	AUTH REQUIRED		NCD 160.22	MCG: EEG, Video Monitoring ORG: M-580 (ISC)	
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	no auth		NCD 160.22		
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	AUTH REQUIRED		NCD 160.22	MCG: EEG, Video Monitoring ORG: M-580 (ISC)	
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	AUTH REQUIRED		NCD 160.22	MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC)	
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	AUTH REQUIRED		NCD 160.22	MCG: EEG, Video Monitoring ORG: M-580 (ISC)	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	NOT COVERED	PEDIATRIC			
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	NOT COVERED	PEDIATRIC			
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	no auth				
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	AUTH REQUIRED			MCG:Polysomnography (PSG), Sleep Center ACG: A-0145 (AC)	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	no auth				
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	no auth				
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	no auth				
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	no auth				
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	no auth				
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	no auth				
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	no auth				
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	no auth				
95816	Electroencephalogram (EEG); including recording awake and drowsy	no auth				
95819	Electroencephalogram (EEG); including recording awake and asleep	no auth				
95822	Electroencephalogram (EEG); recording in coma or sleep only	no auth				
95824	Electroencephalogram (EEG); cerebral death evaluation only	no auth				
95829	Electrocorticogram at surgery (separate procedure)	no auth				
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	no auth				
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	no auth				
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	no auth				
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	no auth				
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	no auth				
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	no auth				
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	no auth				
95865	Needle electromyography; larynx	no auth				
95866	Needle electromyography; hemidiaphragm	no auth				
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	no auth				
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	no auth				
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	no auth				
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	no auth				
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	no auth				
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	no auth				
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	no auth				
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	no auth				
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	no auth				
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	no auth				
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	no auth				
95907	Nerve conduction studies; 1-2 studies	no auth				
95908	Nerve conduction studies; 3-4 studies	no auth				
95909	Nerve conduction studies; 5-6 studies	no auth				
95910	Nerve conduction studies; 7-8 studies	no auth				
95911	Nerve conduction studies; 9-10 studies	no auth				
95912	Nerve conduction studies; 11-12 studies	no auth				
95913	Nerve conduction studies; 13 or more studies	no auth				
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC), Tilt Table Testing ACG: A-0124 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	AUTH REQUIRED			MCG:Tilt Table Testing ACG: A-0124 (AC)	
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	AUTH REQUIRED			MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	no auth				
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	no auth				
95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	no auth				
95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	no auth				
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	no auth				
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	no auth				
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	no auth				
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	no auth				
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	no auth				
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	no auth				
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	no auth				
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	AUTH REQUIRED		NCD 160.18 (vagus)	MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	AUTH REQUIRED		NCD 160.18 (vagus)	MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	no auth				
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	no auth				
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	no auth				
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	no auth				
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	no auth				
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	no auth				
95999	Unlisted neurological or neuromuscular diagnostic procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	no auth				
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	no auth				
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	no auth				
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	no auth				
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	no auth				
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	no auth				
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	no auth				
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	NOT COVERED	PEDIATRIC			
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	NOT COVERED	PEDIATRIC			
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	AUTH REQUIRED		LCD 35101		
96121	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; each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCD 35101		
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	AUTH REQUIRED		LCD 35070	MCG:Neurologic Rehabilitation ACG: A-0363 (AC); Cognitive Communication Disorders Rehabilitation ACG: A-0562	
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	SEND TO DELEGATED VENDOR- OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses	OPTUM (Phone: 866-340-0639)	LCD 35101		
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	no auth				
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	no auth				
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	no auth				
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	no auth				
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	no auth				
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	no auth				
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	no auth				
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	no auth				
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	no auth				
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	no auth				
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	no auth				
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	no auth				
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)	no auth				
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	no auth				
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	no auth				
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	no auth				
96406	Chemotherapy administration; intralesional, more than 7 lesions	no auth				
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	no auth				
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	no auth				
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	no auth				
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	no auth				
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	no auth				
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	no auth				
96420	Chemotherapy administration, intra-arterial; push technique	no auth				
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	no auth				
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	no auth				
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	no auth				
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	no auth				
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	no auth				
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	no auth				
96521	Refilling and maintenance of portable pump	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	no auth				
96523	Irrigation of implanted venous access device for drug delivery systems	no auth				
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	no auth				
96549	Unlisted chemotherapy procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Chemotherapy ORG: M-87 (ISC)	
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	no auth				
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	no auth				
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	no auth				
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	AUTH REQUIRED		NCD 250.4		
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	no auth				
96900	Actinotherapy (ultraviolet light)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
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	no auth				
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	no auth				
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	no auth				
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	no auth				
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	no auth				
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	no auth				
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	AUTH REQUIRED	POTENTIALLY COSMETIC	NCD 250.1	MCG:Excimer Laser Therapy, Skin ACG: A-0256 (AC)	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	no auth				
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	no auth				
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	no auth				
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)	no auth				
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)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	no auth				
96999	Unlisted special dermatological service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
97010	Application of a modality to 1 or more areas; hot or cold packs	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
97012	Application of a modality to 1 or more areas; traction, mechanical	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
97016	Application of a modality to 1 or more areas; vasopneumatic devices	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97018	Application of a modality to 1 or more areas; paraffin bath	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97022	Application of a modality to 1 or more areas; whirlpool	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97026	Application of a modality to 1 or more areas; infrared	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97028	Application of a modality to 1 or more areas; ultraviolet	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	NCD 270.4		
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97039	Unlisted modality (specify type and time if constant attendance)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	no auth				
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	no auth				
97139	Unlisted therapeutic procedure (specify)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD	Evaluated based on Medicare Reasonable and Necessary Standard		
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97150	Therapeutic procedure(s), group (2 or more individuals)	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	LCD 35036		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
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	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	LCD 35036		
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	LCD 35036		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	LCD 35036		
97545	Work hardening/conditioning; initial 2 hours	NOT COVERED		LCD 33942 STATES NOT COVERED Work hardening/conditioning is "not reasonable and necessary for the diagnosis or treatment of an illness or injury."		
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	NOT COVERED		LCD 33942 STATES NOT COVERED Work hardening/conditioning is "not reasonable and necessary for the diagnosis or treatment of an illness or injury."		
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	no auth				
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	no auth				
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	no auth				
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	no auth				
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	no auth				
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	no auth				
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	no auth				
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	LCD 35036		
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	LCD 35036		
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS			
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	no auth				
97799	Unlisted physical medicine/rehabilitation service or procedure	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	no auth				
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	no auth				
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	no auth				
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	**AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.	NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3		Alterwood Advantage Evidence of Coverage
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	**AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.	NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3		Alterwood Advantage Evidence of Coverage
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	**AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.	NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3		Alterwood Advantage Evidence of Coverage
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	**AUTH REQUIRED	ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY.	NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3		Alterwood Advantage Evidence of Coverage
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	AUTH REQUIRED		NCD 150.1		
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	AUTH REQUIRED		NCD 150.1		
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	AUTH REQUIRED		NCD 150.1		
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	AUTH REQUIRED		NCD 150.1		
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	AUTH REQUIRED		NCD 150.1		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	**AUTH REQUIRED	ONLY COVERED FOR SUBLUXATION OF THE SPINE ONLY AS PER LCA 58345; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH			Alterwood Advantage Evidence of Coverage
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	**AUTH REQUIRED	ONLY COVERED FOR SUBLUXATION OF THE SPINE ONLY AS PER LCA 58345; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH			Alterwood Advantage Evidence of Coverage
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	**AUTH REQUIRED	ONLY COVERED FOR SUBLUXATION OF THE SPINE ONLY AS PER LCA 58345; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH			Alterwood Advantage Evidence of Coverage
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	**AUTH REQUIRED	ONLY COVERED FOR SUBLUXATION OF THE SPINE ONLY AS PER LCA 58345; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING			Alterwood Advantage Evidence of Coverage
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	no auth				
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	no auth				
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	no auth				
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	no auth				
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	no auth				
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	no auth				
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	no auth				
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	no auth				
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	no auth				
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99026	Hospital mandated on call service; in-hospital, each hour	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99027	Hospital mandated on call service; out-of-hospital, each hour	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99075	Medical testimony	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99082	Unusual travel (eg, transportation and escort of patient)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	no auth				
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	no auth				
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	no auth				
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	no auth				
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	no auth				
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	no auth				
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	no auth				
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99173	Screening test of visual acuity, quantitative, bilateral	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	no auth				
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	AUTH REQUIRED	PAIRS W/ G0277	NCD 20.29	MCG:Hyperbaric Oxygen ACG: A-0250 (AC)	
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	NOT COVERED	PEDIATRIC			
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	no auth				
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	no auth				
99195	Phlebotomy, therapeutic (separate procedure)	no auth				
99199	Unlisted special service, procedure or report	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Intragastric Balloon Device ACG: A-0970 (AC)	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	no auth				
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	no auth				
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	no auth				
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	no auth				
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	no auth				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	no auth				
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	no auth				
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	no auth				
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	no auth				
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	no auth				
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	no auth				
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	no auth				
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	no auth				
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	no auth				
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	no auth				
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	no auth				
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	no auth				
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99252	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99281	Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional	no auth				
99282	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	no auth				
99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	no auth				
99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making	no auth				
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	no auth				
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	no auth				
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	no auth				
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	no auth				
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	no auth				
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	no auth				
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	no auth				
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	no auth				
99315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	no auth				
99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	no auth				
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	no auth				
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	no auth				
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	no auth				
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	no auth				
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	no auth				
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	no auth				
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	NOT COVERED	use G2212 instead	Medicare JL MAC, Novitas. Guidance found at https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081586		
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	NOT COVERED	use G2212 instead	Medicare JL MAC, Novitas. Guidance found at https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081586		
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	NOT COVERED	CMS does not reimburse for physician standby services as they are conSidered to be included in the payment to a facility as part of providing quality care and are not separately reimbursible	Medicare Claims Processing Manual Chapter 12, Section 30.6.15.3		
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	NOT COVERED	PEDIATRIC			
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	NOT COVERED	PEDIATRIC			
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	NOT COVERED	PEDIATRIC			
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	NOT COVERED	PEDIATRIC			
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	NOT COVERED	PEDIATRIC			
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	NOT COVERED	PEDIATRIC			
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	no auth				
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	no auth				
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	no auth				
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	no auth				
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)	NOT COVERED	use G2212 instead	Medicare JL MAC, Novitas. Guidance found at https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081586		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	NOT COVERED	Consider G2212, G0316, G0317, G0318	NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	no auth				
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	no auth				
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	no auth				
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	no auth				

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99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	no auth				
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	no auth				
99429	Unlisted preventive medicine service	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	no auth				
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	no auth				
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	no auth				
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	no auth				
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physicia1n or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	no auth				
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	no auth				
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	no auth				
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	no auth				
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	no auth				
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	no auth				
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	no auth				
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	no auth				
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	no auth				
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	no auth				
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	no auth				
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	no auth				
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	no auth				
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	no auth				
99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	no auth				
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	no auth				
99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	no auth				
99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	no auth				
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	no auth				
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	no auth				
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	NOT COVERED	PEDIATRIC			
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	no auth				
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	no auth				
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	NOT COVERED	PEDIATRIC			
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	NOT COVERED	PEDIATRIC			
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	NOT COVERED	PEDIATRIC			
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	NOT COVERED	PEDIATRIC			
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	NOT COVERED	PEDIATRIC			

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99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	NOT COVERED	PEDIATRIC			
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg,	no auth				
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	no auth				

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99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	NOT COVERED	PEDIATRIC			
99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	NOT COVERED	PEDIATRIC			
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	no auth				
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	no auth				
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	no auth				
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
99495	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, At least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge	no auth				

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99496	Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, High level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge	no auth				
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	no auth				
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	no auth				
99499	Unlisted evaluation and management service	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99501	Home visit for postnatal assessment and follow-up care	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99502	Home visit for newborn care and assessment	NOT COVERED	PEDIATRIC			
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99504	Home visit for mechanical ventilation care	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

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99505	Home visit for stoma care and maintenance including colostomy and cystostomy	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99506	Home visit for intramuscular injections	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99509	Home visit for assistance with activities of daily living and personal care	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99510	Home visit for individual, family, or marriage counseling	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99511	Home visit for fecal impaction management and enema administration	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99512	Home visit for hemodialysis	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99600	Unlisted home visit service or procedure	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	NOT COVERED	CPT codes 99605, 99606, and 99607 are **for a pharmacist providing MTMS**. A pharmacist cannot enroll in Medicare Part B.	STATUTORY EXCLUSION PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	NOT COVERED	CPT codes 99605, 99606, and 99607 are **for a pharmacist providing MTMS**. A pharmacist cannot enroll in Medicare Part B.	STATUTORY EXCLUSION PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	NOT COVERED	CPT codes 99605, 99606, and 99607 are **for a pharmacist providing MTMS**. A pharmacist cannot enroll in Medicare Part B.	STATUTORY EXCLUSION PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0001F	Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs of volume overload (excess) assessed (2002F)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	AUTH REQUIRED		LCA 58917, LCD 35062		
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)	no auth				
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	AUTH REQUIRED			MCG:Proteomics - Ovarian Cancer Biomarker Panel (OVA1) ACG: A-0709 (AC)	
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062		
0005F	Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	AUTH REQUIRED		LCA 58917, LCD 35062		
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	AUTH REQUIRED		LCA 58917, LCD 35062		
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	AUTH REQUIRED		LCA 58917, LCD 35062		
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	AUTH REQUIRED		LCA 58917, LCD 35062		
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	AUTH REQUIRED		LCA 58917, LCD 35062		
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	AUTH REQUIRED		LCA 58917, LCD 35062		
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0012F	Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	AUTH REQUIRED		LCA 58917, LCD 35062		
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	AUTH REQUIRED		LCA 58917, LCD 35062		
0014A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0015F	Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage; first dose	NOT COVERED		Not FDA approved, application for approval withdrawn by manufacturer		
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage; second dose	NOT COVERED		Not FDA approved, application for approval withdrawn by manufacturer		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0023A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
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	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0024A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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 ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	AUTH REQUIRED		LCA 58917, LCD 35062		
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	AUTH REQUIRED		LCA 58917, LCD 35062		
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	AUTH REQUIRED		LCA 58917, LCD 35062		
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage; single dose	no auth				
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	AUTH REQUIRED		LCA 58917, LCD 35062		
0032A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	AUTH REQUIRED		LCA 58917, LCD 35062		
0033A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	AUTH REQUIRED		LCA 58917, LCD 35062		
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage; booster dose	no auth				
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	AUTH REQUIRED		LCA 58917, LCD 35062		
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	AUTH REQUIRED		LCA 58917, LCD 35062		
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062, LCD 35396		
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity	no auth				
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM	no auth				
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose	no auth				
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG	no auth				
0043A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM	no auth				
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; booster dose	NOT COVERED	PLACEHOLDER			
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG	no auth				
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	AUTH REQUIRED		LCA 58917, LCD 35062		
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	AUTH REQUIRED		LCA 58917, LCD 35062		
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Prostate Cancer Gene Expression Testing - Oncotype DX ACG: A-0712 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	AUTH REQUIRED		LCA 58917, LCD 35062		
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	AUTH REQUIRED		LCA 58917, LCD 35062		
0051U	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrommetry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	no auth				
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	AUTH REQUIRED		LCA 58917, LCD 35062		
0061A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0062A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0063A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	no auth				
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	no auth				
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	no auth				
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	no auth				
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	AUTH REQUIRED		LCA 58917, LCD 35062		
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: MRI-Guided Focused Ultrasound Surgery, Uterus ACG: A-0289 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics, etc.)	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: MRI-Guided Focused Ultrasound Surgery, Uterus ACG: A-0289 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics, etc.)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics, etc.)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	no auth				
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics, etc.)	
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	no auth				
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics, etc.)	
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	no auth				
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	AUTH REQUIRED		LCA 58917, LCD 35062		
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	NOT COVERED		Not reasonable and necessary for the diagnosis or treatment of an illness or injury.		
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 malignancy	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0084A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	AUTH REQUIRED		LCA 58917, LCD 35062		
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Melanoma (Cutaneous) - Gene Expression Profiling ACG: A-0837 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Melanoma (Cutaneous) - Gene Expression Profiling ACG: A-0837 (AC)	
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	NOT COVERED		NCD 210.3 STATES NON-COVERED		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.)	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	no auth				
0095U	Eosinophilic esophagitis, (eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and major basic protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	AUTH REQUIRED		LCD 35062		
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)	no auth				
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0101A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD		MCG:Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC); Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC)	
0102A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	AUTH REQUIRED			MCG:Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC); Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
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])	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); Whole Genome/Exome Sequencing - Cardiovascular Disorders ACG: A-0865 (AC)	
0103A	PLACEHOLDER ONLY	NOT COVERED	PLACEHOLDER			
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])	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose	NOT COVERED	PLACEHOLDER			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	AUTH REQUIRED		LCA 58917, LCD 35062		
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	no auth				
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062	MCG:Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC)	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	AUTH REQUIRED		LCA 58917, LCD 35062		
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	AUTH REQUIRED		LCD 38916		
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	AUTH REQUIRED		LCD 39063		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	AUTH REQUIRED		LCA 58917, LCD 35062		
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	AUTH REQUIRED		LCD 39082		
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	AUTH REQUIRED		LCA 58917, LCD 35062		
0121A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose	no auth				
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; additional dose	no auth				
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062		
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, additional dose	no auth				
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC)	
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC);	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG: Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC)	
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Breast Cancer - PALB2 Gene ACG: A-0989 (AC)	
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC);	
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	AUTH REQUIRED		LCA 58917, LCD 35062		
0141A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose	no auth				
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	AUTH REQUIRED		LCA 58917, LCD 35062		
0142A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose	no auth				
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; additional dose	no auth				
0151A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose	no auth				
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	AUTH REQUIRED		LCA 58917, LCD 35062		
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
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)	AUTH REQUIRED			MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC);	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062		
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062		
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	AUTH REQUIRED		LCA 58917, LCD 35062		
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	NOT COVERED		NCD 210.3 STATES NON-COVERED		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, additional dose	no auth				
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	AUTH REQUIRED			MCG:Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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)	AUTH REQUIRED			MCG:MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG), MCG: Disk Arthroplasty, Lumbar ACG: A-0948 (AC)	
0165U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy	AUTH REQUIRED		LCD 36241		
0166U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	no auth				
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Azathioprine and 6-Mercaptopurine Pharmacogenetics - NUDT15 and TPMT Genes ACG: A-0628 (AC)	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0171A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC)	
0172A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	no auth				
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	no auth				
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Psychotropic Medication Pharmacogenetics - Gene Panels ACG: A-0861 (AC)	
0174A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose	NOT COVERED		Use other COVID immunization administration code.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Psychotropic Medication Pharmacogenetics - Gene Panels ACG: A-0861 (AC)	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	AUTH REQUIRED		LCD 36241		
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)	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	AUTH REQUIRED		LCA 58917, LCD 35062		
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	AUTH REQUIRED		LCA 58917, LCD 35062		
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	AUTH REQUIRED		LCA 58917, LCD 35062		
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	AUTH REQUIRED		LCA 58917, LCD 35062		
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	AUTH REQUIRED			MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	AUTH REQUIRED		LCA 58917, LCD 35062		
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	AUTH REQUIRED		LCA 58917, LCD 35062		
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	AUTH REQUIRED		LCA 58917, LCD 35062		
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	AUTH REQUIRED		LCA 58917, LCD 35062		
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	AUTH REQUIRED		LCA 58917, LCD 35062		
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	AUTH REQUIRED		LCA 58917, LCD 35062		
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	AUTH REQUIRED		LCA 58917, LCD 35062		
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	AUTH REQUIRED		LCA 58917, LCD 35062		
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	AUTH REQUIRED		LCA 58917, LCD 35062		
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	AUTH REQUIRED		LCA 58917, LCD 35062		
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	AUTH REQUIRED		LCA 58917, LCD 35062		
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	AUTH REQUIRED		LCA 58917, LCD 35062		
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	AUTH REQUIRED		LCA 58917, LCD 35062		
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	AUTH REQUIRED		LCA 58917, LCD 35062		
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	AUTH REQUIRED		LCA 58917, LCD 35062		
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	AUTH REQUIRED			MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	AUTH REQUIRED		LCA 58917, LCD 35062		
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	AUTH REQUIRED			MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	AUTH REQUIRED		LCA 58917, LCD 35062		
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	AUTH REQUIRED			MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	AUTH REQUIRED		LCD 38916		
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Age-Related Macular Degeneration - Gene Panels ACG: A-0913 (AC)	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	AUTH REQUIRED			MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0208T	Pure tone audiometry (threshold), automated; air only	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0209T	Pure tone audiometry (threshold), automated; air and bone	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.)	
0210T	Speech audiometry threshold, automated;	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	no auth				
0211T	Speech audiometry threshold, automated; with speech recognition	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	NOT COVERED		Medicare Addendum B of OPPS		
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.)	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.)	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.)	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	no auth				
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)	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.)	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	no auth				
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Muscular Dystrophies (Duchenne, Becker) - DMD Gene ACG: A-0608 (AC)	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	AUTH REQUIRED			MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	AUTH REQUIRED		LCA 58917, LCD 35062		
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	AUTH REQUIRED			MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	no auth				
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	no auth				
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	AUTH REQUIRED		LCA 58917, LCD 35062		
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	AUTH REQUIRED		LCD 38916		
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed	no auth				
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	AUTH REQUIRED		LCD 38916		
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum	no auth				
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 35396		
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED		LCA 58917, LCD 35062		
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC)	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Friedreich Ataxia - FXN Gene ACG: A-0907 (AC)	
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Rett Syndrome - CDKL5, FOXG1, and MECP2 Genes ACG: A-0687 (AC)	
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	AUTH REQUIRED		LCA 58917, LCD 35062		
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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, deletions, and mobile element insertions	NOT COVERED	PEDIATRIC			
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Brugada Syndrome Channelopathy Genes ACG: A-0594 (AC); Catecholaminergic Polymorphic Ventricular Tachycardia Genes ACG: A-0636 (AC); Long QT Syndrome (Hereditary) - Gene Panel ACG: A-0918 (AC)	
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	no auth				
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	no auth				
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	AUTH REQUIRED		NCD 90.2, LCA 58917, LCD 35062		
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062, LCD 35396		
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		LCA 58917, LCD 35062	MCG:Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC)	
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	no auth				
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	AUTH REQUIRED		LCD 35062		
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	no auth				
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
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	NOT COVERED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	no auth				
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	AUTH REQUIRED		LCA 58917, LCD 35062		
0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED		LCD 35062		
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	AUTH REQUIRED		LCA 58917, LCD 35062		
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	AUTH REQUIRED			MCG:Hematology GRG GRG: MG-HEM (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	AUTH REQUIRED			MCG:Hematology GRG GRG: MG-HEM (ISC GRG)	
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED		LCD 35062		
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	AUTH REQUIRED			MCG:Hematology GRG GRG: MG-HEM (ISC GRG)	
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	AUTH REQUIRED		LCA 58917, LCD 35062		
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	AUTH REQUIRED		LCA 58917, LCD 35062		
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	AUTH REQUIRED		LCD 35062		
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
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	no auth				
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
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	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum	no auth				
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED		LCD 35062		
0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding	no auth				
0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding	no auth				
0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level	no auth				
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	AUTH REQUIRED		LCA 58917, LCD 35062		
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma	no auth				
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma	no auth				
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	AUTH REQUIRED		LCD 35062, LCD 39063		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 39063		
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 39063		
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062, LCD 39063		
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062, LCD 39063		
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED		LCA 58917, LCD 35062, LCD 39063		
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	NOT COVERED		Medicare Addendum B of OPPS		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
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	AUTH REQUIRED		LCA 58917, LCD 35062		
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	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
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	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
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	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	AUTH REQUIRED			MCG:MCG Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	NOT COVERED	PEDIATRIC			
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organism identified	no auth				
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	no auth				
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	NOT COVERED	PEDIATRIC			
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	NOT COVERED		Medicare Addendum B of OPPS		
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0333T	Visual evoked potential, screening of visual acuity, automated, with report	NOT COVERED		Medicare Addendum B of OPPS		
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0335T	Insertion of sinus tarsi implant	AUTH REQUIRED			MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	AUTH REQUIRED		LCA 58917, LCD 35062		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	AUTH REQUIRED		LCD 35062		
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	AUTH REQUIRED			MCG:Renal Sympathetic Nerve Ablation, Radiofrequency ACG: A-1034 (AC)	
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	AUTH REQUIRED			MCG:Renal Sympathetic Nerve Ablation, Radiofrequency ACG: A-1034 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35062		
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	AUTH REQUIRED			MCG: Apheresis, Therapeutic ACG: A-0173 (AC)	
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	NOT COVERED		Medicare Addendum B of OPPS		
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.33	MCG:Cardiac Valve Replacement or Repair RRG RRG: S-290-RRG (ISC); Cardiac Valve Replacement or Repair ORG: S-5290 (RFC); Cardiac Valve Replacement or Repair ORG: S-2290 (HC)	
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0346U	Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0352U	Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected	no auth				
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	AUTH REQUIRED			MCG:Bioimpedance Spectroscopy ACG: A-0667 (AC)	
0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	NOT COVERED		Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896		NCCN Guidelines
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED	See NCCN Guidelines			
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	AUTH REQUIRED	See NCCN Guidelines			
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	AUTH REQUIRED		Medicare Reasonable and Necessary Guidelines		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED	See ACOG Guidelines			
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	AUTH REQUIRED	See NCCN Guidelines			
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	AUTH REQUIRED			MCG:Brachytherapy ACG: A-0270 (AC)	
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	AUTH REQUIRED			MCG:Brachytherapy ACG: A-0270 (AC)	
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Endoscopic Retrograde Cholangiopancreatography (ERCP), with or without Sphincterotomy or Stent Placement ACG: A-0207 (AC)	
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	AUTH REQUIRED			MCG:MRI-Guided Focused Ultrasound Surgery, Brain ACG: A-0991 (AC); Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	AUTH REQUIRED			MCG:Corneal Cross-Linking ACG: A-1040 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	no auth				
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	AUTH REQUIRED			MCG: Transcervical Uterine Ablation of Leiomyomas ACG: A-1039 (AC)	
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	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	AUTH REQUIRED			MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	AUTH REQUIRED			MCG: Wound and Skin Management GRG GRG: PG-WS (ISC GRG)	
0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	AUTH REQUIRED			MCG: Wound and Skin Management GRG GRG: PG-WS (ISC GRG)	
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	AUTH REQUIRED			MCG: Prostatectomy, Transurethral, Alternatives to Standard Resection RRG: S-972-RRG (ISC); Prostatectomy, Transurethral Resection (TURP) or Alternative Procedures ORG: S-2970 (HC)	
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	AUTH REQUIRED			MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	no auth				
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	AUTH REQUIRED			MCG:MCG: Pharmacologic Stress Echocardiography ACG: A-0080 (AC), MCG: Transthoracic Echocardiography (TTE), Resting ACG: A-0111 (AC), MCG: Stress Echocardiography ACG: A-0113 (AC)	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	AUTH REQUIRED			MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	AUTH REQUIRED			MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	AUTH REQUIRED			MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	AUTH REQUIRED		LCD 38617		
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	AUTH REQUIRED		LCD 38617		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		LCD 38617		
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	AUTH REQUIRED			MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
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)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	AUTH REQUIRED			MCG:Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC)	
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 39068		
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	AUTH REQUIRED			MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	AUTH REQUIRED			MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	no auth				
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	AUTH REQUIRED			MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG)	
0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)	NOT COVERED		MEASUREMENT CODE		
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]	NOT COVERED		MEASUREMENT CODE		
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0503F	Postpartum care visit (Prenatal)	NOT COVERED		MEASUREMENT CODE		
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0505F	Hemodialysis plan of care documented (ESRD, P-ESRD)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	AUTH REQUIRED	POSSIBLY EXPERIMENTAL		MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0507F	Peritoneal dialysis plan of care documented (ESRD)	NOT COVERED		MEASUREMENT CODE		
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	AUTH REQUIRED		NCD 150.3		
0509F	Urinary incontinence plan of care documented (GER)	NOT COVERED		MEASUREMENT CODE		
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0510T	Removal of sinus tarsi implant	AUTH REQUIRED			MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0511T	Removal and reinsertion of sinus tarsi implant	AUTH REQUIRED			MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	AUTH REQUIRED			MCG: Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC)	
0513F	Elevated blood pressure plan of care documented (CKD)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED			MCG: Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC)	
0514F	Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)	NOT COVERED		MEASUREMENT CODE		
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0516F	Anemia plan of care documented (ESRD)	NOT COVERED		MEASUREMENT CODE		
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0517F	Glaucoma plan of care documented (EC)	NOT COVERED		MEASUREMENT CODE		
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0518F	Falls plan of care documented (GER)	NOT COVERED		MEASUREMENT CODE		
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)	NOT COVERED		MEASUREMENT CODE		
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0520F	Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC)	NOT COVERED		MEASUREMENT CODE		
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0521F	Plan of care to address pain documented (COA) (ONC)	NOT COVERED		MEASUREMENT CODE		
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	AUTH REQUIRED			MCG:Cardiac Catheterization and Angiography ACG: A-0001 (AC)	
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	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0525F	Initial visit for episode (BkP)	NOT COVERED		MEASUREMENT CODE		
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0526F	Subsequent visit for episode (BkP)	NOT COVERED		MEASUREMENT CODE		
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)	NOT COVERED		MEASUREMENT CODE		
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0535F	Dyspnea management plan of care, documented (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0540F	Glucocorticoid Management Plan Documented (RA)	NOT COVERED		MEASUREMENT CODE		
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	AUTH REQUIRED		NCA CAG-00451N, NCD 110.24		
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	
0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)	NOT COVERED		MEASUREMENT CODE		
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	no auth				
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0555F	Symptom management plan of care documented (HF)	NOT COVERED		MEASUREMENT CODE		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0556F	Plan of care to achieve lipid control documented (CAD)	NOT COVERED		MEASUREMENT CODE		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0557F	Plan of care to manage anginal symptoms documented (CAD)	NOT COVERED		MEASUREMENT CODE		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG)	
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	AUTH REQUIRED			MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	AUTH REQUIRED			MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	AUTH REQUIRED			MCG:Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion ORG: M-157 (ISC). Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion ORG: M-2157 (HC)	
0572T	Insertion of substernal implantable defibrillator electrode	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0573T	Removal of substernal implantable defibrillator electrode	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0575F	HIV RNA control plan of care, documented (HIV)	NOT COVERED		MEASUREMENT CODE		
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0580F	Multidisciplinary care plan developed or updated (ALS)	NOT COVERED		MEASUREMENT CODE		
0580T	Removal of substernal implantable defibrillator pulse generator only	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)	NOT COVERED		MEASUREMENT CODE		
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	AUTH REQUIRED			MCG: General Surgery or Procedure GRG GRG: SG-GS (ISC GRG)	
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)	NOT COVERED		MEASUREMENT CODE		
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	AUTH REQUIRED			MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG)	
0583F	Transfer of care checklist used (Peri2)	NOT COVERED		MEASUREMENT CODE		
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	AUTH REQUIRED			MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0584F	Transfer of care checklist not used (Peri2)	NOT COVERED		MEASUREMENT CODE		
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.3.1	MCG:General Surgery or Procedure GRG GRG: SG-GS (ISC GRG)	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.3.1	MCG:General Surgery or Procedure GRG GRG: SG-GS (ISC GRG)	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 260.3.1	MCG:General Surgery or Procedure GRG GRG: SG-GS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED			MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
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	AUTH REQUIRED			MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG)	
0589T	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, posterior tibial nerve, 1-3 parameters	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0590T	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, posterior tibial nerve, 4 or more parameters	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0591T	Health and well-being coaching face-to-face; individual, initial assessment	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	NOT COVERED	PEDIATRIC			
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	AUTH REQUIRED			MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG)	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	AUTH REQUIRED			MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG)	
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	AUTH REQUIRED			MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC)	
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	AUTH REQUIRED			MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC)	
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Optical Coherence Tomography, Ophthalmic ACG: A-0637 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Optical Coherence Tomography, Ophthalmic ACG: A-0637 (AC)	
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Optical Coherence Tomography, Ophthalmic ACG: A-0637 (AC)	
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	AUTH REQUIRED			MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	AUTH REQUIRED			MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	AUTH REQUIRED			MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	AUTH REQUIRED			MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0621T	Trabeculostomy ab interno by laser	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC)	
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC)	
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC)	
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	AUTH REQUIRED		LCD 38213	MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG)	
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG)	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	AUTH REQUIRED			MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG)	
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG)	
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Noncontact Normothermic Wound Therapy ACG: A-0351 (AC)	
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Noncontact Normothermic Wound Therapy ACG: A-0351 (AC)	
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Noncontact Normothermic Wound Therapy ACG: A-0351 (AC)	
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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	AUTH REQUIRED			MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0646T	Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG)	
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	AUTH REQUIRED			MCG: General Surgery or Procedure GRG GRG: SG-GS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Loop Recorder (Cardiac Event Monitor), Implantable ACG: A-0122 (AC)	
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD		MCG:Capsule Endoscopy ACG: A-0134 (AC)	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED		LCD 34434		
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	AUTH REQUIRED		LCD 34434		
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	AUTH REQUIRED		LCD 34434		
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	AUTH REQUIRED			MCG: Laser Surgery, Prostate ACG: A-0260 (AC)	
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Myocardial Infarction ORG: M-230 (ISC)	
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0665T	Donor hysterectomy (including cold preservation); open, from living donor	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	AUTH REQUIRED			MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG)	
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	AUTH REQUIRED			MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG)	
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Bioimpedance Spectroscopy ACG: A-0667 (AC)	
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Colon Cancer Gene Expression Assay - Oncotype DX ACG: A-0651 (AC)	
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC)	
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Fluency Disorders Rehabilitation ACG: A-0558 (AC)	
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG)	
0683T	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, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 34953		
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 34953		
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	AUTH REQUIRED			MCG: General Surgery or Procedure GRG GRG: SG-GS (ISC GRG)	
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0692T	Therapeutic ultrafiltration	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiac Pacemaker Implantation or Replacement ACG: A-0167 (AC)	
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cardiac Pacemaker Implantation or Replacement ACG: A-0167 (AC)	
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	AUTH REQUIRED	NOT DONE AT ADV RAD	Evaluated based on Medicare Reasonable and Necessary Standard		
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0699T	Injection, posterior chamber of eye, medication	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED			MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG)	
0708T	Intradermal cancer immunotherapy; preparation and initial injection	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0725T	Vestibular device implantation, unilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0726T	Removal of implanted vestibular device, unilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0727T	Removal and replacement of implanted vestibular device, unilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0731T	Augmentative AI-based facial phenotype analysis with report	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0732T	Immunotherapy administration with electroporation, intramuscular	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0733T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0734T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0737T	Xenograft implantation into the articular surface	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	NOT COVERED		NOT COVERED BY MEDICARE		
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
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)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
0796T	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; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0797T	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; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
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)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0802T	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; right atrial pacemaker component	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0803T	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; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; 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	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)	NOT COVERED		MEASUREMENT CODE		
1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
1003F	Level of activity assessed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
1005F	Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is addressed during the patient encounter]	NOT COVERED		MEASUREMENT CODE		
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA)	NOT COVERED		MEASUREMENT CODE		
1010F	Severity of angina assessed by level of activity (CAD)	NOT COVERED		MEASUREMENT CODE		
1011F	Angina present (CAD)	NOT COVERED		MEASUREMENT CODE		
1012F	Angina absent (CAD)	NOT COVERED		MEASUREMENT CODE		
1015F	Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD)	NOT COVERED		MEASUREMENT CODE		
1018F	Dyspnea assessed, not present (COPD)	NOT COVERED		MEASUREMENT CODE		
1019F	Dyspnea assessed, present (COPD)	NOT COVERED		MEASUREMENT CODE		
1022F	Pneumococcus immunization status assessed (CAP, COPD)	NOT COVERED		MEASUREMENT CODE		
1026F	Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions) (CAP)	NOT COVERED		MEASUREMENT CODE		
1030F	Influenza immunization status assessed (CAP)	NOT COVERED		MEASUREMENT CODE		
1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)	NOT COVERED		MEASUREMENT CODE		
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)	NOT COVERED		MEASUREMENT CODE		
1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)	NOT COVERED		MEASUREMENT CODE		
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	NOT COVERED		MEASUREMENT CODE		
1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)	NOT COVERED		MEASUREMENT CODE		
1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)	NOT COVERED		MEASUREMENT CODE		
1038F	Persistent asthma (mild, moderate or severe) (Asthma)	NOT COVERED		MEASUREMENT CODE		
1039F	Intermittent asthma (Asthma)	NOT COVERED		MEASUREMENT CODE		
1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
1050F	History obtained regarding new or changing moles (ML)	NOT COVERED		MEASUREMENT CODE		
1052F	Type, anatomic location, and activity all assessed (IBD)	NOT COVERED		MEASUREMENT CODE		
1055F	Visual functional status assessed (EC)	NOT COVERED		MEASUREMENT CODE		
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)	NOT COVERED		MEASUREMENT CODE		
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)	NOT COVERED		MEASUREMENT CODE		
1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR)	NOT COVERED		MEASUREMENT CODE		
1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)	NOT COVERED		MEASUREMENT CODE		
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD)	NOT COVERED		MEASUREMENT CODE		
1090F	Presence or absence of urinary incontinence assessed (GER)	NOT COVERED		MEASUREMENT CODE		
1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)	NOT COVERED		MEASUREMENT CODE		
1100F	Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER)	NOT COVERED		MEASUREMENT CODE		
1101F	Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER)	NOT COVERED		MEASUREMENT CODE		
1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)	NOT COVERED		MEASUREMENT CODE		
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)	NOT COVERED		MEASUREMENT CODE		
1116F	Auricular or periauricular pain assessed (AOE)	NOT COVERED		MEASUREMENT CODE		
1118F	GERD symptoms assessed after 12 months of therapy (GERD)	NOT COVERED		MEASUREMENT CODE		
1119F	Initial evaluation for condition (HEP C)(EPI, DSP)	NOT COVERED		MEASUREMENT CODE		
1121F	Subsequent evaluation for condition (HEP C)(EPI)	NOT COVERED		MEASUREMENT CODE		
1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)	NOT COVERED		MEASUREMENT CODE		
1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr)	NOT COVERED		MEASUREMENT CODE		
1125F	Pain severity quantified; pain present (COA) (ONC)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
1126F	Pain severity quantified; no pain present (COA) (ONC)	NOT COVERED		MEASUREMENT CODE		
1127F	New episode for condition (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
1128F	Subsequent episode for condition (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
1130F	Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employment status (BkP)	NOT COVERED		MEASUREMENT CODE		
1134F	Episode of back pain lasting 6 weeks or less (BkP)	NOT COVERED		MEASUREMENT CODE		
1135F	Episode of back pain lasting longer than 6 weeks (BkP)	NOT COVERED		MEASUREMENT CODE		
1136F	Episode of back pain lasting 12 weeks or less (BkP)	NOT COVERED		MEASUREMENT CODE		
1137F	Episode of back pain lasting longer than 12 weeks (BkP)	NOT COVERED		MEASUREMENT CODE		
1150F	Documentation that a patient has a substantial risk of death within 1 year (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
1151F	Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
1157F	Advance care plan or similar legal document present in the medical record (COA)	NOT COVERED		MEASUREMENT CODE		
1158F	Advance care planning discussion documented in the medical record (COA)	NOT COVERED		MEASUREMENT CODE		
1159F	Medication list documented in medical record (COA)	NOT COVERED		MEASUREMENT CODE		
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)	NOT COVERED		MEASUREMENT CODE		
1170F	Functional status assessed (COA) (RA)	NOT COVERED		MEASUREMENT CODE		
1175F	Functional status for dementia assessed and results reviewed (DEM)	NOT COVERED		MEASUREMENT CODE		
1180F	All specified thromboembolic risk factors assessed (AFIB)	NOT COVERED		MEASUREMENT CODE		
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)	NOT COVERED		MEASUREMENT CODE		
1182F	Neuropsychiatric symptoms, one or more present (DEM)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
1183F	Neuropsychiatric symptoms, absent (DEM)	NOT COVERED		MEASUREMENT CODE		
1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)	NOT COVERED		MEASUREMENT CODE		
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)	NOT COVERED		MEASUREMENT CODE		
1220F	Patient screened for depression (SUD)	NOT COVERED		MEASUREMENT CODE		
1400F	Parkinson's disease diagnosis reviewed (Prkns)	NOT COVERED		MEASUREMENT CODE		
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)	NOT COVERED		MEASUREMENT CODE		
1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)	NOT COVERED		MEASUREMENT CODE		
1460F	Qualifying cardiac event/diagnosis in previous 12 months (CAD)	NOT COVERED		MEASUREMENT CODE		
1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)	NOT COVERED		MEASUREMENT CODE		
1490F	Dementia severity classified, mild (DEM)	NOT COVERED		MEASUREMENT CODE		
1491F	Dementia severity classified, moderate (DEM)	NOT COVERED		MEASUREMENT CODE		
1493F	Dementia severity classified, severe (DEM)	NOT COVERED		MEASUREMENT CODE		
1494F	Cognition assessed and reviewed (DEM)	NOT COVERED		MEASUREMENT CODE		
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)	NOT COVERED		MEASUREMENT CODE		
1501F	Not initial evaluation for condition (DSP)	NOT COVERED		MEASUREMENT CODE		
1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)	NOT COVERED		MEASUREMENT CODE		
1503F	Patient queried about symptoms of respiratory insufficiency (ALS)	NOT COVERED		MEASUREMENT CODE		
1504F	Patient has respiratory insufficiency (ALS)	NOT COVERED		MEASUREMENT CODE		
1505F	Patient does not have respiratory insufficiency (ALS)	NOT COVERED		MEASUREMENT CODE		
2000F	Blood pressure measured (CKD)(DM)	NOT COVERED		MEASUREMENT CODE		
2001F	Weight recorded (PAG)	NOT COVERED		MEASUREMENT CODE		
2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement]	NOT COVERED		MEASUREMENT CODE		
2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)	NOT COVERED		MEASUREMENT CODE		
2014F	Mental status assessed (CAP) (EM)	NOT COVERED		MEASUREMENT CODE		
2015F	Asthma impairment assessed (Asthma)	NOT COVERED		MEASUREMENT CODE		
2016F	Asthma risk assessed (Asthma)	NOT COVERED		MEASUREMENT CODE		
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC)	NOT COVERED		MEASUREMENT CODE		
2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)	NOT COVERED		MEASUREMENT CODE		
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC)	NOT COVERED		MEASUREMENT CODE		
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	NOT COVERED		MEASUREMENT CODE		
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	NOT COVERED		MEASUREMENT CODE		
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	NOT COVERED		MEASUREMENT CODE		
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	NOT COVERED		MEASUREMENT CODE		
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	NOT COVERED		MEASUREMENT CODE		
2027F	Optic nerve head evaluation performed (EC)	NOT COVERED		MEASUREMENT CODE		
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM)	NOT COVERED		MEASUREMENT CODE		
2029F	Complete physical skin exam performed (ML)	NOT COVERED		MEASUREMENT CODE		
2030F	Hydration status documented, normally hydrated (PAG)	NOT COVERED		MEASUREMENT CODE		
2031F	Hydration status documented, dehydrated (PAG)	NOT COVERED		MEASUREMENT CODE		
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	NOT COVERED		MEASUREMENT CODE		
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)	NOT COVERED		MEASUREMENT CODE		
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP)	NOT COVERED		MEASUREMENT CODE		
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC)	NOT COVERED		MEASUREMENT CODE		
2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
3006F	Chest X-ray results documented and reviewed (CAP)	NOT COVERED		MEASUREMENT CODE		
3008F	Body Mass Index (BMI), documented (PV)	NOT COVERED		MEASUREMENT CODE		
3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)	NOT COVERED		MEASUREMENT CODE		
3014F	Screening mammography results documented and reviewed (PV)	NOT COVERED		MEASUREMENT CODE		
3015F	Cervical cancer screening results documented and reviewed (PV)	NOT COVERED		MEASUREMENT CODE		
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)	NOT COVERED		MEASUREMENT CODE		
3017F	Colorectal cancer screening results documented and reviewed (PV)	NOT COVERED		MEASUREMENT CODE		
3018F	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (End/Polyp)	NOT COVERED		MEASUREMENT CODE		
3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)	NOT COVERED		MEASUREMENT CODE		
3020F	Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes quantitative or qualitative assessment results) (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
3021F	Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF)	NOT COVERED		MEASUREMENT CODE		
3022F	Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
3023F	Spirometry results documented and reviewed (COPD)	NOT COVERED		MEASUREMENT CODE		
3025F	Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD)	NOT COVERED		MEASUREMENT CODE		
3027F	Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD)	NOT COVERED		MEASUREMENT CODE		
3028F	Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM)	NOT COVERED		MEASUREMENT CODE		
3035F	Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD)	NOT COVERED		MEASUREMENT CODE		
3037F	Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD)	NOT COVERED		MEASUREMENT CODE		
3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx)	NOT COVERED		MEASUREMENT CODE		
3040F	Functional expiratory volume (FEV1) less than 40% of predicted value (COPD)	NOT COVERED		MEASUREMENT CODE		
3042F	Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD)	NOT COVERED		MEASUREMENT CODE		
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	NOT COVERED		MEASUREMENT CODE		
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	NOT COVERED		MEASUREMENT CODE		
3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	NOT COVERED		MEASUREMENT CODE		
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	NOT COVERED		MEASUREMENT CODE		
3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)	NOT COVERED		MEASUREMENT CODE		
3056F	Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF)	NOT COVERED		MEASUREMENT CODE		
3060F	Positive microalbuminuria test result documented and reviewed (DM)	NOT COVERED		MEASUREMENT CODE		
3061F	Negative microalbuminuria test result documented and reviewed (DM)	NOT COVERED		MEASUREMENT CODE		
3062F	Positive macroalbuminuria test result documented and reviewed (DM)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)	NOT COVERED		MEASUREMENT CODE		
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)	NOT COVERED		MEASUREMENT CODE		
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC)	NOT COVERED		MEASUREMENT CODE		
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	NOT COVERED		MEASUREMENT CODE		
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)	NOT COVERED		MEASUREMENT CODE		
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	NOT COVERED		MEASUREMENT CODE		
3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	NOT COVERED		MEASUREMENT CODE		
3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	NOT COVERED		MEASUREMENT CODE		
3084F	Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	NOT COVERED		MEASUREMENT CODE		
3085F	Suicide risk assessed (MDD, MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
3088F	Major depressive disorder, mild (MDD)	NOT COVERED		MEASUREMENT CODE		
3089F	Major depressive disorder, moderate (MDD)	NOT COVERED		MEASUREMENT CODE		
3090F	Major depressive disorder, severe without psychotic features (MDD)	NOT COVERED		MEASUREMENT CODE		
3091F	Major depressive disorder, severe with psychotic features (MDD)	NOT COVERED		MEASUREMENT CODE		
3092F	Major depressive disorder, in remission (MDD)	NOT COVERED		MEASUREMENT CODE		
3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)	NOT COVERED		MEASUREMENT CODE		
3095F	Central dual-energy X-ray absorptiometry (DXA) results documented (OP)(IBD)	NOT COVERED		MEASUREMENT CODE		
3096F	Central dual-energy X-ray absorptiometry (DXA) ordered (OP)(IBD)	NOT COVERED		MEASUREMENT CODE		

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3100F	Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD)	NOT COVERED		MEASUREMENT CODE		
3110F	Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR)	NOT COVERED		MEASUREMENT CODE		
3111F	CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR)	NOT COVERED		MEASUREMENT CODE		
3112F	CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)	NOT COVERED		MEASUREMENT CODE		
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)	NOT COVERED		MEASUREMENT CODE		
3117F	Heart failure disease specific structured assessment tool completed (HF)	NOT COVERED		MEASUREMENT CODE		
3118F	New York Heart Association (NYHA) Class documented (HF)	NOT COVERED		MEASUREMENT CODE		
3119F	No evaluation of level of activity or clinical symptoms (HF)	NOT COVERED		MEASUREMENT CODE		
3120F	12-Lead ECG Performed (EM)	NOT COVERED		MEASUREMENT CODE		
3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)	NOT COVERED		MEASUREMENT CODE		
3130F	Upper gastrointestinal endoscopy performed (GERD)	NOT COVERED		MEASUREMENT CODE		
3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)	NOT COVERED		MEASUREMENT CODE		
3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)	NOT COVERED		MEASUREMENT CODE		
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)	NOT COVERED		MEASUREMENT CODE		
3142F	Barium swallow test ordered (GERD)	NOT COVERED		MEASUREMENT CODE		
3150F	Forceps esophageal biopsy performed (GERD)	NOT COVERED		MEASUREMENT CODE		
3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)	NOT COVERED		MEASUREMENT CODE		
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (HEM)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
3170F	Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)	NOT COVERED		MEASUREMENT CODE		
3200F	Barium swallow test not ordered (GERD)	NOT COVERED		MEASUREMENT CODE		
3210F	Group A Strep Test Performed (PHAR)	NOT COVERED		MEASUREMENT CODE		
3215F	Patient has documented immunity to Hepatitis A (HEP-C)	NOT COVERED		MEASUREMENT CODE		
3216F	Patient has documented immunity to Hepatitis B (HEP-C)(IBD)	NOT COVERED		MEASUREMENT CODE		
3218F	RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)	NOT COVERED		MEASUREMENT CODE		
3220F	Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)	NOT COVERED		MEASUREMENT CODE		
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)	NOT COVERED		MEASUREMENT CODE		
3250F	Specimen site other than anatomic location of primary tumor (PATH)	NOT COVERED		MEASUREMENT CODE		
3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)	NOT COVERED		MEASUREMENT CODE		
3265F	Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)	NOT COVERED		MEASUREMENT CODE		
3266F	Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)	NOT COVERED		MEASUREMENT CODE		
3267F	Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)	NOT COVERED		MEASUREMENT CODE		
3268F	Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA)	NOT COVERED		MEASUREMENT CODE		
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA)	NOT COVERED		MEASUREMENT CODE		
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)	NOT COVERED		MEASUREMENT CODE		
3271F	Low risk of recurrence, prostate cancer (PRCA)	NOT COVERED		MEASUREMENT CODE		
3272F	Intermediate risk of recurrence, prostate cancer (PRCA)	NOT COVERED		MEASUREMENT CODE		
3273F	High risk of recurrence, prostate cancer (PRCA)	NOT COVERED		MEASUREMENT CODE		
3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
3278F	Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)	NOT COVERED		MEASUREMENT CODE		
3279F	Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)	NOT COVERED		MEASUREMENT CODE		
3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)	NOT COVERED		MEASUREMENT CODE		
3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)	NOT COVERED		MEASUREMENT CODE		
3284F	Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)	NOT COVERED		MEASUREMENT CODE		
3285F	Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)	NOT COVERED		MEASUREMENT CODE		
3288F	Falls risk assessment documented (GER)	NOT COVERED		MEASUREMENT CODE		
3290F	Patient is D (Rh) negative and unsensitized (Pre-Cr)	NOT COVERED		MEASUREMENT CODE		
3291F	Patient is D (Rh) positive or sensitized (Pre-Cr)	NOT COVERED		MEASUREMENT CODE		
3292F	HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr)	NOT COVERED		MEASUREMENT CODE		
3293F	ABO and Rh blood typing documented as performed (Pre-Cr)	NOT COVERED		MEASUREMENT CODE		
3294F	Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr)	NOT COVERED		MEASUREMENT CODE		
3300F	American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)	NOT COVERED		MEASUREMENT CODE		
3301F	Cancer stage documented in medical record as metastatic and reviewed (ONC)	NOT COVERED		MEASUREMENT CODE		
3315F	Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)	NOT COVERED		MEASUREMENT CODE		
3316F	Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)	NOT COVERED		MEASUREMENT CODE		
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)	NOT COVERED		MEASUREMENT CODE		
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)	NOT COVERED		MEASUREMENT CODE		
3319F	1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)	NOT COVERED		MEASUREMENT CODE		
3320F	None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)	NOT COVERED		MEASUREMENT CODE		
3321F	AJCC Cancer Stage 0 or IA Melanoma, documented (ML)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
3322F	Melanoma greater than AJCC Stage 0 or IA (ML)	NOT COVERED		MEASUREMENT CODE		
3323F	Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx)	NOT COVERED		MEASUREMENT CODE		
3324F	MRI or CT scan ordered, reviewed or requested (EPI)	NOT COVERED		MEASUREMENT CODE		
3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC)	NOT COVERED		MEASUREMENT CODE		
3328F	Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx)	NOT COVERED		MEASUREMENT CODE		
3330F	Imaging study ordered (BkP)	NOT COVERED		MEASUREMENT CODE		
3331F	Imaging study not ordered (BkP)	NOT COVERED		MEASUREMENT CODE		
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3341F	Mammogram assessment category of "negative," documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3342F	Mammogram assessment category of "benign," documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3343F	Mammogram assessment category of "probably benign," documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3344F	Mammogram assessment category of "suspicious," documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3345F	Mammogram assessment category of "highly suggestive of malignancy," documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3350F	Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)	NOT COVERED		MEASUREMENT CODE		
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	NOT COVERED		MEASUREMENT CODE		
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)	NOT COVERED		MEASUREMENT CODE		
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	NOT COVERED		MEASUREMENT CODE		
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)	NOT COVERED		MEASUREMENT CODE		
3370F	AJCC Breast Cancer Stage 0 documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC)	NOT COVERED		MEASUREMENT CODE		

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3374F	AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3376F	AJCC Breast Cancer Stage II documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3378F	AJCC Breast Cancer Stage III documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3380F	AJCC Breast Cancer Stage IV documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3382F	AJCC colon cancer, Stage 0 documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3384F	AJCC colon cancer, Stage I documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3386F	AJCC colon cancer, Stage II documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3388F	AJCC colon cancer, Stage III documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3390F	AJCC colon cancer, Stage IV documented (ONC)	NOT COVERED		MEASUREMENT CODE		
3394F	Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)	NOT COVERED		MEASUREMENT CODE		
3395F	Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH)	NOT COVERED		MEASUREMENT CODE		
3450F	Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
3451F	Dyspnea screened, moderate or severe dyspnea (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
3452F	Dyspnea not screened (Pall Cr)	NOT COVERED		MEASUREMENT CODE		
3455F	TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA)	NOT COVERED		MEASUREMENT CODE		
3470F	Rheumatoid arthritis (RA) disease activity, low (RA)	NOT COVERED		MEASUREMENT CODE		
3471F	Rheumatoid arthritis (RA) disease activity, moderate (RA)	NOT COVERED		MEASUREMENT CODE		
3472F	Rheumatoid arthritis (RA) disease activity, high (RA)	NOT COVERED		MEASUREMENT CODE		
3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)	NOT COVERED		MEASUREMENT CODE		
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)	NOT COVERED		MEASUREMENT CODE		
3490F	History of AIDS-defining condition (HIV)	NOT COVERED		MEASUREMENT CODE		
3491F	HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)	NOT COVERED		MEASUREMENT CODE		
3492F	History of nadir CD4+ cell count <350 cells/mm3 (HIV)	NOT COVERED		MEASUREMENT CODE		

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3493F	No history of nadir CD4+ cell count <350 cells/mm3 and no history of AIDS-defining condition (HIV)	NOT COVERED		MEASUREMENT CODE		
3494F	CD4+ cell count <200 cells/mm3 (HIV)	NOT COVERED		MEASUREMENT CODE		
3495F	CD4+ cell count 200 - 499 cells/mm3 (HIV)	NOT COVERED		MEASUREMENT CODE		
3496F	CD4+ cell count => 500 cells/mm3 (HIV)	NOT COVERED		MEASUREMENT CODE		
3497F	CD4+ cell percentage <15% (HIV)	NOT COVERED		MEASUREMENT CODE		
3498F	CD4+ cell percentage >=15% (HIV)	NOT COVERED		MEASUREMENT CODE		
3500F	CD4+ cell count or CD4+ cell percentage documented as performed (HIV)	NOT COVERED		MEASUREMENT CODE		
3502F	HIV RNA viral load below limits of quantification (HIV)	NOT COVERED		MEASUREMENT CODE		
3503F	HIV RNA viral load not below limits of quantification (HIV)	NOT COVERED		MEASUREMENT CODE		
3510F	Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)	NOT COVERED		MEASUREMENT CODE		
3511F	Chlamydia and gonorrhea screenings documented as performed (HIV)	NOT COVERED		MEASUREMENT CODE		
3512F	Syphilis screening documented as performed (HIV)	NOT COVERED		MEASUREMENT CODE		
3513F	Hepatitis B screening documented as performed (HIV)	NOT COVERED		MEASUREMENT CODE		
3514F	Hepatitis C screening documented as performed (HIV)	NOT COVERED		MEASUREMENT CODE		
3515F	Patient has documented immunity to Hepatitis C (HIV)	NOT COVERED		MEASUREMENT CODE		
3517F	Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)	NOT COVERED		MEASUREMENT CODE		
3520F	Clostridium difficile testing performed (IBD)	NOT COVERED		MEASUREMENT CODE		
3550F	Low risk for thromboembolism (AFIB)	NOT COVERED		MEASUREMENT CODE		
3551F	Intermediate risk for thromboembolism (AFIB)	NOT COVERED		MEASUREMENT CODE		
3552F	High risk for thromboembolism (AFIB)	NOT COVERED		MEASUREMENT CODE		
3555F	Patient had International Normalized Ratio (INR) measurement performed (AFIB)	NOT COVERED		MEASUREMENT CODE		
3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X-ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED)	NOT COVERED		MEASUREMENT CODE		
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)	NOT COVERED		MEASUREMENT CODE		
3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)	NOT COVERED		MEASUREMENT CODE		
3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)	NOT COVERED		MEASUREMENT CODE		
3700F	Psychiatric disorders or disturbances assessed (Prkns)	NOT COVERED		MEASUREMENT CODE		

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3720F	Cognitive impairment or dysfunction assessed (Prkns)	NOT COVERED		MEASUREMENT CODE		
3725F	Screening for depression performed (DEM)	NOT COVERED		MEASUREMENT CODE		
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)	NOT COVERED		MEASUREMENT CODE		
3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)	NOT COVERED		MEASUREMENT CODE		
3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)	NOT COVERED		MEASUREMENT CODE		
3753F	Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)	NOT COVERED		MEASUREMENT CODE		
3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)	NOT COVERED		MEASUREMENT CODE		
3755F	Cognitive and behavioral impairment screening performed (ALS)	NOT COVERED		MEASUREMENT CODE		
3756F	Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	NOT COVERED		MEASUREMENT CODE		
3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	NOT COVERED		MEASUREMENT CODE		
3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)	NOT COVERED		MEASUREMENT CODE		
3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)	NOT COVERED		MEASUREMENT CODE		
3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)	NOT COVERED		MEASUREMENT CODE		
3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)	NOT COVERED		MEASUREMENT CODE		
3762F	Patient is dysarthric (ALS)	NOT COVERED		MEASUREMENT CODE		
3763F	Patient is not dysarthric (ALS)	NOT COVERED		MEASUREMENT CODE		
3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)	NOT COVERED		MEASUREMENT CODE		
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)	NOT COVERED		MEASUREMENT CODE		
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)	NOT COVERED		MEASUREMENT CODE		
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)	NOT COVERED		MEASUREMENT CODE		

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4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	NOT COVERED		MEASUREMENT CODE		
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)	NOT COVERED		MEASUREMENT CODE		
4008F	Beta-blocker therapy prescribed or currently being taken (CAD,HF)	NOT COVERED		MEASUREMENT CODE		
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	NOT COVERED		MEASUREMENT CODE		
4011F	Oral antiplatelet therapy prescribed (CAD)	NOT COVERED		MEASUREMENT CODE		
4012F	Warfarin therapy prescribed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4013F	Statin therapy prescribed or currently being taken (CAD)	NOT COVERED		MEASUREMENT CODE		
4014F	Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen) (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4016F	Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s])	NOT COVERED		MEASUREMENT CODE		
4017F	Gastrointestinal prophylaxis for NSAID use prescribed (OA)	NOT COVERED		MEASUREMENT CODE		
4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA)	NOT COVERED		MEASUREMENT CODE		
4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP)	NOT COVERED		MEASUREMENT CODE		
4025F	Inhaled bronchodilator prescribed (COPD)	NOT COVERED		MEASUREMENT CODE		
4030F	Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)	NOT COVERED		MEASUREMENT CODE		
4033F	Pulmonary rehabilitation exercise training recommended (COPD)	NOT COVERED		MEASUREMENT CODE		
4035F	Influenza immunization recommended (COPD) (IBD)	NOT COVERED		MEASUREMENT CODE		

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4037F	Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)	NOT COVERED		MEASUREMENT CODE		
4040F	Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD)	NOT COVERED		MEASUREMENT CODE		
4041F	Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4044F	Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4045F	Appropriate empiric antibiotic prescribed (CAP), (EM)	NOT COVERED		MEASUREMENT CODE		
4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4047F	Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2)	NOT COVERED		MEASUREMENT CODE		
4050F	Hypertension plan of care documented as appropriate (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4051F	Referred for an arteriovenous (AV) fistula (ESRD, CKD)	NOT COVERED		MEASUREMENT CODE		
4052F	Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)	NOT COVERED		MEASUREMENT CODE		
4053F	Hemodialysis via functioning arteriovenous (AV) graft (ESRD)	NOT COVERED		MEASUREMENT CODE		
4054F	Hemodialysis via catheter (ESRD)	NOT COVERED		MEASUREMENT CODE		
4055F	Patient receiving peritoneal dialysis (ESRD)	NOT COVERED		MEASUREMENT CODE		
4056F	Appropriate oral rehydration solution recommended (PAG)	NOT COVERED		MEASUREMENT CODE		

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4058F	Pediatric gastroenteritis education provided to caregiver (PAG)	NOT COVERED		MEASUREMENT CODE		
4060F	Psychotherapy services provided (MDD, MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)	NOT COVERED		MEASUREMENT CODE		
4065F	Antipsychotic pharmacotherapy prescribed (MDD)	NOT COVERED		MEASUREMENT CODE		
4066F	Electroconvulsive therapy (ECT) provided (MDD)	NOT COVERED		MEASUREMENT CODE		
4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)	NOT COVERED		MEASUREMENT CODE		
4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)	NOT COVERED		MEASUREMENT CODE		
4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)	NOT COVERED		MEASUREMENT CODE		
4073F	Oral antiplatelet therapy prescribed at discharge (STR)	NOT COVERED		MEASUREMENT CODE		
4075F	Anticoagulant therapy prescribed at discharge (STR)	NOT COVERED		MEASUREMENT CODE		
4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)	NOT COVERED		MEASUREMENT CODE		
4079F	Documentation that rehabilitation services were considered (STR)	NOT COVERED		MEASUREMENT CODE		
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)	NOT COVERED		MEASUREMENT CODE		
4086F	Aspirin or clopidogrel prescribed or currently being taken (CAD)	NOT COVERED		MEASUREMENT CODE		
4090F	Patient receiving erythropoietin therapy (HEM)	NOT COVERED		MEASUREMENT CODE		
4095F	Patient not receiving erythropoietin therapy (HEM)	NOT COVERED		MEASUREMENT CODE		
4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)	NOT COVERED		MEASUREMENT CODE		
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)	NOT COVERED		MEASUREMENT CODE		
4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)	NOT COVERED		MEASUREMENT CODE		
4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)	NOT COVERED		MEASUREMENT CODE		
4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)	NOT COVERED		MEASUREMENT CODE		
4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)	NOT COVERED		MEASUREMENT CODE		
4131F	Systemic antimicrobial therapy prescribed (AOE)	NOT COVERED		MEASUREMENT CODE		

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4132F	Systemic antimicrobial therapy not prescribed (AOE)	NOT COVERED		MEASUREMENT CODE		
4133F	Antihistamines or decongestants prescribed or recommended (OME)	NOT COVERED		MEASUREMENT CODE		
4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)	NOT COVERED		MEASUREMENT CODE		
4135F	Systemic corticosteroids prescribed (OME)	NOT COVERED		MEASUREMENT CODE		
4136F	Systemic corticosteroids not prescribed (OME)	NOT COVERED		MEASUREMENT CODE		
4140F	Inhaled corticosteroids prescribed (Asthma)	NOT COVERED		MEASUREMENT CODE		
4142F	Corticosteroid sparing therapy prescribed (IBD)	NOT COVERED		MEASUREMENT CODE		
4144F	Alternative long-term control medication prescribed (Asthma)	NOT COVERED		MEASUREMENT CODE		
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)	NOT COVERED		MEASUREMENT CODE		
4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)	NOT COVERED		MEASUREMENT CODE		
4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4155F	Hepatitis A vaccine series previously received (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4157F	Hepatitis B vaccine series previously received (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4158F	Patient counseled about risks of alcohol use (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)	NOT COVERED		MEASUREMENT CODE		
4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to initiation of treatment (PRCA)	NOT COVERED		MEASUREMENT CODE		
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA)	NOT COVERED		MEASUREMENT CODE		

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4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)	NOT COVERED		MEASUREMENT CODE		
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)	NOT COVERED		MEASUREMENT CODE		
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	NOT COVERED		MEASUREMENT CODE		
4169F	Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT)	NOT COVERED		MEASUREMENT CODE		
4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	NOT COVERED		MEASUREMENT CODE		
4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	NOT COVERED		MEASUREMENT CODE		
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC)	NOT COVERED		MEASUREMENT CODE		
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC)	NOT COVERED		MEASUREMENT CODE		
4176F	Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4177F	Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)	NOT COVERED		MEASUREMENT CODE		
4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)	NOT COVERED		MEASUREMENT CODE		
4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)	NOT COVERED		MEASUREMENT CODE		
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)	NOT COVERED		MEASUREMENT CODE		
4181F	Conformal radiation therapy received (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4182F	Conformal radiation therapy not received (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
4185F	Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	NOT COVERED		MEASUREMENT CODE		

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4186F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	NOT COVERED		MEASUREMENT CODE		
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)	NOT COVERED		MEASUREMENT CODE		
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	NOT COVERED		MEASUREMENT CODE		
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)	NOT COVERED		MEASUREMENT CODE		
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)	NOT COVERED		MEASUREMENT CODE		
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)	NOT COVERED		MEASUREMENT CODE		
4192F	Patient not receiving glucocorticoid therapy (RA)	NOT COVERED		MEASUREMENT CODE		
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)	NOT COVERED		MEASUREMENT CODE		
4194F	Patient receiving =>10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)	NOT COVERED		MEASUREMENT CODE		
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	NOT COVERED		MEASUREMENT CODE		
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	NOT COVERED		MEASUREMENT CODE		
4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)	NOT COVERED		MEASUREMENT CODE		
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)	NOT COVERED		MEASUREMENT CODE		
4210F	Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)	NOT COVERED		MEASUREMENT CODE		
4220F	Digoxin medication therapy for 6 months or more (MM)	NOT COVERED		MEASUREMENT CODE		
4221F	Diuretic medication therapy for 6 months or more (MM)	NOT COVERED		MEASUREMENT CODE		
4230F	Anticonvulsant medication therapy for 6 months or more (MM)	NOT COVERED		MEASUREMENT CODE		
4240F	Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	NOT COVERED		MEASUREMENT CODE		
4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)	NOT COVERED		MEASUREMENT CODE		
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)	NOT COVERED		MEASUREMENT CODE		
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (CRIT)	NOT COVERED		MEASUREMENT CODE		
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2)	NOT COVERED		MEASUREMENT CODE		
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2)	NOT COVERED		MEASUREMENT CODE		
4260F	Wound surface culture technique used (CWC)	NOT COVERED		MEASUREMENT CODE		
4261F	Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC)	NOT COVERED		MEASUREMENT CODE		
4265F	Use of wet to dry dressings prescribed or recommended (CWC)	NOT COVERED		MEASUREMENT CODE		
4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)	NOT COVERED		MEASUREMENT CODE		
4267F	Compression therapy prescribed (CWC)	NOT COVERED		MEASUREMENT CODE		
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC)	NOT COVERED		MEASUREMENT CODE		
4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)	NOT COVERED		MEASUREMENT CODE		
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)	NOT COVERED		MEASUREMENT CODE		
4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)	NOT COVERED		MEASUREMENT CODE		
4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)	NOT COVERED		MEASUREMENT CODE		
4276F	Potent antiretroviral therapy prescribed (HIV)	NOT COVERED		MEASUREMENT CODE		
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)	NOT COVERED		MEASUREMENT CODE		

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4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)	NOT COVERED		MEASUREMENT CODE		
4290F	Patient screened for injection drug use (HIV)	NOT COVERED		MEASUREMENT CODE		
4293F	Patient screened for high-risk sexual behavior (HIV)	NOT COVERED		MEASUREMENT CODE		
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	NOT COVERED		MEASUREMENT CODE		
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	NOT COVERED		MEASUREMENT CODE		
4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (CWC)	NOT COVERED		MEASUREMENT CODE		
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)	NOT COVERED		MEASUREMENT CODE		
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)	NOT COVERED		MEASUREMENT CODE		
4322F	Caregiver provided with education and referred to additional resources for support (DEM)	NOT COVERED		MEASUREMENT CODE		
4324F	Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)	NOT COVERED		MEASUREMENT CODE		
4325F	Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)	NOT COVERED		MEASUREMENT CODE		
4326F	Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)	NOT COVERED		MEASUREMENT CODE		
4328F	Patient (or caregiver) queried about sleep disturbances (Prkns)	NOT COVERED		MEASUREMENT CODE		
4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)	NOT COVERED		MEASUREMENT CODE		
4340F	Counseling for women of childbearing potential with epilepsy (EPI)	NOT COVERED		MEASUREMENT CODE		
4350F	Counseling provided on symptom management, end of life decisions, and palliation (DEM)	NOT COVERED		MEASUREMENT CODE		
4400F	Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)	NOT COVERED		MEASUREMENT CODE		
4450F	Self-care education provided to patient (HF)	NOT COVERED		MEASUREMENT CODE		
4470F	Implantable cardioverter-defibrillator (ICD) counseling provided (HF)	NOT COVERED		MEASUREMENT CODE		
4480F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF)	NOT COVERED		MEASUREMENT CODE		

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4481F	Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF)	NOT COVERED		MEASUREMENT CODE		
4500F	Referred to an outpatient cardiac rehabilitation program (CAD)	NOT COVERED		MEASUREMENT CODE		
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)	NOT COVERED		MEASUREMENT CODE		
4525F	Neuropsychiatric intervention ordered (DEM)	NOT COVERED		MEASUREMENT CODE		
4526F	Neuropsychiatric intervention received (DEM)	NOT COVERED		MEASUREMENT CODE		
4540F	Disease modifying pharmacotherapy discussed (ALS)	NOT COVERED		MEASUREMENT CODE		
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	NOT COVERED		MEASUREMENT CODE		
4550F	Options for noninvasive respiratory support discussed with patient (ALS)	NOT COVERED		MEASUREMENT CODE		
4551F	Nutritional support offered (ALS)	NOT COVERED		MEASUREMENT CODE		
4552F	Patient offered referral to a speech language pathologist (ALS)	NOT COVERED		MEASUREMENT CODE		
4553F	Patient offered assistance in planning for end of life issues (ALS)	NOT COVERED		MEASUREMENT CODE		
4554F	Patient received inhalational anesthetic agent (Peri2)	NOT COVERED		MEASUREMENT CODE		
4555F	Patient did not receive inhalational anesthetic agent (Peri2)	NOT COVERED		MEASUREMENT CODE		
4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)	NOT COVERED		MEASUREMENT CODE		
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)	NOT COVERED		MEASUREMENT CODE		
4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)	NOT COVERED		MEASUREMENT CODE		
4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)	NOT COVERED		MEASUREMENT CODE		
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)	NOT COVERED		MEASUREMENT CODE		
4561F	Patient has a coronary artery stent (Peri2)	NOT COVERED		MEASUREMENT CODE		
4562F	Patient does not have a coronary artery stent (Peri2)	NOT COVERED		MEASUREMENT CODE		
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)	NOT COVERED		MEASUREMENT CODE		
5005F	Patient counseled on self-examination for new or changing moles (ML)	NOT COVERED		MEASUREMENT CODE		

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5010F	Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)	NOT COVERED		MEASUREMENT CODE		
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP)	NOT COVERED		MEASUREMENT CODE		
5020F	Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC)	NOT COVERED		MEASUREMENT CODE		
5050F	Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)	NOT COVERED		MEASUREMENT CODE		
5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD)	NOT COVERED		MEASUREMENT CODE		
5062F	Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)	NOT COVERED		MEASUREMENT CODE		
5100F	Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED)	NOT COVERED		MEASUREMENT CODE		
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI)	NOT COVERED		MEASUREMENT CODE		
5250F	Asthma discharge plan provided to patient (Asthma)	NOT COVERED		MEASUREMENT CODE		
6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP)	NOT COVERED		MEASUREMENT CODE		
6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR)	NOT COVERED		MEASUREMENT CODE		
6015F	Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)	NOT COVERED		MEASUREMENT CODE		
6020F	NPO (nothing by mouth) ordered (STR)	NOT COVERED		MEASUREMENT CODE		
6030F	All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)	NOT COVERED		MEASUREMENT CODE		
6040F	Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)	NOT COVERED		MEASUREMENT CODE		
6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)	NOT COVERED		MEASUREMENT CODE		
6080F	Patient (or caregiver) queried about falls (Prkns, DSP)	NOT COVERED		MEASUREMENT CODE		
6090F	Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)	NOT COVERED		MEASUREMENT CODE		
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)	NOT COVERED		MEASUREMENT CODE		
6101F	Safety counseling for dementia provided (DEM)	NOT COVERED		MEASUREMENT CODE		
6102F	Safety counseling for dementia ordered (DEM)	NOT COVERED		MEASUREMENT CODE		
6110F	Counseling provided regarding risks of driving and the alternatives to driving (DEM)	NOT COVERED		MEASUREMENT CODE		
6150F	Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)	NOT COVERED		MEASUREMENT CODE		
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML)	NOT COVERED		MEASUREMENT CODE		
7020F	Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD)	NOT COVERED		MEASUREMENT CODE		
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (RAD)	NOT COVERED		MEASUREMENT CODE		
9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		

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9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)	NOT COVERED		MEASUREMENT CODE		
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0100	Nonemergency transportation; taxi	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0110	Nonemergency transportation and bus, intra- or interstate carrier	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0130	Nonemergency transportation: wheelchair van	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0160	Nonemergency transportation: per mile - caseworker or social worker	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0170	Transportation ancillary: parking fees, tolls, other	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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A0180	Nonemergency transportation: ancillary: lodging-recipient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0190	Nonemergency transportation: ancillary: meals, recipient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0200	Nonemergency transportation: ancillary: lodging, escort	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0210	Nonemergency transportation: ancillary: meals, escort	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0380	BLS mileage (per mile)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0382	BLS routine disposable supplies	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0390	ALS mileage (per mile)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0394	ALS specialized service disposable supplies; IV drug therapy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0396	ALS specialized service disposable supplies; esophageal intubation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0398	ALS routine disposable supplies	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0425	Ground mileage, per statute mile	AUTH REQUIRED IF NOT FACILITY TO FACILITY TRANSPORT		Evaluated based on Medicare Reasonable and Necessary Standard		
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	no auth				
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	no auth				
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	AUTH REQUIRED IF NOT FACILITY TO FACILITY TRANSPORT		Evaluated based on Medicare Reasonable and Necessary Standard		
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	no auth				
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	no auth				
A0433	Advanced life support, level 2 (ALS 2)	no auth				
A0434	Specialty care transport (SCT)	no auth				
A0435	Fixed wing air mileage, per statute mile	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
A0436	Rotary wing air mileage, per statute mile	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A0998	Ambulance response and treatment, no transport	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A0999	Unlisted ambulance service	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A2001	InnovaMatrix AC, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2002	Mirragen Advanced Wound Matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2004	XCelliStem, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2005	Microlyte Matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2006	NovoSorb SynPath dermal matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2007	Restrata, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2008	TheraGenesis, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2009	Symphony, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
A2010	Apis, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		

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A2011	Supra SDRM, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2012	SUPRATHEL, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2013	Innovamatrix FS, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2014	Omeza Collagen Matrix, per 100 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2015	Phoenix Wound Matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2016	PermeaDerm B, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2017	PermeaDerm Glove, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2018	PermeaDerm C, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2019	Kerecis Omega3 MariGen Shield, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A2020	AC5 Advanced Wound System (AC5)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

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A2021	NeoMatriX, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A4206	Syringe with needle, sterile, 1 cc or less, each	no auth				
A4207	Syringe with needle, sterile 2 cc, each	no auth				
A4208	Syringe with needle, sterile 3 cc, each	no auth				
A4209	Syringe with needle, sterile 5 cc or greater, each	no auth				
A4210	Needle-free injection device, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4211	Supplies for self-administered injections	no auth				
A4212	Noncoring needle or stylet with or without catheter	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4213	Syringe, sterile, 20 cc or greater, each	no auth				
A4215	Needle, sterile, any size, each	no auth				
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	no auth				
A4217	Sterile water/saline, 500 ml	no auth				
A4218	Sterile saline or water, metered dose dispenser, 10 ml	no auth				
A4220	Refill kit for implantable infusion pump	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	no auth				
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	no auth				
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	no auth				
A4224	Supplies for maintenance of insulin infusion catheter, per week	no auth				
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	no auth				
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4230	Infusion set for external insulin pump, nonneedle cannula type	no auth				
A4231	Infusion set for external insulin pump, needle type	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	no auth				
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	no auth				
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	no auth				
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	no auth				
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	AUTH REQUIRED	This code covers 1 month of ALL ADJUNCTIVE CGM supplies that go with **E2102**	LCD 33822, LCA 52464		
A4239	Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	AUTH REQUIRED	NEW for 2023, this code covers 1 month of ALL NON-ADJUNCTIVE CGM supplies that go with **E2103**	LCD 33822, LCA 52464		
A4244	Alcohol or peroxide, per pint	no auth				
A4245	Alcohol wipes, per box	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4246	Betadine or pHisoHex solution, per pint	no auth				
A4247	Betadine or iodine swabs/wipes, per box	no auth				
A4248	Chlorhexidine containing antiseptic, 1 ml	no auth				
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4252	Blood ketone test or reagent strip, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	no auth				
A4255	Platforms for home blood glucose monitor, 50 per box	no auth				
A4256	Normal, low, and high calibrator solution/chips	no auth				
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	NOT COVERED		LCD 33822 STATES NOT COVERED		
A4258	Spring-powered device for lancet, each	no auth				
A4259	Lancets, per box of 100	no auth				
A4261	Cervical cap for contraceptive use	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4262	Temporary, absorbable lacrimal duct implant, each	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
A4263	Permanent, long-term, nondissolvable lacrimal duct implant, each	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4265	Paraffin, per pound	no auth				
A4266	Diaphragm for contraceptive use	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4267	Contraceptive supply, condom, male, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4268	Contraceptive supply, condom, female, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4270	Disposable endoscope sheath, each	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	no auth				
A4281	Tubing for breast pump, replacement	no auth				
A4282	Adapter for breast pump, replacement	no auth				
A4283	Cap for breast pump bottle, replacement	no auth				
A4284	Breast shield and splash protector for use with breast pump, replacement	no auth				
A4285	Polycarbonate bottle for use with breast pump, replacement	no auth				
A4286	Locking ring for breast pump, replacement	no auth				
A4290	Sacral nerve stimulation test lead, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 230.16, NCD 230.18	MCG:Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC)	
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	NOT COVERED		LCA 52507 states not covered. NOT ON DME FEE SCHEDULE		
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	NOT COVERED		LCA 52507 states not covered. NOT ON DME FEE SCHEDULE		
A4310	Insertion tray without drainage bag and without catheter (accessories only)	no auth				
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	no auth				
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	no auth				
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	no auth				
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	no auth				
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	no auth				
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	no auth				
A4320	Irrigation tray with bulb or piston syringe, any purpose	no auth				
A4321	Therapeutic agent for urinary catheter irrigation	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A4322	Irrigation syringe, bulb or piston, each	no auth				
A4326	Male external catheter with integral collection chamber, any type, each	no auth				
A4327	Female external urinary collection device; meatal cup, each	no auth				
A4328	Female external urinary collection device; pouch, each	no auth				
A4330	Perianal fecal collection pouch with adhesive, each	no auth				
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	no auth				
A4332	Lubricant, individual sterile packet, each	no auth				
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	no auth				
A4334	Urinary catheter anchoring device, leg strap, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4335	Incontinence supply; miscellaneous	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4336	Incontinence supply, urethral insert, any type, each	no auth				
A4337	Incontinence supply, rectal insert, any type, each	no auth				
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	no auth				
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each	no auth				
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	no auth				
A4346	Indwelling catheter; Foley type, three-way for continuous irrigation, each	no auth				
A4349	Male external catheter, with or without adhesive, disposable, each	no auth				
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	no auth				
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	no auth				
A4353	Intermittent urinary catheter, with insertion supplies	no auth				
A4354	Insertion tray with drainage bag but without catheter	no auth				
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each	no auth				
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	no auth				
A4357	Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each	no auth				
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	no auth				
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	no auth				
A4361	Ostomy faceplate, each	no auth				
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	no auth				
A4363	Ostomy clamp, any type, replacement only, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4364	Adhesive, liquid or equal, any type, per oz	no auth	LCD 33832 imposes QL 4/mo.	LCD 33832		
A4366	Ostomy vent, any type, each	no auth				
A4367	Ostomy belt, each	no auth				
A4368	Ostomy filter, any type, each	no auth				
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	no auth				
A4371	Ostomy skin barrier, powder, per oz	no auth				
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	no auth				
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	no auth				
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	no auth				
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	no auth				
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	no auth				
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	no auth				
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	no auth				
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	no auth				
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	no auth				
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	no auth				
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	no auth				
A4384	Ostomy faceplate equivalent, silicone ring, each	no auth				
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	no auth				
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each	no auth				
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each	no auth				
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each	no auth				
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each	no auth				
A4391	Ostomy pouch, urinary, with extended wear barrier attached (one piece), each	no auth				
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each	no auth				
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz	no auth				
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	no auth				
A4396	Ostomy belt with peristomal hernia support	no auth				
A4398	Ostomy irrigation supply; bag, each	no auth				
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	no auth				
A4400	Ostomy irrigation set	no auth				
A4402	Lubricant, per oz	no auth	LCD 33832 imposes QL 4/mo.	LCD 33832		
A4404	Ostomy ring, each	no auth				
A4405	Ostomy skin barrier, nonpectin-based, paste, per oz	no auth				
A4406	Ostomy skin barrier, pectin-based, paste, per oz	no auth				
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each	no auth				
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each	no auth				
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each	no auth				
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each	no auth				
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	no auth				
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each	no auth				
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), with filter, each	no auth				
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each	no auth				
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each	no auth				
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	no auth				
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	no auth				
A4419	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each	no auth				
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A4421	Ostomy supply; miscellaneous	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	no auth				
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	no auth				
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	no auth				
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each	no auth				
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each	no auth				
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each	no auth				
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each	no auth				
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	no auth				
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	no auth				
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each	no auth				
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each	no auth				
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	no auth				
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	no auth				
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	no auth				
A4436	Irrigation supply; sleeve, reusable, per month	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4437	Irrigation supply; sleeve, disposable, per month	no auth				
A4450	Tape, nonwaterproof, per 18 sq in	no auth	LCD 33832 imposes QL 40/mo.	LCD 33832		
A4452	Tape, waterproof, per 18 sq in	no auth	LCD 33832 imposes QL 40/mo.	LCD 33832		
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	no auth				
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	no auth				
A4456	Adhesive remover, wipes, any type, each	no auth	LCD 33832 imposes QL 50/mo.	LCD 33832		
A4458	Enema bag with tubing, reusable	no auth				
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	no auth				
A4461	Surgical dressing holder, nonreusable, each	no auth				
A4463	Surgical dressing holder, reusable, each	no auth				
A4465	Nonelastic binder for extremity	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4467	Belt, strap, sleeve, garment, or covering, any type	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4470	Gravlee jet washer	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4480	VABRA aspirator	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4481	Tracheostoma filter, any type, any size, each	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A4490	Surgical stockings above knee length, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4495	Surgical stockings thigh length, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4500	Surgical stockings below knee length, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4510	Surgical stockings full-length, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4550	Surgical trays	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4553	Nondisposable underpads, all sizes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4554	Disposable underpads, all sizes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4556	Electrodes (e.g., apnea monitor), per pair	no auth				
A4557	Lead wires (e.g., apnea monitor), per pair	no auth				
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	no auth				
A4559	Coupling gel or paste, for use with ultrasound device, per oz	no auth				
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	NOT COVERED		Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896		
A4561	Pessary, rubber, any type	no auth				
A4562	Pessary, nonrubber, any type	no auth				
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
A4565	Slings	no auth				
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4570	Splint	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4575	Topical hyperbaric oxygen chamber, disposable	no auth				
A4580	Cast supplies (e.g., plaster)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4590	Special casting material (e.g., fiberglass)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	no auth				
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	NOT COVERED				
A4600	Sleeve for intermittent limb compression device, replacement only, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.6		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4601	Lithium-ion battery, rechargeable, for nonprosthetic use, replacement	no auth				
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	no auth				
A4604	Tubing with integrated heating element for use with positive airway pressure device	no auth				
A4605	Tracheal suction catheter, closed system, each	no auth				
A4606	Oxygen probe for use with oximeter device, replacement	no auth				
A4608	Transtracheal oxygen catheter, each	no auth				
A4611	Battery, heavy-duty; replacement for patient-owned ventilator	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4612	Battery cables; replacement for patient-owned ventilator	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4613	Battery charger; replacement for patient-owned ventilator	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4614	Peak expiratory flow rate meter, hand held	no auth				
A4615	Cannula, nasal	no auth				
A4616	Tubing (oxygen), per foot	no auth				
A4617	Mouthpiece	no auth				
A4618	Breathing circuits	no auth				
A4619	Face tent	no auth				
A4620	Variable concentration mask	no auth				
A4623	Tracheostomy, inner cannula	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		
A4624	Tracheal suction catheter, any type other than closed system, each	no auth				
A4625	Tracheostomy care kit for new tracheostomy	no auth	LCD 33832 imposes QL 31/mo.	LCD 33832		
A4626	Tracheostomy cleaning brush, each	no auth	LCD 33832 imposes QL 2/mo.	LCD 33832		
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4628	Oral and/or oropharyngeal suction catheter, each	no auth				
A4629	Tracheostomy care kit for established tracheostomy	no auth	LCD 33832 imposes QL 31/mo.	LCD 33832		
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	no auth				
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	no auth				
A4634	Replacement bulb for therapeutic light box, tabletop model	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
A4635	Underarm pad, crutch, replacement, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4636	Replacement, handgrip, cane, crutch, or walker, each	no auth				
A4637	Replacement, tip, cane, crutch, walker, each	no auth				
A4638	Replacement battery for patient-owned ear pulse generator, each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A4639	Replacement pad for infrared heating pad system, each	AUTH REQUIRED		NCD 270.6, LCD 33825		
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	no auth				
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A4642	Indium In-111 satumomab pendetide, diagnostic, per study dose, up to 6 mCi	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A4648	Tissue marker, implantable, any type, each	no auth				
A4649	Surgical supply; miscellaneous	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A4650	Implantable radiation dosimeter, each	no auth				
A4651	Calibrated microcapillary tube, each	no auth				
A4652	Microcapillary tube sealant	no auth				
A4653	Peritoneal dialysis catheter anchoring device, belt, each	no auth				
A4657	Syringe, with or without needle, each	no auth				
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	no auth				
A4663	Blood pressure cuff only	no auth				
A4670	Automatic blood pressure monitor	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A4671	Disposable cycler set used with cycler dialysis machine, each	no auth				
A4672	Drainage extension line, sterile, for dialysis, each	no auth				
A4673	Extension line with easy lock connectors, used with dialysis	no auth				
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	no auth				
A4680	Activated carbon filter for hemodialysis, each	no auth				
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	no auth				
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	no auth				
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	no auth				
A4708	Acetate concentrate solution, for hemodialysis, per gallon	no auth				
A4709	Acid concentrate, solution, for hemodialysis, per gallon	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	no auth				
A4719	Y set tubing for peritoneal dialysis	no auth				
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	no auth				
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	no auth				
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	no auth				
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	no auth				
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	no auth				
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	no auth				
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	no auth				
A4728	Dialysate solution, nondextrose containing, 500 ml	no auth				
A4730	Fistula cannulation set for hemodialysis, each	no auth				
A4736	Topical anesthetic, for dialysis, per g	no auth				
A4737	Injectable anesthetic, for dialysis, per 10 ml	no auth				
A4740	Shunt accessory, for hemodialysis, any type, each	no auth				
A4750	Blood tubing, arterial or venous, for hemodialysis, each	no auth				
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	no auth				
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	no auth				
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	no auth				
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	no auth				
A4770	Blood collection tube, vacuum, for dialysis, per 50	no auth				
A4771	Serum clotting time tube, for dialysis, per 50	no auth				
A4772	Blood glucose test strips, for dialysis, per 50	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A4773	Occult blood test strips, for dialysis, per 50	no auth				
A4774	Ammonia test strips, for dialysis, per 50	no auth				
A4802	Protamine sulfate, for hemodialysis, per 50 mg	no auth				
A4860	Disposable catheter tips for peritoneal dialysis, per 10	no auth				
A4870	Plumbing and/or electrical work for home hemodialysis equipment	no auth				
A4890	Contracts, repair and maintenance, for hemodialysis equipment	no auth				
A4911	Drain bag/bottle, for dialysis, each	no auth				
A4913	Miscellaneous dialysis supplies, not otherwise specified	no auth				
A4918	Venous pressure clamp, for hemodialysis, each	no auth				
A4927	Gloves, nonsterile, per 100	no auth				
A4928	Surgical mask, per 20	no auth				
A4929	Tourniquet for dialysis, each	no auth				
A4930	Gloves, sterile, per pair	no auth				
A4931	Oral thermometer, reusable, any type, each	no auth				
A4932	Rectal thermometer, reusable, any type, each	no auth				
A5051	Ostomy pouch, closed; with barrier attached (one piece), each	no auth				
A5052	Ostomy pouch, closed; without barrier attached (one piece), each	no auth				
A5053	Ostomy pouch, closed; for use on faceplate, each	no auth				
A5054	Ostomy pouch, closed; for use on barrier with flange (two piece), each	no auth				
A5055	Stoma cap	no auth				
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each	no auth				
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each	no auth				
A5061	Ostomy pouch, drainable; with barrier attached, (one piece), each	no auth				
A5062	Ostomy pouch, drainable; without barrier attached (one piece), each	no auth				
A5063	Ostomy pouch, drainable; for use on barrier with flange (two-piece system), each	no auth				
A5071	Ostomy pouch, urinary; with barrier attached (one piece), each	no auth				
A5072	Ostomy pouch, urinary; without barrier attached (one piece), each	no auth				
A5073	Ostomy pouch, urinary; for use on barrier with flange (two piece), each	no auth				
A5081	Stoma plug or seal, any type	no auth				
A5082	Continent device; catheter for continent stoma	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A5083	Continent device, stoma absorptive cover for continent stoma	no auth				
A5093	Ostomy accessory; convex insert	no auth				
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	no auth				
A5105	Urinary suspensory with leg bag, with or without tube, each	no auth				
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	no auth				
A5113	Leg strap; latex, replacement only, per set	no auth				
A5114	Leg strap; foam or fabric, replacement only, per set	no auth				
A5120	Skin barrier, wipes or swabs, each	no auth	LCD 33832 imposes QL 150/mo. Modifier AU	LCD 33832		
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	no auth				
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	no auth				
A5126	Adhesive or nonadhesive; disk or foam pad	no auth	QL 20/mo.			
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	no auth				
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	no auth				
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	no auth				
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	no auth				
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	no auth				
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	no auth				
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	no auth				
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	no auth				
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	no auth				
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	no auth				
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	no auth				
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	no auth				
A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	no auth				
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6010	Collagen based wound filler, dry form, sterile, per g of collagen	AUTH REQUIRED		LCD 33831		
A6011	Collagen based wound filler, gel/paste, per g of collagen	no auth				
A6021	Collagen dressing, sterile, size 16 sq in or less, each	no auth				
A6022	Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each	no auth				
A6023	Collagen dressing, sterile, size more than 48 sq in, each	AUTH REQUIRED		LCD 33831		
A6024	Collagen dressing wound filler, sterile, per 6 in	no auth				
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	no auth				
A6154	Wound pouch, each	no auth				
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing	AUTH REQUIRED		LCD 33831		
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	no auth				
A6203	Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	no auth				
A6204	Composite dressing, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, with any size adhesive border, each dressing	no auth				
A6205	Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6206	Contact layer, sterile, 16 sq in or less, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	no auth				
A6208	Contact layer, sterile, more than 48 sq in, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	no auth				
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	no auth				
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	no auth				
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	no auth				
A6215	Foam dressing, wound filler, sterile, per g	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6217	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	no auth				
A6220	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	no auth				
A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	no auth				
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing	no auth				
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in but less than or equal to 48 sq in, each dressing	no auth				
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing	no auth				
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	no auth				
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	no auth				
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	no auth				
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz	no auth				
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per g	no auth				
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	AUTH REQUIRED		LCD 33831		
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	no auth				
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	no auth				
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	no auth				
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	no auth				
A6248	Hydrogel dressing, wound filler, gel, per fl oz	no auth				
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	no auth				
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	AUTH REQUIRED		LCD 33831		
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	no auth				
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	no auth				
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6257	Transparent film, sterile, 16 sq in or less, each dressing	no auth				
A6258	Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	no auth				
A6259	Transparent film, sterile, more than 48 sq in, each dressing	no auth				
A6260	Wound cleansers, any type, any size	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6261	Wound filler, gel/paste, per fl oz, not otherwise specified	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6262	Wound filler, dry form, per g, not otherwise specified	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	no auth				
A6402	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				
A6403	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				
A6404	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	NOT COVERED		NOT ON MEDICARE DME FEE SCHEDULE		
A6407	Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd	no auth				
A6410	Eye pad, sterile, each	no auth				
A6411	Eye pad, nonsterile, each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6412	Eye patch, occlusive, each	no auth				
A6413	Adhesive bandage, first aid type, any size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd	no auth				
A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd	no auth				
A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd	no auth				
A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd	no auth				
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd	no auth				
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd	no auth				
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd	no auth				
A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd	no auth				
A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd	no auth				
A6457	Tubular dressing with or without elastic, any width, per linear yd	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	no auth				
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	no auth				
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6502	Compression burn garment, chin strap, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6503	Compression burn garment, facial hood, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6504	Compression burn garment, glove to wrist, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6505	Compression burn garment, glove to elbow, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6506	Compression burn garment, glove to axilla, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6507	Compression burn garment, foot to knee length, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6508	Compression burn garment, foot to thigh length, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6512	Compression burn garment, not otherwise classified	no auth				
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	no auth	Must be billed with modifier AW which indicates use in WOUND CARE	LCD 33831		
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	no auth	Must be billed with modifier AW which indicates use in WOUND CARE	LCD 33831		
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6544	Gradient compression stocking, garter belt	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each	no auth	Must be billed with modifier AW which indicates use in WOUND CARE	LCD 33831		
A6549	Gradient compression stocking/sleeve, not otherwise specified	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	no auth				
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A7000	Canister, disposable, used with suction pump, each	no auth				
A7001	Canister, nondisposable, used with suction pump, each	no auth				
A7002	Tubing, used with suction pump, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	no auth				
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	no auth				
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	no auth				
A7006	Administration set, with small volume filtered pneumatic nebulizer	no auth				
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	no auth				
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	no auth				
A7009	Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer	no auth				
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 ft	no auth				
A7012	Water collection device, used with large volume nebulizer	no auth				
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	no auth				
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	no auth				
A7015	Aerosol mask, used with DME nebulizer	no auth				
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	no auth				
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	no auth				
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	no auth				
A7020	Interface for cough stimulating device, includes all components, replacement only	no auth				
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	AUTH REQUIRED		LCD 33785	MCG:High Frequency Chest Compression Device ACG: A-0356 (AC)	
A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	no auth				
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	no auth				
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	no auth				
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	no auth				
A7030	Full face mask used with positive airway pressure device, each	no auth				
A7031	Face mask interface, replacement for full face mask, each	no auth				
A7032	Cushion for use on nasal mask interface, replacement only, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	no auth				
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	no auth				
A7035	Headgear used with positive airway pressure device	no auth				
A7036	Chinstrap used with positive airway pressure device	no auth				
A7037	Tubing used with positive airway pressure device	no auth				
A7038	Filter, disposable, used with positive airway pressure device	no auth				
A7039	Filter, nondisposable, used with positive airway pressure device	no auth				
A7040	One way chest drain valve	no auth				
A7041	Water seal drainage container and tubing for use with implanted chest tube	no auth				
A7044	Oral interface used with positive airway pressure device, each	no auth				
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	no auth				
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	no auth				
A7047	Oral interface used with respiratory suction pump, each	no auth				
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	no auth				
A7049	Expiratory positive airway pressure intranasal resistance valve	NOT COVERED		Medicare HCPCS Quarterly Update		
A7501	Tracheostoma valve, including diaphragm, each	no auth	LCD 33832 imposes QL 1/mo.	LCD 33832		
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	no auth	LCD 33832 imposes QL 1/mo.	LCD 33832		
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	no auth	LCD 33832 imposes QL 1 per 6 mo.	LCD 33832		
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	no auth	LCD 33832 imposes QL 2 per 3 mo.	LCD 33832		
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	no auth	LCD 33832 imposes QL 62/mo.	LCD 33832		
A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	no auth	LCD 33832 imposes QL 1 per 3 mo.	LCD 33832		
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each	no auth	LCD 33832 imposes QL 1 per 3 mo.	LCD 33832		
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	no auth	LCD 33832 imposes QL 1 per 12 mo.	LCD 33832		
A7523	Tracheostomy shower protector, each	NOT COVERED		LCD 33822 STATES NOT COVERED		
A7524	Tracheostoma stent/stud/button, each	no auth	LCD 33832 imposes QL 1 per 3 mo.	LCD 33832		
A7525	Tracheostomy mask, each	no auth				
A7526	Tracheostomy tube collar/holder, each	no auth	LCD 33832 imposes QL 31/mo.	LCD 33832		
A7527	Tracheostomy/laryngectomy tube plug/stop, each	no auth	LCD 33832 imposes QL 2 per 3 mo.	LCD 33832		
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	no auth				
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	no auth				
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A8004	Soft interface for helmet, replacement only	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
A9150	Nonprescription drugs	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9155	Artificial saliva, 30 ml	no auth				
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A9270	Noncovered item or service	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9275	Home glucose disposable monitor, includes test strips	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; LCA 52507 states not covered.		
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9280	Alert or alarm device, not otherwise classified	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9281	Reaching/grabbing device, any type, any length, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9282	Wig, any type, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9283	Foot pressure off loading/supportive device, any type, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A9284	Spirometer, nonelectronic, includes all accessories	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A9285	Inversion/eversion correction device	no auth				
A9286	Hygienic item or device, disposable or nondisposable, any type, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9291	Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	SEND TO DELEGATED VENDOR- OPTUM	NEW CODE 4/1/2022; BEHAVIORAL HEALTH; SEND TO DELEGATED VENDOR - OPTUM (Phone: 866-340-0639)			
A9300	Exercise equipment	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose	no auth				
A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	no auth				
A9503	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi	no auth				
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9505	Thallium Tl-201 thallous chloride, diagnostic, per mCi	no auth				
A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	no auth				
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi	no auth				
A9509	Iodine I-123 sodium iodide, diagnostic, per mCi	no auth				
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi	no auth				
A9512	Technetium Tc-99m pertechnetate, diagnostic, per mCi	no auth				
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	no auth				
A9515	Choline C-11, diagnostic, per study dose up to 20 mCi	no auth				
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 mcCi, up to 999 mcCi	no auth				
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi	no auth				
A9520	Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 mCi	no auth				
A9521	Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi	no auth				
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 mcCi	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 mCi	no auth				
A9527	Iodine I-125, sodium iodide solution, therapeutic, per mCi	no auth				
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi	no auth				
A9529	Iodine I-131 sodium iodide solution, diagnostic, per mCi	no auth				
A9530	Iodine I-131 sodium iodide solution, therapeutic, per mCi	no auth				
A9531	Iodine I-131 sodium iodide, diagnostic, per mcCi (up to 100 mcCi)	no auth				
A9532	Iodine I-125 serum albumin, diagnostic, per 5 mcCi	no auth				
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 mCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi	no auth				
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi	no auth				
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi	no auth				
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi	no auth				
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi	no auth				
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 55052		
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 mcCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi	no auth				
A9548	Indium In-111 pentetate, diagnostic, per 0.5 mCi	no auth				
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 mCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi	no auth				
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi	no auth				
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 mcCi	no auth				
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mcCi	no auth				
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi	no auth				
A9556	Gallium Ga-67 citrate, diagnostic, per mCi	no auth				
A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 mCi	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A9558	Xenon Xe-133 gas, diagnostic, per 10 mCi	no auth				
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 mcCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi	no auth				
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi	no auth				
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi	no auth				
A9563	Sodium phosphate P-32, therapeutic, per mCi	no auth				
A9564	Chromic phosphate P-32 suspension, therapeutic, per mCi	no auth				
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 mCi	NOT COVERED		LCA 55052 STATES NOT COVERED		
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi	no auth				
A9568	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 mCi	no auth				
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	no auth				
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	no auth				
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	no auth				
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi	no auth				
A9574	#N/A	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A9575	Injection, gadoterate meglumine, 0.1 ml	no auth				
A9576	Injection, gadoteridol, (ProHance multipack), per ml	no auth				
A9577	Injection, gadobenate dimeglumine (MultiHance), per ml	no auth				
A9578	Injection, gadobenate dimeglumine (MultiHance multipack), per ml	no auth				
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml	no auth				
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 mCi	no auth				
A9581	Injection, gadoxetate disodium, 1 ml	no auth				
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi	no auth				
A9583	Injection, gadofosveset trisodium, 1 ml	no auth				
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi	no auth				
A9585	Injection, gadobutrol, 0.1 ml	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 mCi	AUTH REQUIRED	NOT DONE AT ADV RAD; COVERED ONLY IN ALZHEIMERS CLINICAL TRIALS; Routine Clinical Trial costs are paid for by Original Medicare, not Medicare Advantage Plans; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	CAG-00431N, LCA 53134; limit one scan per patient per lifetime	MCG:Brain Positron Emission Tomography (PET) ACG: A-0096 (AC)	Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 55052	MCG:Tumor Imaging Positron Emission Tomography (PET) and PET-CT ACG: A-0098 (AC)	
A9588	Fluciclovine F-18, diagnostic, 1 mCi	AUTH REQUIRED	Contrast for Prostate Cancer only; Only available a a small number of radiology offices. Likely will need to approve out of net if outside Baltimore Metro area. Use this website to locate a facility that uses this contrast: https://www.axumin.com/imaging-center-locator; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 55052		
A9589	Instillation, hexaminolevulinate HCl, 100 mg	no auth				
A9590	Iodine I-131, iobenguane, 1 mCi	no auth				
A9591	Fluoroestradiol F-18, diagnostic, 1 mCi	AUTH REQUIRED		LCA 55052		
A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi	AUTH REQUIRED		LCA 55052	MCG:Somatostatin Receptor Scintigraphy ACG: A-0087 (AC)	
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	no auth				
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	no auth				
A9595	Piflufolastat F-18, diagnostic, 1 mCi	AUTH REQUIRED	Contrast for Prostate Cancer only; Only available a a small number of radiology offices. Likely will need to approve out of net if outside Baltimore Metro area. Use this website to locate a facility that uses this contrast: https://www.pylarify.com/site-locator	LCA 55052	MCG:Tumor Imaging Positron Emission Tomography (PET) and PET-CT ACG: A-0098 (AC)	
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	no auth				
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified	no auth				
A9600	Strontium Sr-89 chloride, therapeutic, per mCi	no auth				
A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
A9602	Fluorodopa F-18, diagnostic, per mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Radionuclide (Radium, Rhenium, Samarium, Strontium) Therapy of Bone Metastases ACG: A-0224 (AC)	
A9606	Radium RA-223 dichloride, therapeutic, per UCI	AUTH REQUIRED			MCG: Radionuclide (Radium, Rhenium, Samarium, Strontium) Therapy of Bone Metastases ACG: A-0224 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A9698	Nonradioactive contrast imaging material, not otherwise classified, per study	no auth				
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Radionuclide (Radium, Rhenium, Samarium, Strontium) Therapy of Bone Metastases ACG: A-0224 (AC)	
A9700	Supply of injectable contrast material for use in echocardiography, per study	no auth				
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
A9999	Miscellaneous DME supply or accessory, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	no auth				
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	no auth				
B4081	Nasogastric tubing with stylet	no auth				
B4082	Nasogastric tubing without stylet	no auth				
B4083	Stomach tube - Levine type	no auth				
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	no auth				
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	no auth				
B4100	Food thickener, administered orally, per oz	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	no auth				
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	NOT COVERED	PEDIATRIC			
B4104	Additive for enteral formula (e.g., fiber)	no auth				
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 38955		
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED		NCD 180.2, LCD 38955		
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED		NCD 180.2, LCD 38955		
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED		NCD 180.2, LCD 38955		
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED		NCD 180.2, LCD 38955		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED		NCD 180.2, LCD 38955		
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	AUTH REQUIRED		NCD 180.2, LCD 38955		
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	no auth				
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	NOT COVERED	PEDIATRIC			
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	NOT COVERED	PEDIATRIC			
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	NOT COVERED	PEDIATRIC			
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	NOT COVERED	PEDIATRIC			
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	no auth				
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	no auth				
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	no auth				
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	no auth				
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	no auth				
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	no auth				
B4185	Parenteral nutrition solution, not otherwise specified, 10 g lipids	no auth				
B4187	Omegaven, 10 g lipids	no auth				
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	AUTH REQUIRED		LCD 38953		
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	AUTH REQUIRED		LCD 38953		
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix	AUTH REQUIRED		LCD 38953		
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix	AUTH REQUIRED		LCD 38953		
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	no auth				
B4220	Parenteral nutrition supply kit; premix, per day	no auth				
B4222	Parenteral nutrition supply kit; home mix, per day	no auth				
B4224	Parenteral nutrition administration kit, per day	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephrAmine, RenAmine - premix	no auth				
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix	no auth				
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	no auth				
B9002	Enteral nutrition infusion pump, any type	no auth				
B9004	Parenteral nutrition infusion pump, portable	no auth				
B9006	Parenteral nutrition infusion pump, stationary	no auth				
B9998	NOC for enteral supplies	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
B9999	NOC for parenteral supplies	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C1052	Hemostatic agent, gastrointestinal, topical	no auth				
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	no auth				
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	no auth				
C1714	Catheter, transluminal atherectomy, directional	no auth				
C1715	Brachytherapy needle	no auth				
C1716	Brachytherapy source, nonstranded, gold-198, per source	no auth				
C1717	Brachytherapy source, nonstranded, high dose rate iridium-192, per source	no auth				
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source	no auth				
C1721	Cardioverter-defibrillator, dual chamber (implantable)	no auth				
C1722	Cardioverter-defibrillator, single chamber (implantable)	no auth				
C1724	Catheter, transluminal atherectomy, rotational	no auth				
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1726	Catheter, balloon dilatation, nonvascular	no auth				
C1727	Catheter, balloon tissue dissector, nonvascular (insertable)	no auth				
C1728	Catheter, brachytherapy seed administration	no auth				
C1729	Catheter, drainage	no auth				
C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	no auth				
C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	no auth				
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	no auth				
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	no auth				
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	no auth				
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Cystoscopy ACG: A-0153 (AC), Ureteroscopy ACG: A-0266 (AC)	
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)	no auth				
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	no auth				
C1750	Catheter, hemodialysis/peritoneal, long-term	no auth				
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	no auth				
C1752	Catheter, hemodialysis/peritoneal, short-term	no auth				
C1753	Catheter, intravascular ultrasound	no auth				
C1754	Catheter, intradiscal	no auth				
C1755	Catheter, intraspinal	no auth				
C1756	Catheter, pacing, transesophageal	no auth				
C1757	Catheter, thrombectomy/embolectomy	no auth				
C1758	Catheter, ureteral	no auth				
C1759	Catheter, intracardiac echocardiography	no auth				
C1760	Closure device, vascular (implantable/insertable)	no auth				
C1761	Catheter, transluminal intravascular lithotripsy, coronary	no auth				
C1762	Connective tissue, human (includes fascia lata)	no auth				
C1763	Connective tissue, nonhuman (includes synthetic)	no auth				
C1764	Event recorder, cardiac (implantable)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1765	Adhesion barrier	no auth				
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	no auth				
C1767	Generator, neurostimulator (implantable), nonrechargeable	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
C1768	Graft, vascular	no auth				
C1769	Guide wire	no auth				
C1770	Imaging coil, magnetic resonance (insertable)	no auth				
C1771	Repair device, urinary, incontinence, with sling graft	no auth				
C1772	Infusion pump, programmable (implantable)	no auth				
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	no auth				
C1776	Joint device (implantable)	no auth				
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1778	Lead, neurostimulator (implantable)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
C1779	Lead, pacemaker, transvenous VDD single pass	no auth				
C1780	Lens, intraocular (new technology)	no auth				
C1781	Mesh (implantable)	no auth				
C1782	Morcellator	no auth				
C1783	Ocular implant, aqueous drainage assist device	no auth				
C1784	Ocular device, intraoperative, detached retina	no auth				
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	no auth				
C1786	Pacemaker, single chamber, rate-responsive (implantable)	no auth				
C1787	Patient programmer, neurostimulator	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1788	Port, indwelling (implantable)	no auth				
C1789	Prosthesis, breast (implantable)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C1813	Prosthesis, penile, inflatable	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 230.4	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
C1814	Retinal tamponade device, silicone oil	no auth				
C1815	Prosthesis, urinary sphincter (implantable)	no auth				
C1816	Receiver and/or transmitter, neurostimulator (implantable)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 160.7, 160.19	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC);	
C1817	Septal defect implant system, intracardiac	no auth				
C1818	Integrated keratoprosthesis	no auth				
C1819	Surgical tissue localization and excision device (implantable)	no auth				
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	AUTH REQUIRED		NCD 160.7	MCG: Many depending on type	
C1821	Interspinous process distraction device (implantable)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC); Gastric Stimulation (Electrical) ACG: A-0395 (AC)	
C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 160.7	MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC);	
C1824	Generator, cardiac contractility modulation (implantable)	no auth				
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C1830	Powered bone marrow biopsy needle	no auth				
C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	no auth				
C1832	Autograft suspension, including cell processing and application, and all system components	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	no auth				
C1839	Iris prosthesis	no auth				
C1840	Lens, intraocular (telescopic)	no auth				
C1874	Stent, coated/covered, with delivery system	no auth				
C1875	Stent, coated/covered, without delivery system	no auth				
C1876	Stent, noncoated/noncovered, with delivery system	no auth				
C1877	Stent, noncoated/noncovered, without delivery system	no auth				
C1878	Material for vocal cord medialization, synthetic (implantable)	no auth				
C1880	Vena cava filter	no auth				
C1881	Dialysis access system (implantable)	no auth				
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	no auth				
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	no auth				
C1884	Embolization protective system	no auth				
C1885	Catheter, transluminal angioplasty, laser	no auth				
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	no auth				
C1887	Catheter, guiding (may include infusion/perfusion capability)	no auth				
C1888	Catheter, ablation, noncardiac, endovascular (implantable)	no auth				
C1889	Implantable/insertable device, not otherwise classified	no auth				
C1890	No implantable/insertable device used with device-intensive procedures	no auth				
C1891	Infusion pump, nonprogrammable, permanent (implantable)	no auth				
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	no auth				
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	no auth				
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	no auth				
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	no auth				
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	no auth				
C1897	Lead, neurostimulator test kit (implantable)	no auth				
C1898	Lead, pacemaker, other than transvenous VDD single pass	no auth				
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	no auth				
C1900	Lead, left ventricular coronary venous system	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C2596	Probe, image guided, robotic, waterjet ablation	no auth				
C2613	Lung biopsy plug with delivery system	no auth				
C2614	Probe, percutaneous lumbar discectomy	no auth				
C2615	Sealant, pulmonary, liquid	no auth				
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	AUTH REQUIRED			MCG: Brachytherapy ACG: A-0270 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C2617	Stent, noncoronary, temporary, without delivery system	no auth				
C2618	Probe/needle, cryoablation	no auth				
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	no auth				
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	no auth				
C2621	Pacemaker, other than single or dual chamber (implantable)	no auth				
C2622	Prosthesis, penile, noninflatable	no auth				
C2623	Catheter, transluminal angioplasty, drug-coated, nonlaser	no auth				
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	no auth				
C2625	Stent, noncoronary, temporary, with delivery system	no auth				
C2626	Infusion pump, nonprogrammable, temporary (implantable)	no auth				
C2627	Catheter, suprapubic/cystoscopic	no auth				
C2628	Catheter, occlusion	no auth				
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	no auth				
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	no auth				
C2631	Repair device, urinary, incontinence, without sling graft	no auth				
C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source	no auth				
C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source	no auth				
C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm	no auth				
C2637	Brachytherapy source, nonstranded, ytterbium-169, per source	no auth				
C2638	Brachytherapy source, stranded, iodine-125, per source	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C2639	Brachytherapy source, nonstranded, iodine-125, per source	no auth				
C2640	Brachytherapy source, stranded, palladium-103, per source	no auth				
C2641	Brachytherapy source, nonstranded, palladium-103, per source	no auth				
C2642	Brachytherapy source, stranded, cesium-131, per source	no auth				
C2643	Brachytherapy source, nonstranded, cesium-131, per source	no auth				
C2644	Brachytherapy source, cesium-131 chloride solution, per mCi	no auth				
C2645	Brachytherapy planar source, palladium-103, per sq mm	no auth				
C2698	Brachytherapy source, stranded, not otherwise specified, per source	AUTH REQUIRED			MCG:Brachytherapy ACG: A-0270 (AC)	
C2699	Brachytherapy source, nonstranded, not otherwise specified, per source	AUTH REQUIRED			MCG:Brachytherapy ACG: A-0270 (AC)	
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	no auth				
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	no auth				
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	no auth				
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	no auth				
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	no auth				
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	no auth				
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	no auth				
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfascial) drug-delivery device(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of nonradioactive dye when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7545	Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7546	Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, initial 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
C8900	Magnetic resonance angiography with contrast, abdomen	no auth				
C8901	Magnetic resonance angiography without contrast, abdomen	no auth				
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	no auth				
C8903	Magnetic resonance imaging with contrast, breast; unilateral	no auth				
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	no auth				
C8906	Magnetic resonance imaging with contrast, breast; bilateral	no auth				
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	no auth				
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	no auth				
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	no auth				
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	no auth				
C8912	Magnetic resonance angiography with contrast, lower extremity	no auth				
C8913	Magnetic resonance angiography without contrast, lower extremity	no auth				
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	no auth				
C8918	Magnetic resonance angiography with contrast, pelvis	no auth				
C8919	Magnetic resonance angiography without contrast, pelvis	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	no auth				
C8921	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	no auth				
C8922	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	no auth				
C8923	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography	no auth				
C8924	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study	no auth				
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	no auth				
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	no auth				
C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time (2D) image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	no auth				
C8928	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C8929	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	no auth				
C8930	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	no auth				
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	no auth				
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	no auth				
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	no auth				
C8934	Magnetic resonance angiography with contrast, upper extremity	no auth				
C8935	Magnetic resonance angiography without contrast, upper extremity	no auth				
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	no auth				
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	AUTH REQUIRED	NOT DONE AT ADV RAD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Breast MRI ACG: A-0048 (AC)	
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump	no auth				
C9046	Cocaine HCl nasal solution for topical administration, 1 mg	no auth				
C9047	Injection, caplacizumab-yhdp, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9067	Gallium Ga-68, Dotatoc, diagnostic, 0.01 mCi	no auth				
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9089	Bupivacaine, collagen-matrix implant, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9101	Injection, oliceridine, 0.1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9113	Injection, pantoprazole sodium, per vial	no auth				
C9143	Cocaine HCl nasal solution (Numbrino), 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9144	Injection, bupivacaine (Posimir), 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9145	Injection, aprepitant, (Aponvie), 1 mg	no auth				
C9150	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	x MA reasonable necessary standard				
C9151	Injection, pegcetacoplan, 1 mg	AUTH REQUIRED			MCG A-1046 (AC)	
C9248	Injection, clevidipine butyrate, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml	no auth				
C9254	Injection, lacosamide, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9257	Injection, bevacizumab, 0.25 mg	AUTH REQUIRED	NON-PREFERRED, Preferred = Mvasi (colon, lung, renal, cervical cancers and glioblastoma) and Zirabev (lung, renal, cervical cancer and glioblastoma). If for ovarian, fallopian tube or primary peritoneal, cannot use Mvasi or Zirabev.		MCG:Bevacizumab ACG: A-0491 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9290	Injection, bupivacaine liposome, 1 mg	no auth				
C9293	Injection, glucarpidase, 10 units	no auth				
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9364	Porcine implant, Permacol, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9399	Unclassified drugs or biologicals	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9460	Injection, cangrelor, 1 mg	no auth				
C9462	Injection, delafloxacin, 1 mg	no auth				
C9482	Injection, sotalol HCl, 1 mg	no auth				
C9488	Injection, conivaptan HCl, 1 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	no auth				
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	no auth				
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	no auth				
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	no auth				
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	no auth				
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	no auth				
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	no auth				
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	no auth				
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	no auth				
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
C9727	Insertion of implants into the soft palate; minimum of three implants	AUTH REQUIRED			MCG: Uvulopalatopharyngoplasty (UPPP), Alternative Procedures ACG: A-0246 (AC)	
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	AUTH REQUIRED			MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC)	
C9733	Nonophthalmic fluorescent vascular angiography	no auth				
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: MRI-Guided Focused Ultrasound Surgery, Brain ACG: A-0991 (AC)	
C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	AUTH REQUIRED	Urolift Hospital/ASC coding; pairs w/52441 & 52442	Evaluated based on Medicare Reasonable and Necessary Standard		FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	AUTH REQUIRED	Urolift Hospital/ASC coding; pairs w/52441 & 52442	Evaluated based on Medicare Reasonable and Necessary Standard		FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Bronchoscopy, Diagnostic and Interventional ACG: A-0244 (AC)	
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	no auth				
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9758	Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	no auth				
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)	AUTH REQUIRED		NCD 230.1	MCG:Ureteroscopy ACG: A-0266 (AC)	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.2	MCG:Cardiac MRI ACG: A-0051 (AC)	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	AUTH REQUIRED	NOT DONE AT ADV RAD	NCD 220.2	MCG:Cardiac MRI ACG: A-0051 (AC)	
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	AUTH REQUIRED		NCD 80.11		
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed	no auth				
C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catherization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
C9898	Radiolabeled product provided during a hospital inpatient stay	no auth				
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	no auth				
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	no auth				
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	no auth				
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	no auth				
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	no auth				
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	no auth				
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	no auth				
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	no auth				
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	no auth				
E0117	Crutch, underarm, articulating, spring assisted, each	no auth				
E0118	Crutch substitute, lower leg platform, with or without wheels, each	no auth				
E0130	Walker, rigid (pickup), adjustable or fixed height	no auth				
E0135	Walker, folding (pickup), adjustable or fixed height	no auth				
E0140	Walker, with trunk support, adjustable or fixed height, any type	no auth				
E0141	Walker, rigid, wheeled, adjustable or fixed height	no auth				
E0143	Walker, folding, wheeled, adjustable or fixed height	no auth	Basic rollator falls in this CPT also.			
E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat	NOT COVERED		NCD 280.3, LCD 33791 STATES NOT COVERED		
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	AUTH REQUIRED	U-Step is the only product name under this CPT- designed for MS, Parkinsons, possibly CVA- has variable resistance braking which is more stable for patients with neurological deficits. This is not a basic Rollator (that is E0143. If seat added, E0143 is added to the claim)	NCD 280.3, LCD 33791	MCG:Walkers ACG: A-0881 (AC)	
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	no auth				
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	no auth				
E0153	Platform attachment, forearm crutch, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0154	Platform attachment, walker, each	no auth				
E0155	Wheel attachment, rigid pick-up walker, per pair	no auth				
E0156	Seat attachment, walker	no auth	Seat attached to basic rollator (E0143)			
E0157	Crutch attachment, walker, each	no auth				
E0158	Leg extensions for walker, per set of four	no auth				
E0159	Brake attachment for wheeled walker, replacement, each	no auth				
E0160	Sitz type bath or equipment, portable, used with or without commode	no auth				
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	no auth				
E0162	Sitz bath chair	no auth				
E0163	Commode chair, mobile or stationary, with fixed arms	no auth				
E0165	Commode chair, mobile or stationary, with detachable arms	no auth				
E0167	Pail or pan for use with commode chair, replacement only	no auth				
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	no auth				
E0170	Commode chair with integrated seat lift mechanism, electric, any type	AUTH REQUIRED		NCD 280.1, LCD 33736	MCG:Commode Chair ACG: A-0874 (AC)	
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	no auth		NCD 280.1, LCD 33736	MCG:Commode Chair ACG: A-0874 (AC)	
E0172	Seat lift mechanism placed over or on top of toilet, any type	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0175	Footrest, for use with commode chair, each	no auth				
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	AUTH REQUIRED		NCD 280.7, LCD 33642	MCG: Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC), Pressure-Relieving Bed, Simple ACG: A-0347 (AC)	
E0182	Pump for alternating pressure pad, for replacement only	AUTH REQUIRED		NCD 280.7, LCD 33642	MCG: Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC), Pressure-Relieving Bed, Simple ACG: A-0347 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	AUTH REQUIRED			MCG: Pressure-Relieving Support Surface, Simple ACG: A-0347 (AC), Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC)	
E0184	Dry pressure mattress	no auth				
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	no auth				
E0186	Air pressure mattress	no auth				
E0187	Water pressure mattress	no auth				
E0188	Synthetic sheepskin pad	no auth				
E0189	Lambswool sheepskin pad, any size	no auth				
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	no auth				
E0191	Heel or elbow protector, each	no auth				
E0193	Powered air flotation bed (low air loss therapy)	AUTH REQUIRED		NCD 280.7, LCD 33642	MCG: Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC), Pressure-Relieving Bed, Simple ACG: A-0347 (AC)	
E0194	Air fluidized bed	AUTH REQUIRED		NCD 280.7, LCD 33642	MCG:Pressure-Relieving Bed, Advanced ACG: A-0517 (AC)	
E0196	Gel pressure mattress	no auth				
E0197	Air pressure pad for mattress, standard mattress length and width	no auth				
E0198	Water pressure pad for mattress, standard mattress length and width	no auth				
E0199	Dry pressure pad for mattress, standard mattress length and width	no auth				
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	no auth				
E0202	Phototherapy (bilirubin) light with photometer	NOT COVERED	PEDIATRIC			
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0205	Heat lamp, with stand, includes bulb, or infrared element	no auth				
E0210	Electric heat pad, standard	no auth				
E0215	Electric heat pad, moist	no auth				
E0217	Water circulating heat pad with pump	AUTH REQUIRED		NCD 280.1, LCD 33784		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0218	Fluid circulating cold pad with pump, any type	no auth				
E0221	Infrared heating pad system	no auth				
E0225	Hydrocollator unit, includes pads	no auth				
E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	no auth				
E0236	Pump for water circulating pad	AUTH REQUIRED		NCD 280.1, LCD 33784	MCG:Cryounits and Cryotherapy Machines ACG: A-0700 (AC)	
E0239	Hydrocollator unit, portable	AUTH REQUIRED		NCD 280.1, LCD 33784		
E0240	Bath/shower chair, with or without wheels, any size	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0241	Bathtub wall rail, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0242	Bathtub rail, floor base	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0243	Toilet rail, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0244	Raised toilet seat	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0245	Tub stool or bench	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0246	Transfer tub rail attachment	no auth				
E0247	Transfer bench for tub or toilet with or without commode opening	no auth				
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening	no auth				
E0249	Pad for water circulating heat unit, for replacement only	no auth				
E0250	Hospital bed, fixed height, with any type side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0251	Hospital bed, fixed height, with any type side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0271	Mattress, innerspring	no auth				
E0272	Mattress, foam rubber	no auth				
E0273	Bed board	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0274	Over-bed table	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0275	Bed pan, standard, metal or plastic	no auth				
E0276	Bed pan, fracture, metal or plastic	no auth				
E0277	Powered pressure-reducing air mattress	AUTH REQUIRED		LCD 33642	MCG:Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC)	
E0280	Bed cradle, any type	no auth				
E0290	Hospital bed, fixed height, without side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0291	Hospital bed, fixed height, without side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	NOT COVERED	PEDIATRIC			
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	AUTH REQUIRED		NCD 280.7, LCD 33820	MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC)	
E0305	Bedside rails, half-length	no auth				
E0310	Bedside rails, full-length	no auth				
E0315	Bed accessory: board, table, or support device, any type	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	AUTH REQUIRED		NCD 280.7, LCD 33820		
E0325	Urinal; male, jug-type, any material	no auth				
E0326	Urinal; female, jug-type, any material	no auth				
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	NOT COVERED	PEDIATRIC			
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	NOT COVERED	PEDIATRIC			
E0350	Control unit for electronic bowel irrigation/evacuation system	no auth				
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	no auth				
E0370	Air pressure elevator for heel	no auth				
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	AUTH REQUIRED		NCD 280.1, LCD 33642	MCG:Pressure-Relieving Support Surface, Simple ACG: A-0347 (AC); Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC)	
E0372	Powered air overlay for mattress, standard mattress length and width	AUTH REQUIRED		NCD 280.1, LCD 33642	MCG:Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC)	
E0373	Nonpowered advanced pressure reducing mattress	AUTH REQUIRED		LCD 33642	MCG:Pressure-Relieving Support Surface, Simple ACG: A-0347 (AC); Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC)	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	no auth				
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 240.2.1, LCD 33797	MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC)	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 240.2.1, LCD 33797	MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	no auth				
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	no auth				
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	no auth				
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 240.2.1, LCD 33797	MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC)	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	no auth				
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 240.2.1, LCD 33797	MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC)	
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	no auth				
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	no auth				
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	no auth				
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	no auth				
E0445	Oximeter device for measuring blood oxygen levels noninvasively	no auth				
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33797		
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	no auth				
E0455	Oxygen tent, excluding croup or pediatric tents	NOT COVERED	PEDIATRIC			
E0457	Chest shell (cuirass)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0459	Chest wrap	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0462	Rocking bed, with or without side rails	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	AUTH REQUIRED			MCG: Home Ventilator (Invasive or Noninvasive Interface) ACG: A-0893 (AC)	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	AUTH REQUIRED			MCG: Home Ventilator (Invasive or Noninvasive Interface) ACG: A-0893 (AC)	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	AUTH REQUIRED			MCG: Home Ventilator (Invasive or Noninvasive Interface) ACG: A-0893 (AC)	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	AUTH REQUIRED		NCD 240.4, LCD 33718, LCD 33800	MCG:Bilevel Positive Airway Presure (BPAP) Device ACG: A0094 (AC)	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	AUTH REQUIRED		NCD 240.4, LCD 33718, LCD 33800	MCG:Bilevel Positive Airway Presure (BPAP) Device ACG: A0094 (AC)	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	AUTH REQUIRED		NCD 240.4	MCG:Bilevel Positive Airway Presure (BPAP) Device ACG: A0094 (AC)	
E0480	Percussor, electric or pneumatic, home model	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0481	Intrapulmonary percussive ventilation system and related accessories	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0482	Cough stimulating device, alternating positive and negative airway pressure	AUTH REQUIRED		NCD 280.1, LCD 33795	MCG:Mechanical Insufflation-Exsufflation Device ACG: A-0084 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	AUTH REQUIRED			MCG:High Frequency Chest Compression Device ACG: A-0356 (AC)	
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	no auth				
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E0487	Spirometer, electronic, includes all accessories	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	no auth				
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	AUTH REQUIRED			MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC)	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	no auth				
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	no auth				
E0561	Humidifier, nonheated, used with positive airway pressure device	no auth				
E0562	Humidifier, heated, used with positive airway pressure device	no auth				
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	AUTH REQUIRED		LCD 33370		
E0570	Nebulizer, with compressor	no auth				
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	no auth				
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	AUTH REQUIRED		LCD 33370		
E0575	Nebulizer, ultrasonic, large volume	AUTH REQUIRED		LCD 33370		
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	no auth				
E0585	Nebulizer, with compressor and heater	no auth				
E0600	Respiratory suction pump, home model, portable or stationary, electric	AUTH REQUIRED		LCD 33612	MCG:Respiratory Suction Pump ACG: A-0890 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0601	Continuous positive airway pressure (CPAP) device	AUTH REQUIRED		NCD 240.4, LCD 33718	MCG:CPAP Titration, Home (APAP) ACG: A0337; CPAP Titration, Sleep Center ACG: A-0338 (AC); Continuous Positive Airway Pressure (CPAP) ACG: A-0431 (AC)	
E0602	Breast pump, manual, any type	no auth				
E0603	Breast pump, electric (AC and/or DC), any type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E0605	Vaporizer, room type	no auth				
E0606	Postural drainage board	no auth				
E0607	Home blood glucose monitor	no auth	QL of 2/YR			
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	no auth				
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	AUTH REQUIRED		NCD 20.8.2		
E0616	Implantable cardiac event recorder with memory, activator, and programmer	no auth				
E0617	External defibrillator with integrated electrocardiogram analysis	AUTH REQUIRED	LCD 33690 (this is NOT the Zoll Life Vest Code- that is K0606)	LCD 33690		
E0618	Apnea monitor, without recording feature	NOT COVERED	PEDIATRIC			
E0619	Apnea monitor, with recording feature	NOT COVERED	PEDIATRIC			
E0620	Skin piercing device for collection of capillary blood, laser, each	NOT COVERED		LCD 33822 STATES NOT COVERED		
E0621	Sling or seat, patient lift, canvas or nylon	no auth				
E0625	Patient lift, bathroom or toilet, not otherwise classified	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0627	Seat lift mechanism, electric, any type	no auth				
E0629	Seat lift mechanism, nonelectric, any type	no auth				
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	AUTH REQUIRED		NCD 280.1, LCD 33799	MCG:Patient Lift or Transfer Devices (Hydraulic or Mechanical) ACG: A-0885 (AC)	
E0635	Patient lift, electric, with seat or sling	AUTH REQUIRED		LCD 33799		
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	AUTH REQUIRED		LCD 33799	MCG:Patient Lift or Transfer Devices (Hydraulic or Mechanical) ACG: A-0885 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	AUTH REQUIRED		LCD 33799		
E0640	Patient lift, fixed system, includes all components/accessories	AUTH REQUIRED		LCD 33799		
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0650	Pneumatic compressor, nonsegmental home model	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	AUTH REQUIRED		NCD 280.6, LCD 33829		
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	AUTH REQUIRED		NCD 280.6, LCD 33829		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0671	Segmental gradient pressure pneumatic appliance, full leg	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0672	Segmental gradient pressure pneumatic appliance, full arm	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0673	Segmental gradient pressure pneumatic appliance, half leg	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	AUTH REQUIRED		NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.6, LCD 33829	MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC)	
E0677	Nonpneumatic sequential compression garment, trunk	AUTH REQUIRED		NCD 280.6, LCD 33829		
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	AUTH REQUIRED		NCD 280.1		
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	AUTH REQUIRED		NCD 280.1		
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	AUTH REQUIRED		NCD 280.1		
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	AUTH REQUIRED		NCD 280.1		
E0700	Safety equipment, device or accessory, any type	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E0705	Transfer device, any type, each	no auth				
E0710	Restraints, any type (body, chest, wrist, or ankle)	no auth				
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	NOT COVERED		Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896		
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	no auth				
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	no auth				
E0740	Nonimplanted pelvic floor electrical stimulator, complete system	AUTH REQUIRED		NCD 230.8	MCG:Pelvic Floor Rehabilitation ACG: A-0371 (AC)	
E0744	Neuromuscular stimulator for scoliosis	AUTH REQUIRED		NCD 160.12		
E0745	Neuromuscular stimulator, electronic shock unit	AUTH REQUIRED		NCD 160.12	MCG:Electrical Nerve Stimulation, Transcutaneous ACG: A-0241 (AC); Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC)	
E0746	Electromyography (EMG), biofeedback device	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 30.1		
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	AUTH REQUIRED		NCD 150.2, LCD 33796	MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	AUTH REQUIRED		NCD 150.2, LCD 33796	MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)	
E0749	Osteogenesis stimulator, electrical, surgically implanted	AUTH REQUIRED		NCD 150.2	MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC)	
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	AUTH REQUIRED		NCD 150.2, LCD 33796	MCG:Bone Growth Stimulators, Ultrasonic ACG: A-0414 (AC)	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.1	MCG:Electromagnetic Therapy ACG: A-0242 (AC); Electrical Nerve Stimulation, Transcutaneous (TENS) ACG: A-0241 (AC)	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	NOT COVERED		LCD 34821 STATES NOT COVERED		
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	AUTH REQUIRED		NCD 160.12	MCG:Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	no auth				
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	AUTH REQUIRED		LCD 34823	MCG:Alternating Electric Field Therapy ACG: A-0930 (AC)	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.1	MCG:Electromagnetic Therapy ACG: A-0242 (AC)	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC)	
E0776	IV pole	no auth				
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	no auth				
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	no auth				
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	AUTH REQUIRED		NCD 280.14, LCD 33794	MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC)	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	AUTH REQUIRED		NCD 280.14, LCA 56778, LCD 35112	MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC)	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	AUTH REQUIRED		NCD 280.14, LCA 56778, LCD 35112	MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC)	
E0784	External ambulatory infusion pump, insulin	AUTH REQUIRED		NCD 280.14, LCA 56778, LCD 35112		
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	AUTH REQUIRED		NCD 280.14, LCA 56778, LCD 35112	MCG:Insulin Infusion Pump ACG: A-0339 (AC)	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	AUTH REQUIRED		NCD 280.14, LCA 56778, LCD 35112	MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC)	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0791	Parenteral infusion pump, stationary, single, or multichannel	AUTH REQUIRED		NCD 280.14, LCD 33794	MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0830	Ambulatory traction device, all types, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Traction, Spine ACG: A-0345 (AC); Self-Operated Spinal Unloading Devices ACG: A-0895 (AC)	
E0840	Traction frame, attached to headboard, cervical traction	no auth				
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	AUTH REQUIRED		LCD 33823	MCG:Traction, Spine ACG: A-0345; Self-Operated Spinal Unloading Devices ACG: A-0895 (AC)	
E0850	Traction stand, freestanding, cervical traction	no auth				
E0855	Cervical traction equipment not requiring additional stand or frame	AUTH REQUIRED		LCD 33823	MCG:Traction, Spine ACG: A-0345; Self-Operated Spinal Unloading Devices ACG: A-0895 (AC)	
E0856	Cervical traction device, with inflatable air bladder(s)	no auth				
E0860	Traction equipment, overdoor, cervical	no auth				
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)	no auth				
E0880	Traction stand, free standing, extremity traction	no auth				
E0890	Traction frame, attached to footboard, pelvic traction	no auth				
E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)	no auth				
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	AUTH REQUIRED		LCD 33820		
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	AUTH REQUIRED		LCD 33820		
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	AUTH REQUIRED		LCD 33820		
E0920	Fracture frame, attached to bed, includes weights	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0930	Fracture frame, freestanding, includes weights	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0935	Continuous passive motion exercise device for use on knee only	AUTH REQUIRED		NCD 280.1	MCG:Continuous Passive Motion (CPM) ACG: A-0335 (AC)	
E0936	Continuous passive motion exercise device for use other than knee	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0940	Trapeze bar, freestanding, complete with grab bar	AUTH REQUIRED		LCD 33820		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0941	Gravity assisted traction device, any type	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0942	Cervical head harness/halter	no auth				
E0944	Pelvic belt/harness/boot	no auth				
E0945	Extremity belt/harness	no auth				
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, four-poster)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0947	Fracture frame, attachments for complex pelvic traction	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0948	Fracture frame, attachments for complex cervical traction	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E0950	Wheelchair accessory, tray, each	no auth				
E0951	Heel loop/holder, any type, with or without ankle strap, each	no auth				
E0952	Toe loop/holder, any type, each	no auth				
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	no auth				
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	no auth				
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	AUTH REQUIRED		LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	no auth				
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	no auth				
E0958	Manual wheelchair accessory, one-arm drive attachment, each	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E0959	Manual wheelchair accessory, adapter for amputee, each	no auth				
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	no auth				
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	no auth				
E0966	Manual wheelchair accessory, headrest extension, each	no auth				
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	no auth				
E0968	Commode seat, wheelchair	no auth				
E0969	Narrowing device, wheelchair	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E0970	No. 2 footplates, except for elevating legrest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E0971	Manual wheelchair accessory, antitipping device, each	no auth				
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	no auth				
E0974	Manual wheelchair accessory, antirollback device, each	no auth				
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	no auth				
E0980	Safety vest, wheelchair	no auth				
E0981	Wheelchair accessory, seat upholstery, replacement only, each	no auth				
E0982	Wheelchair accessory, back upholstery, replacement only, each	no auth				
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	AUTH REQUIRED		LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	AUTH REQUIRED		LCD 33789	MCG:Wheelchair, Powered ACG: A-0353 (AC), Wheelchair, Manual ACG: A-0354 (AC)	
E0985	Wheelchair accessory, seat lift mechanism	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC); Seat Lift Mechanism ACG: A-0888 (AC)	
E0986	Manual wheelchair accessory, push-rim activated power assist system	AUTH REQUIRED		LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E0990	Wheelchair accessory, elevating legrest, complete assembly, each	no auth				
E0992	Manual wheelchair accessory, solid seat insert	no auth				
E0994	Armrest, each	no auth				
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	no auth				
E1002	Wheelchair accessory, power seating system, tilt only	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1014	Reclining back, addition to pediatric size wheelchair	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A0354 (AC)	
E1015	Shock absorber for manual wheelchair, each	no auth				
E1016	Shock absorber for power wheelchair, each	no auth				
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E1020	Residual limb support system for wheelchair, any type	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A0354 (AC)	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	AUTH REQUIRED		LCD 33312, LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1029	Wheelchair accessory, ventilator tray, fixed	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powerered ACG: A-0353 (AC)	
E1030	Wheelchair accessory, ventilator tray, gimbaled	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E1031	Rollabout chair, any and all types with castors 5 in or greater	AUTH REQUIRED		NCD 280.3		
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	AUTH REQUIRED		LCD 33799		
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	AUTH REQUIRED		LCD 33799		
E1037	Transport chair, pediatric size	AUTH REQUIRED		NCD 280.3, LCD 33788		
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	no auth				
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	no auth				
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1161	Manual adult size wheelchair, includes tilt in space	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E1221	Wheelchair with fixed arm, footrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1222	Wheelchair with fixed arm, elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1223	Wheelchair with detachable arms, footrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1224	Wheelchair with detachable arms, elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	no auth				
E1227	Special height arms for wheelchair	no auth				
E1228	Special back height for wheelchair	AUTH REQUIRED			MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1229	Wheelchair, pediatric size, not otherwise specified	NOT COVERED	PEDIATRIC			
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	AUTH REQUIRED		NCD 280.3	MCG:Scooters ACG: A-0352 (AC)	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1239	Power wheelchair, pediatric size, not otherwise specified	NOT COVERED	PEDIATRIC			
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1296	Special wheelchair seat height from floor	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1297	Special wheelchair seat depth, by upholstery	no auth				
E1298	Special wheelchair seat depth and/or width, by construction	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
E1300	Whirlpool, portable (overtub type)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E1310	Whirlpool, nonportable (built-in type)	AUTH REQUIRED		NCD 280.1	MCG:Hydrotherapy ACG: A-0510 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	no auth				
E1353	Regulator	no auth				
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	no auth				
E1355	Stand/rack	no auth				
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	no auth				
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	no auth				
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	no auth				
E1372	Immersion external heater for nebulizer	no auth				
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	no auth				
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	no auth				
E1392	Portable oxygen concentrator, rental	no auth				
E1399	Durable medical equipment, miscellaneous	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Many NCD and LCD depending on details of the request. Contact Alterwood with clinical details.	MCG:Many MCG depending on clinical context. Contact Alterwood with clinical details.	
E1405	Oxygen and water vapor enriching system with heated delivery	no auth				
E1406	Oxygen and water vapor enriching system without heated delivery	no auth				
E1500	Centrifuge, for dialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1520	Heparin infusion pump for hemodialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1530	Air bubble detector for hemodialysis, each, replacement	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1540	Pressure alarm for hemodialysis, each, replacement	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1550	Bath conductivity meter for hemodialysis, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1560	Blood leak detector for hemodialysis, each, replacement	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1570	Adjustable chair, for ESRD patients	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1580	Unipuncture control system for hemodialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1590	Hemodialysis machine	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1592	Automatic intermittent peritoneal dialysis system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1594	Cycler dialysis machine for peritoneal dialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1600	Delivery and/or installation charges for hemodialysis equipment	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1610	Reverse osmosis water purification system, for hemodialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 230.7		
E1615	Deionizer water purification system, for hemodialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 230.7		
E1620	Blood pump for hemodialysis, replacement	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1625	Water softening system, for hemodialysis	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1629	Tablo hemodialysis system for the billable dialysis service	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1630	Reciprocating peritoneal dialysis system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1632	Wearable artificial kidney, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1634	Peritoneal dialysis clamps, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1635	Compact (portable) travel hemodialyzer system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1636	Sorbent cartridges, for hemodialysis, per 10	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1637	Hemostats, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1639	Scale, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1699	Dialysis equipment, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
E1700	Jaw motion rehabilitation system	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	no auth				
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	no auth				
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Device ACG: A-0882 (AC)	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED			MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC)	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED			MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC)	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED			MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
E1812	Dynamic knee, extension/flexion device with active resistance control	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC)	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED			MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED			MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	no auth				
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	no auth				
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC)	
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	AUTH REQUIRED			MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC)	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED			MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC)	
E1902	Communication board, nonelectronic augmentative or alternative communication device	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software	NOT COVERED		Medicare HCPCS Quarterly Update		
E2000	Gastric suction pump, home model, portable or stationary, electric	AUTH REQUIRED		NCD 280.1, LCD 33612		
E2100	Blood glucose monitor with integrated voice synthesizer	AUTH REQUIRED		NCD 40.2, LCD 33822, LCA 52464		
E2101	Blood glucose monitor with integrated lancing/blood sample	no auth	QL of 2/YR			
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	AUTH REQUIRED	ADJUNCTIVE CGM- Supplies for device billed as A4238; Example of E2102 is Medtronic	LCD 33822, LCA 52464		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING; NON-ADJUNCTIVE CGM- Supplies for device billed as A4239; Examples of E2103 include FreeStyle Libre and DexCom. Previous HCPCS for this was K0554 for device and K0553 for supplies, deleted in 1/1/2023.	LCD 33822, LCA 52464		
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	NOT COVERED				
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	AUTH REQUIRED		LCD 33792		
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	AUTH REQUIRED		LCD 33792		
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	AUTH REQUIRED		LCD 33792		
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	AUTH REQUIRED		LCD 33792		
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	no auth				
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	no auth				
E2207	Wheelchair accessory, crutch and cane holder, each	no auth				
E2208	Wheelchair accessory, cylinder tank carrier, each	no auth				
E2209	Accessory, arm trough, with or without hand support, each	no auth				
E2210	Wheelchair accessory, bearings, any type, replacement only, each	no auth				
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	no auth				
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	no auth				
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	no auth				
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	no auth				
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	no auth				
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	no auth				
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	no auth				
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	no auth				
E2219	Manual wheelchair accessory, foam caster tire, any size, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	no auth				
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	no auth				
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	no auth				
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	no auth				
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	no auth				
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	no auth				
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	AUTH REQUIRED		LCD 33792		
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	AUTH REQUIRED		LCD 33792		
E2230	Manual wheelchair accessory, manual standing system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33792		
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	no auth				
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	NOT COVERED	PEDIATRIC			
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	NOT COVERED	PEDIATRIC			
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	NOT COVERED	PEDIATRIC			
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	NOT COVERED	PEDIATRIC			
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	NOT COVERED	PEDIATRIC			
E2300	Wheelchair accessory, power seat elevation system, any type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.15 (iBOT), LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2301	Wheelchair accessory, power standing system, any type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2324	Power wheelchair accessory, chin cup for chin control interface	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33792	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2368	Power wheelchair component, drive wheel motor, replacement only	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2369	Power wheelchair component, drive wheel gear box, replacement only	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
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	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2378	Power wheelchair component, actuator, replacement only	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2397	Power wheelchair accessory, lithium-based battery, each	AUTH REQUIRED		LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2398	Wheelchair accessory, dynamic positioning hardware for back	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33792	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	AUTH REQUIRED		LCD 33821	MCG:Negative Pressure Wound Therapy (Vacuum-Assisted Wound Closure) ACG: A-0346 (AC)	
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	AUTH REQUIRED		NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	AUTH REQUIRED		NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	AUTH REQUIRED		NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	AUTH REQUIRED		NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	AUTH REQUIRED		NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	AUTH REQUIRED		NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E2511	Speech generating software program, for personal computer or personal digital assistant	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E2512	Accessory for speech generating device, mounting system	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
E2599	Accessory for speech generating device, not otherwise classified	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 50.1, LCD 33739	MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC)	
E2601	General use wheelchair seat cushion, width less than 22 in, any depth	no auth				
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth	no auth				
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	no auth				
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	no auth				
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	no auth				
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	no auth				
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	no auth				
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	no auth				
E2609	Custom fabricated wheelchair seat cushion, any size	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33312		
E2610	Wheelchair seat cushion, powered	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33312	MCG: Wheelchairs, Powered ACG: A-0353 (AC)	
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	no auth				
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	AUTH REQUIRED		LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED		LCD 33312		
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	AUTH REQUIRED		LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED		LCD 33312	MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33312	MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	no auth				
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	AUTH REQUIRED		LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED		LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	no auth				
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	no auth				
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	no auth				
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	no auth				
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	AUTH REQUIRED			MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	no auth				
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	no auth				
E2633	Wheelchair accessory, addition to mobile arm support, supinator	no auth				
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0008	Administration of influenza virus vaccine	no auth				
G0009	Administration of pneumococcal vaccine	no auth				
G0010	Administration of hepatitis B vaccine	no auth				
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		
G0029	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0030	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	NOT COVERED		MEASUREMENT CODE		
G0031	Palliative care services given to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G0032	Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (IPSD) for antipsychotics	NOT COVERED		MEASUREMENT CODE		
G0033	Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines	NOT COVERED		MEASUREMENT CODE		
G0034	Patients receiving palliative care during the measurement period	NOT COVERED		MEASUREMENT CODE		
G0035	Patient has any emergency department encounter during the performance period with place of service indicator 23	NOT COVERED		MEASUREMENT CODE		
G0036	Patient or care partner decline assessment	NOT COVERED		MEASUREMENT CODE		
G0037	On date of encounter, patient is not able to participate in assessment or screening, including nonverbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available	NOT COVERED		MEASUREMENT CODE		
G0038	Clinician determines patient does not require referral	NOT COVERED		MEASUREMENT CODE		
G0039	Patient not referred, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G0040	Patient already receiving physical/occupational/speech/recreational therapy during the measurement period	NOT COVERED		MEASUREMENT CODE		
G0041	Patient and/or care partner decline referral	NOT COVERED		MEASUREMENT CODE		
G0042	Referral to physical, occupational, speech, or recreational therapy	NOT COVERED		MEASUREMENT CODE		
G0043	Patients with mechanical prosthetic heart valve	NOT COVERED		MEASUREMENT CODE		
G0044	Patients with moderate or severe mitral stenosis	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0045	Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention	NOT COVERED		MEASUREMENT CODE		
G0046	Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention	NOT COVERED		MEASUREMENT CODE		
G0047	Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed	NOT COVERED		MEASUREMENT CODE		
G0048	Patients who receive palliative care services any time during the intake period through the end of the measurement year	NOT COVERED		MEASUREMENT CODE		
G0049	With maintenance hemodialysis (in-center and home HD) for the complete reporting month	NOT COVERED		MEASUREMENT CODE		
G0050	Patients with a catheter that have limited life expectancy	NOT COVERED		MEASUREMENT CODE		
G0051	Patients under hospice care in the current reporting month	NOT COVERED		MEASUREMENT CODE		
G0052	Patients on peritoneal dialysis for any portion of the reporting month	NOT COVERED		MEASUREMENT CODE		
G0053	Advancing rheumatology patient care MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0054	Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0055	Advancing care for heart disease MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0056	Optimizing chronic disease management MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0057	Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0058	Improving care for lower extremity joint repair MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0059	Patient safety and support of positive experiences with anesthesia MIPS value pathways	NOT COVERED		MEASUREMENT CODE		
G0060	Allergy/Immunology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0061	Anesthesiology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0062	Audiology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0063	Cardiology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0064	Certified Nurse Midwife MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0065	Chiropractic Medicine MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0066	Clinical Social Work MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G0067	Dentistry MIPS specialty set	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0069	Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0070	Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 min	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0076	Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0077	Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0078	Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	no auth				
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min	no auth		HOME INFUSION-MEDICARE APPROVED CODES-https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates		
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	no auth				
G0102	Prostate cancer screening; digital rectal examination	no auth				
G0103	Prostate cancer screening; prostate specific antigen test (PSA)	no auth				
G0104	Colorectal cancer screening; flexible sigmoidoscopy	no auth				
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	no auth				
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	no auth				
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	no auth				
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	no auth				
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	no auth				
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	no auth				
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	no auth				
G0122	Colorectal cancer screening; barium enema	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	no auth				
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	no auth				
G0127	Trimming of dystrophic nails, any number	no auth				
G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes	no auth				
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	no auth				
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	no auth				
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	no auth				
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	no auth				
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	no auth				
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	no auth				
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	no auth				
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	LCD 33942		
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD			
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, Evaluated based on Medicare Reasonable and Necessary Standard.		
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, Evaluated based on Medicare Reasonable and Necessary Standard.		
G0166	External counterpulsation, per treatment session	AUTH REQUIRED		NCD 20.20	MCG:Enhanced External Counterpulsation (EECP) ACG: A-0175 (AC)	
G0168	Wound closure utilizing tissue adhesive(s) only	no auth				
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	no auth				
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	no auth				
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	no auth				
G0179	Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	no auth				
G0180	Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians or allowed practitioners to affirm the initial implementation of the plan of care	no auth				
G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	no auth				
G0219	PET imaging whole body; melanoma for noncovered indications	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0235	PET imaging, any site, not otherwise specified	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)	no auth				
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)	no auth				
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education	no auth				
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	no auth				
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	no auth				
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	AUTH REQUIRED		NCD 190.11	MCG:Prothrombin Time (INR) Home Monitoring Device ACG: A-0650 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four tests	AUTH REQUIRED		NCD 190.11	MCG:Prothrombin Time (INR) Home Monitoring Device ACG: A-0650 (AC)	
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include four tests	AUTH REQUIRED		NCD 190.11	MCG:Prothrombin Time (INR) Home Monitoring Device ACG: A-0650 (AC)	
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	no auth				
G0259	Injection procedure for sacroiliac joint; arthrography	no auth				
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	no auth				
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	no auth				
G0269	Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes	no auth				
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial	AUTH REQUIRED	Routine Clinical Trial costs are paid for by Original Medicare, not Medicare Advantage Plans	NCD 150.13		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	AUTH REQUIRED	PAIRS W/ 99183	NCD 20.29	MCG:Hyperbaric Oxygen ACG: A-0250 (AC)	
G0278	Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure)	no auth				
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	no auth if at free-standing facility, auth required if study will be done in a hospital.	Can be done at ADVANCED RADIOLOGY			
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	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	NCD 270.1, LCD 33942		
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	NCD 160.7.1, NCD 160.15, LCD 33942, LCD 35036		
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	no auth				
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	NOT COVERED		MEASUREMENT CODE		
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	NOT COVERED		MEASUREMENT CODE		
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	no auth				
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, NCD 290.2, Evaluated based on Medicare Reasonable and Necessary Standard.		
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, NCD 290.2, Evaluated based on Medicare Reasonable and Necessary Standard.		
G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	no auth				
G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	no auth				
G0304	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	no auth				
G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	no auth				
G0306	Complete CBC, automated (HgB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	no auth				
G0307	Complete CBC, automated (HgB, HCT, RBC, WBC; without platelet count)	no auth				
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED	NEW CODE 4/1/2022	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED	NEW CODE 4/1/2022	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED	PEDIATRIC			
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 minutes time (This code is used for Medicaid billing purposes)	NOT COVERED	PEDIATRIC			
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	NOT COVERED	PEDIATRIC			
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G0316	Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0317	Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G0318	Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. (These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	SEND TO DELEGATED VENDOR- OPTUM				
G0327	Colorectal cancer screening; blood-based biomarker	AUTH REQUIRED	SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations	no auth				
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	**AUTH REQUIRED	AUTH REQURIED AFTER 12 VISITS IN 90 DAYS	NCD 270.1, LCD 33942		
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	no auth				
G0337	Hospice evaluation and counseling services, preelection	no auth				
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	AUTH REQUIRED			MCG: Stereotactic Radiosurgery ACG: A-0423 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	AUTH REQUIRED			MCG: Stereotactic Radiosurgery ACG: A-0423 (AC)	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	Routine Clinical Trial costs are paid for by Original Medicare, not Medicare Advantage Plans	NCD 260.3.1		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	Routine Clinical Trial costs are paid for by Original Medicare, not Medicare Advantage Plans	NCD 260.3.1		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	Routine Clinical Trial costs are paid for by Original Medicare, not Medicare Advantage Plans	NCD 260.3.1		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
G0372	Physician service required to establish and document the need for a power mobility device	no auth				
G0378	Hospital observation service, per hour	**AUTH REQUIRED	AUTH REQ only if > 48 HOURS	Medicare Benefit Policy Manual, Chapter 6, Section 20.6		
G0379	Direct admission of patient for hospital observation care	**AUTH REQUIRED	AUTH REQ only if > 48 HOURS	Medicare Benefit Policy Manual, Chapter 6, Section 20.6		
G0380	Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0381	Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	no auth				
G0382	Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0383	Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	no auth				
G0384	Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	no auth				
G0390	Trauma response team associated with hospital critical care service	no auth				
G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	no auth				
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	no auth				
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	no auth				
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	no auth				
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	no auth				
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	no auth				
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	no auth				
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	no auth				
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	no auth				
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	no auth				
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	no auth				
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF qualified social worker or psychologist in a CORF)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed	no auth				
G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	no auth				
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	no auth				
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	no auth				
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	no auth				
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour	no auth				
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour	no auth				
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	no auth				
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	no auth				
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	no auth				
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	no auth				
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	AUTH REQUIRED	POTENTIALLY COSMETIC	LCA 58774		
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	no auth				
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	no auth				
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	no auth				
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	no auth				
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	no auth				
G0442	Annual alcohol misuse screening, 5 to 15 minutes	no auth				
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	no auth				
G0444	Annual depression screening, 5 to 15 minutes	no auth				
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	no auth				
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	no auth				
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	no auth				
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	no auth				
G0451	Development testing, with interpretation and report, per standardized instrument form	no auth				
G0452	Molecular pathology procedure; physician interpretation and report	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	no auth				
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	no auth				
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	no auth				
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	no auth				
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	no auth				
G0460	Autologous platelet rich plasma for nondiabetic chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	no auth				
G0463	Hospital outpatient clinic visit for assessment and management of a patient	no auth				
G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)	no auth				
G0466	Federally qualified health center (FQHC) visit, new patient	no auth				
G0467	Federally qualified health center (FQHC) visit, established patient	no auth				
G0468	Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV)	no auth				
G0469	Federally qualified health center (FQHC) visit, mental health, new patient	no auth				
G0470	Federally qualified health center (FQHC) visit, mental health, established patient	no auth				
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)	no auth				
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	no auth				
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0475	HIV antigen/antibody, combination assay, screening	no auth				
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	no auth				
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed	no auth				
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed	no auth				
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed	no auth				
G0490	Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)	no auth				
G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD	no auth				
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, Evaluated based on Medicare Reasonable and Necessary Standard.		
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, NCD 290.2, NCD 170.1		
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	NCD 290.1, NCD 290.2, NCD 170.1		
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	no auth				
G0499	Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	no auth				
G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	no auth				
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	no auth				
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	no auth				
G0511	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month	no auth				
G0512	Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	no auth				
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)	no auth				
G0516	Insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant)	no auth				
G0517	Removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	no auth				
G0518	Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants)	no auth				
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	no auth				
G0913	Improvement in visual function achieved within 90 days following cataract surgery	NOT COVERED		MEASUREMENT CODE		
G0914	Patient care survey was not completed by patient	NOT COVERED		MEASUREMENT CODE		
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	NOT COVERED		MEASUREMENT CODE		
G0916	Satisfaction with care achieved within 90 days following cataract surgery	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G0917	Patient care survey was not completed by patient	NOT COVERED		MEASUREMENT CODE		
G0918	Satisfaction with care not achieved within 90 days following cataract surgery	NOT COVERED		MEASUREMENT CODE		
G1001	Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1002	Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1003	Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1004	Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1007	Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1008	Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1010	Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1011	Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1012	Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1013	Clinical Decision Support Mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1014	Clinical Decision Support Mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1015	Clinical Decision Support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G1016	Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1017	Clinical Decision Support Mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1018	Clinical Decision Support Mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1019	Clinical Decision Support Mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1020	Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1021	Clinical Decision Support Mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1022	Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1023	Clinical Decision Support Mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1024	Clinical decision support mechanism Radrite, as defined by the Medicare Appropriate Use Criteria Program	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G1025	Patient-months where there are more than one Medicare capitated payment (MCP) provider listed for the month	NOT COVERED		MEASUREMENT CODE		
G1026	The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for 3 months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month	NOT COVERED		MEASUREMENT CODE		
G1027	The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than 3 months	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	no auth				
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	AUTH REQUIRED	Routine Clinical Trial costs are paid for by Original Medicare, not Medicare Advantage Plans; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Medicare Managed Care Manual Chapter 4: Benefits and Beneficiary Protections (Rev 121; Issued 4/22/2016) Section 10.7, NCD 310.1		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
G2001	Brief (20 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2002	Limited (30 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2003	Moderate (45 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2004	Comprehensive (60 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2005	Extensive (75 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2006	Brief (20 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2007	Limited (30 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2008	Moderate (45 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2009	Comprehensive (60 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	no auth				
G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	no auth				
G2013	Extensive (75 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2014	Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.)	no auth				
G2015	Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.)	no auth				
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes)	no auth				
G2021	Health care practitioners rendering treatment in place (TIP)	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	NOT COVERED		Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2023	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source D	no auth				
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source D	no auth				
G2025	Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only	no auth				
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	no auth				
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2081	Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	SEND TO DELEGATED VENDOR- OPTUM	OPTUM (Phone: 866-340-0639)			
G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	NOT COVERED		MEASUREMENT CODE		
G2093	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)	NOT COVERED		MEASUREMENT CODE		
G2094	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)	NOT COVERED		MEASUREMENT CODE		
G2096	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given	NOT COVERED		MEASUREMENT CODE		
G2097	Episodes where the patient had a competing diagnosis on or within 3 days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI)	NOT COVERED		MEASUREMENT CODE		
G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2105	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	NOT COVERED		MEASUREMENT CODE		
G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2108	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	NOT COVERED		MEASUREMENT CODE		
G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	NOT COVERED		MEASUREMENT CODE		
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	NOT COVERED		MEASUREMENT CODE		
G2115	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2116	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2118	Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period	NOT COVERED		MEASUREMENT CODE		
G2121	Depression, anxiety, apathy, and psychosis assessed	NOT COVERED		MEASUREMENT CODE		
G2122	Depression, anxiety, apathy, and psychosis not assessed	NOT COVERED		MEASUREMENT CODE		
G2125	Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2126	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2127	Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	NOT COVERED		MEASUREMENT CODE		
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	NOT COVERED		MEASUREMENT CODE		
G2129	Procedure related BP's not taken during an outpatient visit. Examples include same day surgery, ambulatory service center, GI, lab, dialysis, infusion center, chemotherapy	NOT COVERED		MEASUREMENT CODE		
G2136	Back pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	NOT COVERED		MEASUREMENT CODE		
G2137	Back pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2138	Back pain as measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	NOT COVERED		MEASUREMENT CODE		
G2139	Back pain measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points	NOT COVERED		MEASUREMENT CODE		
G2140	Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	NOT COVERED		MEASUREMENT CODE		
G2141	Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points	NOT COVERED		MEASUREMENT CODE		
G2142	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater	NOT COVERED		MEASUREMENT CODE		
G2143	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 30 points or greater	NOT COVERED		MEASUREMENT CODE		
G2145	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of less than 30 points	NOT COVERED		MEASUREMENT CODE		
G2146	Leg pain as measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	NOT COVERED		MEASUREMENT CODE		
G2147	Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points	NOT COVERED		MEASUREMENT CODE		
G2148	Multimodal pain management was used	NOT COVERED		MEASUREMENT CODE		
G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s))	NOT COVERED		MEASUREMENT CODE		
G2150	Multimodal pain management was not used	NOT COVERED		MEASUREMENT CODE		
G2151	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		
G2152	Residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G2167	Residual score for the neck impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	**AUTH REQUIRED	AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD	Evaluated based on Medicare Reasonable and Necessary Standard		
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G2173	URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	NOT COVERED		MEASUREMENT CODE		
G2174	URI episodes when the patient had an active prescription of antibiotics in the 30 days prior to the episode date or is still active the same day of the encounter	NOT COVERED		MEASUREMENT CODE		
G2175	Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	NOT COVERED		MEASUREMENT CODE		
G2176	Outpatient, ED, or observation visits that result in an inpatient admission	NOT COVERED		MEASUREMENT CODE		
G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date	NOT COVERED		MEASUREMENT CODE		
G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, Alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation	NOT COVERED		MEASUREMENT CODE		
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	NOT COVERED		MEASUREMENT CODE		
G2181	BMI not documented due to medical reason or patient refusal of height or weight measurement	NOT COVERED		MEASUREMENT CODE		
G2182	Patient receiving first-time biologic and/or immune response modifier therapy	NOT COVERED		MEASUREMENT CODE		
G2183	Documentation patient unable to communicate and informant not available	NOT COVERED		MEASUREMENT CODE		
G2184	Patient does not have a caregiver	NOT COVERED		MEASUREMENT CODE		
G2185	Documentation caregiver is trained and certified in dementia care	NOT COVERED		MEASUREMENT CODE		
G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	NOT COVERED		MEASUREMENT CODE		
G2187	Patients with clinical indications for imaging of the head: head trauma	NOT COVERED		MEASUREMENT CODE		
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	NOT COVERED		MEASUREMENT CODE		
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	NOT COVERED		MEASUREMENT CODE		
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	NOT COVERED		MEASUREMENT CODE		
G2191	Patients with clinical indications for imaging of the head: positional headaches	NOT COVERED		MEASUREMENT CODE		
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	NOT COVERED		MEASUREMENT CODE		
G2193	Patients with clinical indications for imaging of the head: new onset headache in preschool children or younger (<6 years of age)	NOT COVERED		MEASUREMENT CODE		
G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior	NOT COVERED		MEASUREMENT CODE		
G2195	Patients with clinical indications for imaging of the head: occipital headache in children	NOT COVERED		MEASUREMENT CODE		
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	NOT COVERED		MEASUREMENT CODE		
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	NOT COVERED		MEASUREMENT CODE		
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method	NOT COVERED		MEASUREMENT CODE		
G2200	Patient identified as an unhealthy alcohol user received brief counseling	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user	NOT COVERED		MEASUREMENT CODE		
G2204	Patients between 45 and 85 years of age who received a screening colonoscopy during the performance period	NOT COVERED		MEASUREMENT CODE		
G2205	Patients with pregnancy during adjuvant treatment course	NOT COVERED		MEASUREMENT CODE		
G2206	Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy	NOT COVERED		MEASUREMENT CODE		
G2207	Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g., poor performance status (ECOG 3-4; Karnofsky <=50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)	NOT COVERED		MEASUREMENT CODE		
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy	NOT COVERED		MEASUREMENT CODE		
G2209	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		
G2210	Residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G2211	Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215, 99483 for office or other outpatient evaluation and management services.) (Do not report G2212 on the same date of service as codes 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)	no auth				
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	no auth				
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	no auth				
G2215	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	NOT COVERED		MEASUREMENT CODE		
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	NOT COVERED		MEASUREMENT CODE		
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	no auth				
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	no auth				
G3002	Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Requires initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G3003	Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded)	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G4000	Dermatology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4001	Diagnostic Radiology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4002	Electrophysiology Cardiac Specialist MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4003	Emergency Medicine MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4004	Endocrinology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4005	Family Medicine MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4006	Gastroenterology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4007	General Surgery MIPSspecialty set	NOT COVERED		MEASUREMENT CODE		
G4008	Geriatrics MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4009	Hospitalists MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4010	Infectious Disease MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4011	Internal Medicine MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4012	Interventional Radiology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4013	Mental/behavioral and Psychiatry MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4014	Nephrology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4015	Neurology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4016	Neurosurgical MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4017	Nutrition/Dietician MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4018	Obstetrics/Gynecology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4019	Oncology/Hematology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4020	Ophthalmology/Optometry MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4021	Orthopedic surgery MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4022	Otolaryngology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4023	Pathology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4024	Pediatrics MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4025	Physical Medicine MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4026	Physical Therapy/Occupational Therapy MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4027	Plastic Surgery MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4028	Podiatry MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4029	Preventive Medicine MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4030	Pulmonology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4031	Radiation Oncology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4032	Rheumatology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4033	Skilled Nursing Facility MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4034	Speech Language Pathology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4035	Thoracic Surgery MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4036	Urgent Care MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4037	Urology MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G4038	Vascular Surgery MIPS specialty set	NOT COVERED		MEASUREMENT CODE		
G6001	Ultrasonic guidance for placement of radiation therapy fields	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	no auth				
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	no auth				
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	no auth				
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	no auth				
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	no auth				
G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	no auth				
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	no auth				
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	no auth				
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	no auth				
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	no auth				
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	no auth				
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	no auth				
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	no auth				
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	AUTH REQUIRED		LCD 36711	MCG:Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC)	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	no auth				
G8395	Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function	NOT COVERED		MEASUREMENT CODE		
G8396	Left ventricular ejection fraction (LVEF) not performed or documented	NOT COVERED		MEASUREMENT CODE		
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy	NOT COVERED		MEASUREMENT CODE		
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed	NOT COVERED		MEASUREMENT CODE		
G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8404	Lower extremity neurological exam performed and documented	NOT COVERED		MEASUREMENT CODE		
G8405	Lower extremity neurological exam not performed	NOT COVERED		MEASUREMENT CODE		
G8410	Footwear evaluation performed and documented	NOT COVERED		MEASUREMENT CODE		
G8415	Footwear evaluation was not performed	NOT COVERED		MEASUREMENT CODE		
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	NOT COVERED		MEASUREMENT CODE		
G8417	BMI is documented above normal parameters and a follow-up plan is documented	NOT COVERED		MEASUREMENT CODE		
G8418	BMI is documented below normal parameters and a follow-up plan is documented	NOT COVERED		MEASUREMENT CODE		
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given	NOT COVERED		MEASUREMENT CODE		
G8420	BMI is documented within normal parameters and no follow-up plan is required	NOT COVERED		MEASUREMENT CODE		
G8421	BMI not documented and no reason is given	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	NOT COVERED		MEASUREMENT CODE		
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	NOT COVERED		MEASUREMENT CODE		
G8430	Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation)	NOT COVERED		MEASUREMENT CODE		
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	NOT COVERED		MEASUREMENT CODE		
G8432	Depression screening not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8433	Screening for depression not completed, documented patient or medical reason	NOT COVERED		MEASUREMENT CODE		
G8450	Beta-blocker therapy prescribed	NOT COVERED		MEASUREMENT CODE		
G8451	Beta-blocker therapy for LVEF <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)	NOT COVERED		MEASUREMENT CODE		
G8452	Beta-blocker therapy not prescribed	NOT COVERED		MEASUREMENT CODE		
G8465	High or very high risk of recurrence of prostate cancer	NOT COVERED		MEASUREMENT CODE		
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	NOT COVERED		MEASUREMENT CODE		
G8474	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	NOT COVERED		MEASUREMENT CODE		
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8476	Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8477	Most recent blood pressure has a systolic measurement of >=140 mm Hg and/or a diastolic measurement of >=90 mm Hg	NOT COVERED		MEASUREMENT CODE		
G8478	Blood pressure measurement not performed or documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8482	Influenza immunization administered or previously received	NOT COVERED		MEASUREMENT CODE		
G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	NOT COVERED		MEASUREMENT CODE		
G8484	Influenza immunization was not administered, reason not given	NOT COVERED		MEASUREMENT CODE		
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	NOT COVERED		MEASUREMENT CODE		
G8510	Screening for depression is documented as negative, a follow-up plan is not required	NOT COVERED		MEASUREMENT CODE		
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8535	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter	NOT COVERED		MEASUREMENT CODE		
G8536	No documentation of an elder maltreatment screen, reason not given	NOT COVERED		MEASUREMENT CODE		
G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies is documented within 2 days of the functional outcome assessment	NOT COVERED		MEASUREMENT CODE		
G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter	NOT COVERED		MEASUREMENT CODE		
G8541	Functional outcome assessment using a standardized tool, not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	NOT COVERED		MEASUREMENT CODE		
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented within 2 days of assessment, reason not given	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8560	Patient has a history of active drainage from the ear within the previous 90 days	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8566	Patient is not eligible for the referral for otologic evaluation for sudden or rapidly progressive hearing loss measure	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	NOT COVERED		NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
G8569	Prolonged postoperative intubation (> 24 hrs) required	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8570	Prolonged postoperative intubation (> 24 hrs) not required	NOT COVERED		MEASUREMENT CODE		
G8575	Developed postoperative renal failure or required dialysis	NOT COVERED		MEASUREMENT CODE		
G8576	No postoperative renal failure/dialysis not required	NOT COVERED		MEASUREMENT CODE		
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	NOT COVERED		MEASUREMENT CODE		
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	NOT COVERED		MEASUREMENT CODE		
G8598	Aspirin or another antiplatelet therapy used	NOT COVERED		MEASUREMENT CODE		
G8599	Aspirin or another antiplatelet therapy not used, reason not given	NOT COVERED		MEASUREMENT CODE		
G8600	IV thrombolytic therapy initiated within 4.5 hours (<= 270 minutes) of time last known well	NOT COVERED		MEASUREMENT CODE		
G8601	IV thrombolytic therapy not initiated within 4.5 hours (= 270 minutes) of time last known well for reasons documented by clinician (e.g., patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention, patient received tenecteplase (TNK))	NOT COVERED		MEASUREMENT CODE		
G8602	IV thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well, reason not given	NOT COVERED		MEASUREMENT CODE		
G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	NOT COVERED		MEASUREMENT CODE		
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8647	Residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G8648	Residual score for the knee impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		
G8650	Residual score for the knee impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8651	Residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G8652	Residual score for the hip impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8654	Residual score for the hip impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8655	Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G8656	Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		
G8658	Residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8659	Residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G8660	Residual score for the low back impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		
G8661	Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate	NOT COVERED		MEASUREMENT CODE		
G8662	Residual score for the low back impairment not measured because the patient did not complete the low back FS PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8663	Residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G8664	Residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		
G8666	Residual score for the shoulder impairment not measured because the patient did not complete the shoulder FS PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8667	Residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	NOT COVERED		MEASUREMENT CODE		
G8668	Residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8670	Residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand FS PROM at initial evaluation and/or near discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8694	Left ventricular ejection fraction (LVEF) < = 40% or documentation of moderate or severe LVSD	NOT COVERED		MEASUREMENT CODE		
G8708	Patient not prescribed antibiotic	NOT COVERED		MEASUREMENT CODE		
G8709	URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne)	NOT COVERED		MEASUREMENT CODE		
G8710	Patient prescribed antibiotic	NOT COVERED		MEASUREMENT CODE		
G8711	Prescribed antibiotic on or within 3 days after the episode date	NOT COVERED		MEASUREMENT CODE		
G8712	Antibiotic not prescribed or dispensed	NOT COVERED		MEASUREMENT CODE		
G8721	PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report	NOT COVERED		MEASUREMENT CODE		
G8722	Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; noncarcinomasanal canal)	NOT COVERED		MEASUREMENT CODE		
G8723	Specimen site is other than anatomic location of primary tumor	NOT COVERED		MEASUREMENT CODE		
G8724	PT category, PN category and histologic grade were not documented in the pathology report, reason not given	NOT COVERED		MEASUREMENT CODE		
G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented	NOT COVERED		MEASUREMENT CODE		
G8734	Elder maltreatment screen documented as negative, follow-up is not required	NOT COVERED		MEASUREMENT CODE		
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8749	Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)	NOT COVERED		MEASUREMENT CODE		
G8752	Most recent systolic blood pressure < 140 mm Hg	NOT COVERED		MEASUREMENT CODE		
G8753	Most recent systolic blood pressure >= 140 mm Hg	NOT COVERED		MEASUREMENT CODE		
G8754	Most recent diastolic blood pressure < 90 mm Hg	NOT COVERED		MEASUREMENT CODE		
G8755	Most recent diastolic blood pressure >= 90 mm Hg	NOT COVERED		MEASUREMENT CODE		
G8756	No documentation of blood pressure measurement, reason not given	NOT COVERED		MEASUREMENT CODE		
G8783	Normal blood pressure reading documented, follow-up not required	NOT COVERED		MEASUREMENT CODE		
G8785	Blood pressure reading not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8797	Specimen site other than anatomic location of esophagus	NOT COVERED		MEASUREMENT CODE		
G8798	Specimen site other than anatomic location of prostate	NOT COVERED		MEASUREMENT CODE		
G8806	Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented	NOT COVERED		MEASUREMENT CODE		
G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy (IUP))	NOT COVERED		MEASUREMENT CODE		
G8808	Transabdominal or transvaginal ultrasound not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with nonartherosclerotic disease)	NOT COVERED		MEASUREMENT CODE		
G8816	Statin medication prescribed at discharge	NOT COVERED		MEASUREMENT CODE		
G8817	Statin therapy not prescribed at discharge, reason not given	NOT COVERED		MEASUREMENT CODE		
G8818	Patient discharge to home no later than postoperative day #7	NOT COVERED		MEASUREMENT CODE		
G8825	Patient not discharged to home by postoperative day #7	NOT COVERED		MEASUREMENT CODE		
G8826	Patient discharged to home no later than postoperative day #2 following EVAR	NOT COVERED		MEASUREMENT CODE		
G8833	Patient not discharged to home by postoperative day #2 following EVAR	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8834	Patient discharged to home no later than postoperative day #2 following CEA	NOT COVERED		MEASUREMENT CODE		
G8838	Patient not discharged to home by postoperative day #2 following CEA	NOT COVERED		MEASUREMENT CODE		
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	NOT COVERED		MEASUREMENT CODE		
G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)	NOT COVERED		MEASUREMENT CODE		
G8841	Sleep apnea symptoms not assessed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8842	Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea	NOT COVERED		MEASUREMENT CODE		
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months of initial evaluation for suspected obstructive sleep apnea (e.g., medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study, patients for whom a sleep study would present a bigger risk than benefit or would pose an undue burden, dementia, patients who decline AHI/RDI/REI measurement, patients who had a financial reason for not completing testing, test was ordered but not completed, patients decline because their insurance (payer) does not cover the expense))	NOT COVERED		MEASUREMENT CODE		
G8844	Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea, reason not given	NOT COVERED		MEASUREMENT CODE		
G8845	Positive airway pressure therapy prescribed	NOT COVERED		MEASUREMENT CODE		
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)	NOT COVERED		MEASUREMENT CODE		
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8850	Positive airway pressure therapy not prescribed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	NOT COVERED		MEASUREMENT CODE		
G8852	Positive airway pressure therapy was prescribed	NOT COVERED		MEASUREMENT CODE		
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine)	NOT COVERED		MEASUREMENT CODE		
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8856	Referral to a physician for an otologic evaluation performed	NOT COVERED		MEASUREMENT CODE		
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	NOT COVERED		MEASUREMENT CODE		
G8858	Referral to a physician for an otologic evaluation not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8863	Patients not assessed for risk of bone loss, reason not given	NOT COVERED		MEASUREMENT CODE		
G8864	Pneumococcal vaccine administered or previously received	NOT COVERED		MEASUREMENT CODE		
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	NOT COVERED		MEASUREMENT CODE		
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	NOT COVERED		MEASUREMENT CODE		
G8867	Pneumococcal vaccine not administered or previously received, reason not given	NOT COVERED		MEASUREMENT CODE		
G8869	Patient has documented immunity to hepatitis B and initiating anti-TNF therapy	NOT COVERED		MEASUREMENT CODE		
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)	NOT COVERED		MEASUREMENT CODE		
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	NOT COVERED		MEASUREMENT CODE		
G8878	Sentinel lymph node biopsy procedure performed	NOT COVERED		MEASUREMENT CODE		
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to: noninvasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, preoperative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, Stage III locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change)	NOT COVERED		MEASUREMENT CODE		
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	NOT COVERED		MEASUREMENT CODE		
G8882	Sentinel lymph node biopsy procedure not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
G8883	Biopsy results reviewed, communicated, tracked and documented	NOT COVERED		MEASUREMENT CODE		
G8884	Clinician documented reason that patient's biopsy results were not reviewed	NOT COVERED		MEASUREMENT CODE		
G8885	Biopsy results not reviewed, communicated, tracked or documented	NOT COVERED		MEASUREMENT CODE		
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility	NOT COVERED		MEASUREMENT CODE		
G8908	Patient documented to have received a burn prior to discharge	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8909	Patient documented not to have received a burn prior to discharge	NOT COVERED		MEASUREMENT CODE		
G8910	Patient documented to have experienced a fall within ASC	NOT COVERED		MEASUREMENT CODE		
G8911	Patient documented not to have experienced a fall within ASC	NOT COVERED		MEASUREMENT CODE		
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	NOT COVERED		MEASUREMENT CODE		
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	NOT COVERED		MEASUREMENT CODE		
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	NOT COVERED		MEASUREMENT CODE		
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	NOT COVERED		MEASUREMENT CODE		
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	NOT COVERED		MEASUREMENT CODE		
G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	NOT COVERED		MEASUREMENT CODE		
G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	NOT COVERED		MEASUREMENT CODE		
G8923	Left ventricular ejection fraction (LVEF) <= 40% or documentation of moderately or severely depressed left ventricular systolic function	NOT COVERED		MEASUREMENT CODE		
G8924	Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	NOT COVERED		MEASUREMENT CODE		
G8934	Left ventricular ejection fraction (LVEF) <=40% or documentation of moderately or severely depressed left ventricular systolic function	NOT COVERED		MEASUREMENT CODE		
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	NOT COVERED		MEASUREMENT CODE		
G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given	NOT COVERED		MEASUREMENT CODE		
G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter	NOT COVERED		MEASUREMENT CODE		
G8942	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies is documented within two days of the functional outcome assessment	NOT COVERED		MEASUREMENT CODE		
G8944	AJCC melanoma cancer stage 0 through IIC melanoma	NOT COVERED		MEASUREMENT CODE		
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)	NOT COVERED		MEASUREMENT CODE		
G8950	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	NOT COVERED		MEASUREMENT CODE		
G8952	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G8955	Most recent assessment of adequacy of volume management documented	NOT COVERED		MEASUREMENT CODE		
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	NOT COVERED		MEASUREMENT CODE		
G8958	Assessment of adequacy of volume management not documented, reason not given	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	NOT COVERED		MEASUREMENT CODE		
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	NOT COVERED		MEASUREMENT CODE		
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI wihin 2 years	NOT COVERED		MEASUREMENT CODE		
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI wthin 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc.)	NOT COVERED		MEASUREMENT CODE		
G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment	NOT COVERED		MEASUREMENT CODE		
G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment	NOT COVERED		MEASUREMENT CODE		
G8967	FDA-approved oral anticoagulant is prescribed	NOT COVERED		MEASUREMENT CODE		
G8968	Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation)	NOT COVERED		MEASUREMENT CODE		
G8969	Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)	NOT COVERED		MEASUREMENT CODE		
G8970	No risk factors or one moderate risk factor for thromboembolism	NOT COVERED		MEASUREMENT CODE		
G9001	Coordinated care fee, initial rate	no auth				
G9002	Coordinated care fee	no auth				
G9003	Coordinated care fee, risk adjusted high, initial	no auth				
G9004	Coordinated care fee, risk adjusted low, initial	no auth				
G9005	Coordinated care fee risk adjusted maintenance	no auth				
G9006	Coordinated care fee, home monitoring	no auth				
G9007	Coordinated care fee, scheduled team conference	no auth				
G9008	Coordinated care fee, physician coordinated care oversight services	no auth				
G9009	Coordinated care fee, risk adjusted maintenance, Level 3	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9010	Coordinated care fee, risk adjusted maintenance, Level 4	no auth				
G9011	Coordinated care fee, risk adjusted maintenance, Level 5	no auth				
G9012	Other specified case management service not elsewhere classified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
G9013	ESRD demo basic bundle Level I	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9014	ESRD demo expanded bundle including venous access and related services	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9063	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9064	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9065	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9066	Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9067	Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9068	Oncology; disease status; limited to small cell and combined small cell/nonsmall cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I or Stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I, or Stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2c and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3b-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage IA-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage IA-B (Grade 2-3); or Stage IC (all grades); or Stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and /or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, Stage I (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; Stage II or higher (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9140	Frontier Extended Stay Clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum Frontier Extended Stay Clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	AUTH REQUIRED		NCD 90.1	MCG:Warfarin Pharmacogenetics - CYP2C9, CYP4F2, and VKORC1 Genes ACG: A-0587 (AC)	
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
G9148	National Committee for Quality Assurance-Level 1 Medical Home	NOT COVERED		MEASUREMENT CODE		
G9149	National Committee for Quality Assurance-Level 2 Medical Home	NOT COVERED		MEASUREMENT CODE		
G9150	National Committee for Quality Assurance-Level 3 Medical Home	NOT COVERED		MEASUREMENT CODE		
G9151	MAPCP Demonstration-state provided services	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9152	MAPCP Demonstration-Community Health Teams	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9153	MAPCP Demonstration-Physician Incentive Pool	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9156	Evaluation for wheelchair requiring face-to-face visit with physician	no auth				
G9157	Transesophageal Doppler used for cardiac monitoring	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code	no auth				
G9188	Beta-blocker therapy not prescribed, reason not given	NOT COVERED		MEASUREMENT CODE		
G9189	Beta-blocker therapy prescribed or currently being taken	NOT COVERED		MEASUREMENT CODE		
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons)	NOT COVERED		MEASUREMENT CODE		
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)	NOT COVERED		MEASUREMENT CODE		
G9212	DSM-IVTM criteria for major depressive disorder documented at the initial evaluation	NOT COVERED		MEASUREMENT CODE		
G9213	DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm3 or a CD4 percentage below 15%	NOT COVERED		MEASUREMENT CODE		
G9225	Foot exam was not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the three components are completed)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter	NOT COVERED		MEASUREMENT CODE		
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the three screenings)	NOT COVERED		MEASUREMENT CODE		
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	NOT COVERED		MEASUREMENT CODE		
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	NOT COVERED		MEASUREMENT CODE		
G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed	NOT COVERED		MEASUREMENT CODE		
G9243	Documentation of viral load less than 200 copies/ml	NOT COVERED		MEASUREMENT CODE		
G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	NOT COVERED		MEASUREMENT CODE		
G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	NOT COVERED		MEASUREMENT CODE		
G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS	NOT COVERED		MEASUREMENT CODE		
G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS	NOT COVERED		MEASUREMENT CODE		
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	NOT COVERED		MEASUREMENT CODE		
G9274	Blood pressure has a systolic value of = 140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90	NOT COVERED		MEASUREMENT CODE		
G9275	Documentation that patient is a current nontobacco user	NOT COVERED		MEASUREMENT CODE		
G9276	Documentation that patient is a current tobacco user	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9277	Documentation that the patient is on daily aspirin or antiplatelet or has documentation of a valid contraindication or exception to aspirin/antiplatelet; contraindications/exceptions include anticoagulant use, allergy to aspirin or antiplatelets, history of gastrointestinal bleed and bleeding disorder. Additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or antiplatelet are acceptable (use of nonsteroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as > 180 systolic or > 110 diastolic or gastroesophageal reflux)	NOT COVERED		MEASUREMENT CODE		
G9278	Documentation that the patient is not on daily aspirin or antiplatelet regimen	NOT COVERED		MEASUREMENT CODE		
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	NOT COVERED		MEASUREMENT CODE		
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	NOT COVERED		MEASUREMENT CODE		
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	NOT COVERED		MEASUREMENT CODE		
G9282	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of nonsmall cell lung cancer or other documented medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9283	Nonsmall cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	NOT COVERED		MEASUREMENT CODE		
G9284	Nonsmall cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	NOT COVERED		MEASUREMENT CODE		
G9285	Specimen site other than anatomic location of lung or is not classified as nonsmall cell lung cancer	NOT COVERED		MEASUREMENT CODE		
G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	NOT COVERED		MEASUREMENT CODE		
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9288	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of nonsmall cell carcinoma or other documented medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9289	Nonsmall cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	NOT COVERED		MEASUREMENT CODE		
G9290	Nonsmall cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	NOT COVERED		MEASUREMENT CODE		
G9291	Specimen site other than anatomic location of lung, is not classified as nonsmall cell lung cancer or classified as NSCLC-NOS	NOT COVERED		MEASUREMENT CODE		
G9292	Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9293	Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	NOT COVERED		MEASUREMENT CODE		
G9294	Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate	NOT COVERED		MEASUREMENT CODE		
G9295	Specimen site other than anatomic cutaneous location	NOT COVERED		MEASUREMENT CODE		
G9296	Patients with documented shared decision-making including discussion of conservative (nonsurgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure	NOT COVERED		MEASUREMENT CODE		
G9297	Shared decision-making including discussion of conservative (nonsurgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given	NOT COVERED		MEASUREMENT CODE		
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)	NOT COVERED		MEASUREMENT CODE		
G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	NOT COVERED		MEASUREMENT CODE		
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	NOT COVERED		MEASUREMENT CODE		
G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	NOT COVERED		MEASUREMENT CODE		
G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	NOT COVERED		MEASUREMENT CODE		
G9309	No unplanned hospital readmission within 30 days of principal procedure	NOT COVERED		MEASUREMENT CODE		
G9310	Unplanned hospital readmission within 30 days of principal procedure	NOT COVERED		MEASUREMENT CODE		
G9311	No surgical site infection	NOT COVERED		MEASUREMENT CODE		
G9312	Surgical site infection	NOT COVERED		MEASUREMENT CODE		
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason	NOT COVERED		MEASUREMENT CODE		
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	NOT COVERED		MEASUREMENT CODE		
G9315	Amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	NOT COVERED		MEASUREMENT CODE		
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	NOT COVERED		MEASUREMENT CODE		
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	NOT COVERED		MEASUREMENT CODE		
G9318	Imaging study named according to standardized nomenclature	NOT COVERED		MEASUREMENT CODE		
G9319	Imaging study not named according to standardized nomenclature, reason not given	NOT COVERED		MEASUREMENT CODE		
G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study	NOT COVERED		MEASUREMENT CODE		

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G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given	NOT COVERED		MEASUREMENT CODE		
G9341	Search conducted for prior patient CT studies completed at nonaffiliated external health care facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	NOT COVERED		MEASUREMENT CODE		
G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at nonaffiliated external health care facilities or entities within the past 12 months and are available through a secure, authorized, media-free, shared archive, reason not given	NOT COVERED		MEASUREMENT CODE		
G9344	Due to system reasons search not conducted for DICOM format images for prior patient CT imaging studies completed at nonaffiliated external health care facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., nonaffiliated external health care facilities or entities does not have archival abilities through a shared archival system)	NOT COVERED		MEASUREMENT CODE		
G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors	NOT COVERED		MEASUREMENT CODE		
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	NOT COVERED		MEASUREMENT CODE		
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis	NOT COVERED		MEASUREMENT CODE		
G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	NOT COVERED		MEASUREMENT CODE		
G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9354	One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	NOT COVERED		MEASUREMENT CODE		
G9355	Elective delivery (without medical indication) by Cesarean birth or induction of labor not performed (<39 weeks of gestation)	NOT COVERED		MEASUREMENT CODE		
G9356	Elective delivery (without medical indication) by Cesarean birth or induction of labor performed (<39 weeks of gestation)	NOT COVERED		MEASUREMENT CODE		
G9357	Post-partum screenings, evaluations and education performed	NOT COVERED		MEASUREMENT CODE		
G9358	Post-partum screenings, evaluations and education not performed	NOT COVERED		MEASUREMENT CODE		
G9361	Medical indication for delivery by Cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]	NOT COVERED		MEASUREMENT CODE		
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	NOT COVERED		MEASUREMENT CODE		
G9367	At least two orders for high risk medications from the same drug class	NOT COVERED		MEASUREMENT CODE		
G9368	At least two orders for high risk medications from the same drug class not ordered	NOT COVERED		MEASUREMENT CODE		
G9380	Patient offered assistance with end of life issues during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9382	Patient not offered assistance with end of life issues during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9383	Patient received screening for HCV infection within the 12 month reporting period	NOT COVERED		MEASUREMENT CODE		
G9384	Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9385	Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons)	NOT COVERED		MEASUREMENT CODE		
G9386	Screening for HCV infection not received within the twelve-month reporting period, reason not given	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9393	Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score of less than five	NOT COVERED		MEASUREMENT CODE		
G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period	NOT COVERED		MEASUREMENT CODE		
G9395	Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score greater than or equal to five	NOT COVERED		MEASUREMENT CODE		
G9396	Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	NOT COVERED		MEASUREMENT CODE		
G9402	Patient received follow-up within 30 days after discharge	NOT COVERED		MEASUREMENT CODE		
G9403	Clinician documented reason patient was not able to complete 30-day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient noncompliant for visit follow-up)	NOT COVERED		MEASUREMENT CODE		
G9404	Patient did not receive follow-up within 30 days after discharge	NOT COVERED		MEASUREMENT CODE		
G9405	Patient received follow up within 7 days after discharge	NOT COVERED		MEASUREMENT CODE		
G9406	Clinician documented reason patient was not able to complete 7-day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient noncompliance for visit follow-up)	NOT COVERED		MEASUREMENT CODE		
G9407	Patient did not receive follow-up within 7 days after discharge	NOT COVERED		MEASUREMENT CODE		
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	NOT COVERED		MEASUREMENT CODE		
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days	NOT COVERED		MEASUREMENT CODE		
G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	NOT COVERED		MEASUREMENT CODE		
G9411	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	NOT COVERED		MEASUREMENT CODE		
G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9413	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	NOT COVERED		MEASUREMENT CODE		
G9414	Patient had one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays	NOT COVERED		MEASUREMENT CODE		
G9415	Patient did not have one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays	NOT COVERED		MEASUREMENT CODE		
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays	NOT COVERED		MEASUREMENT CODE		
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (TDaP) on or between the patient's 10th and 13th birthdays	NOT COVERED		MEASUREMENT CODE		
G9418	Primary nonsmall cell lung cancer lung biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance or classified as NSCLC-NOS with an explanation	NOT COVERED		MEASUREMENT CODE		
G9419	Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9420	Specimen site other than anatomic location of lung or is not classified as primary nonsmall cell lung cancer	NOT COVERED		MEASUREMENT CODE		
G9421	Primary nonsmall cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow IASLC guidance or is classified as NSCLC-NOS but without an explanation	NOT COVERED		MEASUREMENT CODE		
G9422	Primary lung carcinoma resection report documents PT category, PN category and for nonsmall cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS)	NOT COVERED		MEASUREMENT CODE		
G9423	Documentation of medical reason for not including PT category, PN category and histologic type (for patient with appropriate exclusion criteria [e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens])	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS	NOT COVERED		MEASUREMENT CODE		
G9425	Primary lung carcinoma resection report does not document PT category, PN category and for nonsmall cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)	NOT COVERED		MEASUREMENT CODE		
G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients	NOT COVERED		MEASUREMENT CODE		
G9427	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients	NOT COVERED		MEASUREMENT CODE		
G9428	Pathology report includes the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	NOT COVERED		MEASUREMENT CODE		
G9429	Documentation of medical reason(s) for not including PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9430	Specimen site other than anatomic cutaneous location	NOT COVERED		MEASUREMENT CODE		
G9431	Pathology report does not include the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors	NOT COVERED		MEASUREMENT CODE		
G9432	Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented	NOT COVERED		MEASUREMENT CODE		
G9434	Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given	NOT COVERED		MEASUREMENT CODE		
G9451	Patient received one-time screening for HCV infection	NOT COVERED		MEASUREMENT CODE		
G9452	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	NOT COVERED		MEASUREMENT CODE		
G9454	One-time screening for HCV infection not received within 12-month reporting period and no documentation of prior screening for HCV infection, reason not given	NOT COVERED		MEASUREMENT CODE		
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC	NOT COVERED		MEASUREMENT CODE		
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for HCC. Medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)	NOT COVERED		MEASUREMENT CODE		
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period	NOT COVERED		MEASUREMENT CODE		
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	NOT COVERED		MEASUREMENT CODE		
G9459	Currently a tobacco nonuser	NOT COVERED		MEASUREMENT CODE		
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	NOT COVERED		MEASUREMENT CODE		
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented	NOT COVERED		MEASUREMENT CODE		
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	NOT COVERED	Hospice services are covered by Original Medicare.	HOSPICE BENEFIT		
G9480	Admission to Medicare Care Choice Model Program (MCCM)	NOT COVERED		MEASUREMENT CODE		
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9482	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		
G9483	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9484	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		
G9485	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9486	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		
G9487	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9488	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		
G9489	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9490	CMS Innovation Center Models, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (For use only in Medicare-approved CMS Innovation Center Models); may not be billed for a 30 day period covered by a transitional care management code	NOT COVERED		MEASUREMENT CODE		
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	NOT COVERED		MEASUREMENT CODE		
G9498	Antibiotic regimen prescribed	NOT COVERED		MEASUREMENT CODE		
G9500	Radiation exposure indices documented in final report for procedure using fluoroscopy	NOT COVERED		MEASUREMENT CODE		
G9501	Radiation exposure indices not documented in final report for procedure using fluoroscopy, reason not given	NOT COVERED		MEASUREMENT CODE		
G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	NOT COVERED		MEASUREMENT CODE		
G9504	Documented reason for not assessing hepatitis B virus (HBV) status (e.g., patient not initiating anti-TNF therapy, patient declined) prior to initiating anti-TNF therapy	NOT COVERED		MEASUREMENT CODE		
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myostitis or toxic myopathy related to drugs)	NOT COVERED		MEASUREMENT CODE		
G9508	Documentation that the patient is not on a statin medication	NOT COVERED		MEASUREMENT CODE		
G9509	Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve-month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	NOT COVERED		MEASUREMENT CODE		
G9510	Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5	NOT COVERED		MEASUREMENT CODE		
G9511	Index PHQ-9 or PHQ-9M score greater than 9 documented during the twelve-month denominator identification period	NOT COVERED		MEASUREMENT CODE		
G9512	Individual had a PDC of 0.8 or greater	NOT COVERED		MEASUREMENT CODE		
G9513	Individual did not have a PDC of 0.8 or greater	NOT COVERED		MEASUREMENT CODE		
G9514	Patient required a return to the operating room within 90 days of surgery	NOT COVERED		MEASUREMENT CODE		
G9515	Patient did not require a return to the operating room within 90 days of surgery	NOT COVERED		MEASUREMENT CODE		
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	NOT COVERED		MEASUREMENT CODE		
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	NOT COVERED		MEASUREMENT CODE		
G9518	Documentation of active injection drug use	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9519	Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	NOT COVERED		MEASUREMENT CODE		
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	NOT COVERED		MEASUREMENT CODE		
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	NOT COVERED		MEASUREMENT CODE		
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	NOT COVERED		MEASUREMENT CODE		
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT	NOT COVERED		MEASUREMENT CODE		
G9530	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider	NOT COVERED		MEASUREMENT CODE		
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar	NOT COVERED		MEASUREMENT CODE		
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT	NOT COVERED		MEASUREMENT CODE		
G9537	Imaging needed as part of a clinical trial; or other clinician ordered the study	NOT COVERED		MEASUREMENT CODE		
G9539	Intent for potential removal at time of placement	NOT COVERED		MEASUREMENT CODE		
G9540	Patient alive 3 months post procedure	NOT COVERED		MEASUREMENT CODE		
G9541	Filter removed within 3 months of placement	NOT COVERED		MEASUREMENT CODE		
G9542	Documented reassessment for the appropriateness of filter removal within 3 months of placement	NOT COVERED		MEASUREMENT CODE		
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement	NOT COVERED		MEASUREMENT CODE		
G9544	Patients that do not have the filter removed, documented reassessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9547	Cystic renal lesion that is simple appearing (Bosniak I or II), or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols	NOT COVERED		MEASUREMENT CODE		
G9548	Final reports for imaging studies stating no follow up imaging is recommended	NOT COVERED		MEASUREMENT CODE		
G9549	Documentation of medical reason(s) that follow up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))	NOT COVERED		MEASUREMENT CODE		
G9550	Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up	NOT COVERED		MEASUREMENT CODE		
G9551	Final reports for imaging studies without an incidentally found lesion noted	NOT COVERED		MEASUREMENT CODE		
G9552	Incidental thyroid nodule < 1.0 cm noted in report	NOT COVERED		MEASUREMENT CODE		
G9553	Prior thyroid disease diagnosis	NOT COVERED		MEASUREMENT CODE		
G9554	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended	NOT COVERED		MEASUREMENT CODE		
G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	NOT COVERED		MEASUREMENT CODE		
G9556	Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended	NOT COVERED		MEASUREMENT CODE		
G9557	Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	NOT COVERED		MEASUREMENT CODE		
G9580	Door to puncture time of 90 minutes or less	NOT COVERED		MEASUREMENT CODE		
G9582	Door to puncture time of greater than 90 minutes, no reason given	NOT COVERED		MEASUREMENT CODE		
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules	NOT COVERED		MEASUREMENT CODE		
G9594	Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider	NOT COVERED		MEASUREMENT CODE		
G9595	Patient has documentation of ventricular shunt, brain tumor, or coagulopathy	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9596	Pediatric patient had a head CT for trauma ordered by someone other than an emergency care provider or was ordered for a reason other than trauma	NOT COVERED		MEASUREMENT CODE		
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules	NOT COVERED		MEASUREMENT CODE		
G9598	Aortic aneurysm 5.5-5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	NOT COVERED		MEASUREMENT CODE		
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	NOT COVERED		MEASUREMENT CODE		
G9603	Patient survey score improved from baseline following treatment	NOT COVERED		MEASUREMENT CODE		
G9604	Patient survey results not available	NOT COVERED		MEASUREMENT CODE		
G9605	Patient survey score did not improve from baseline following treatment	NOT COVERED		MEASUREMENT CODE		
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	NOT COVERED		MEASUREMENT CODE		
G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death	NOT COVERED		MEASUREMENT CODE		
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	NOT COVERED		MEASUREMENT CODE		
G9609	Documentation of an order for antiplatelet agents	NOT COVERED		MEASUREMENT CODE		
G9610	Documentation of medical reason(s) in the patient's record for not ordering antiplatelet agents	NOT COVERED		MEASUREMENT CODE		
G9611	Order for antiplatelet agents was not documented in the patient's record, reason not given	NOT COVERED		MEASUREMENT CODE		
G9612	Photodocumentation of two or more cecal landmarks to establish a complete examination	NOT COVERED		MEASUREMENT CODE		
G9613	Documentation of postsurgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	NOT COVERED		MEASUREMENT CODE		
G9614	Photodocumentation of less than two cecal landmarks (i.e., no cecal landmarks or only one cecal landmark) to establish a complete examination	NOT COVERED		MEASUREMENT CODE		
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	NOT COVERED		MEASUREMENT CODE		
G9624	Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user	NOT COVERED		MEASUREMENT CODE		
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery	NOT COVERED		MEASUREMENT CODE		
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)	NOT COVERED		MEASUREMENT CODE		
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	NOT COVERED		MEASUREMENT CODE		
G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery	NOT COVERED		MEASUREMENT CODE		
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or reanastomosis of bowel, or patient death from nonmedical causes not related to surgery, patient died during procedure without evidence of bowel injury)	NOT COVERED		MEASUREMENT CODE		
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery	NOT COVERED		MEASUREMENT CODE		
G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)	NOT COVERED		MEASUREMENT CODE		
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)	NOT COVERED		MEASUREMENT CODE		
G9642	Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	NOT COVERED		MEASUREMENT CODE		
G9643	Elective surgery	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	NOT COVERED		MEASUREMENT CODE		
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	NOT COVERED		MEASUREMENT CODE		
G9646	Patients with 90 day MRS score of 0 to 2	NOT COVERED		MEASUREMENT CODE		
G9648	Patients with 90 day MRS score greater than 2	NOT COVERED		MEASUREMENT CODE		
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI))	NOT COVERED		MEASUREMENT CODE		
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) or psoriasis assessment tool not documented	NOT COVERED		MEASUREMENT CODE		
G9654	Monitored anesthesia care (MAC)	NOT COVERED		MEASUREMENT CODE		
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	NOT COVERED		MEASUREMENT CODE		
G9656	Patient transferred directly from anesthetizing location to PACU or other non-ICU location	NOT COVERED		MEASUREMENT CODE		
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	NOT COVERED		MEASUREMENT CODE		
G9659	Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)	NOT COVERED		MEASUREMENT CODE		
G9661	Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions	NOT COVERED		MEASUREMENT CODE		
G9662	Previously diagnosed or have a diagnosis of clinical ASCVD, including ASCVD procedure	NOT COVERED		MEASUREMENT CODE		
G9663	Any LDL-C laboratory result >= 190 mg/dl	NOT COVERED		MEASUREMENT CODE		
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	NOT COVERED		MEASUREMENT CODE		
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	NOT COVERED		MEASUREMENT CODE		
G9674	Patients with clinical ASCVD diagnosis	NOT COVERED		MEASUREMENT CODE		
G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl	NOT COVERED		MEASUREMENT CODE		
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70-189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	NOT COVERED		MEASUREMENT CODE		
G9679	Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary	no auth				
G9680	Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary	no auth				
G9681	Onsite acute care treatment of a nursing facility resident with COPD or asthma. May only be billed once per day per beneficiary	no auth				
G9682	Onsite acute care treatment of a nursing facility resident with a skin infection. May only be billed once per day per beneficiary	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9683	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder. (May only be billed once per day per beneficiary.) This service is for a demonstration project	no auth				
G9684	Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary	no auth				
G9685	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9687	Hospice services provided to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9688	Patients using hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9689	Patient admitted for performance of elective carotid intervention	NOT COVERED		MEASUREMENT CODE		
G9690	Patient receiving hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9691	Patient had hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9692	Hospice services received by patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9693	Patient use of hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9694	Hospice services utilized by patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9695	Long-acting inhaled bronchodilator prescribed	NOT COVERED		MEASUREMENT CODE		
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator	NOT COVERED		MEASUREMENT CODE		
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator	NOT COVERED		MEASUREMENT CODE		
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator	NOT COVERED		MEASUREMENT CODE		
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9700	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9702	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9703	Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date, or had an active prescription on the episode date	NOT COVERED		MEASUREMENT CODE		
G9704	AJCC breast cancer Stage I: T1 mic or T1a documented	NOT COVERED		MEASUREMENT CODE		

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G9705	AJCC breast cancer Stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented	NOT COVERED		MEASUREMENT CODE		
G9706	Low (or very low) risk of recurrence, prostate cancer	NOT COVERED		MEASUREMENT CODE		
G9707	Patient received hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9708	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	NOT COVERED		MEASUREMENT CODE		
G9709	Hospice services used by patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9710	Patient was provided hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer	NOT COVERED		MEASUREMENT CODE		
G9712	Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis	NOT COVERED		MEASUREMENT CODE		
G9713	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9714	Patient is using hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9715	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9716	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	NOT COVERED		MEASUREMENT CODE		
G9717	Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder	NOT COVERED		MEASUREMENT CODE		

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G9719	Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	NOT COVERED		MEASUREMENT CODE		
G9720	Hospice services for patient occurred any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9721	Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	NOT COVERED		MEASUREMENT CODE		
G9722	Documented history of renal failure or baseline serum creatinine >= 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher	NOT COVERED		MEASUREMENT CODE		
G9723	Hospice services for patient received any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	NOT COVERED		MEASUREMENT CODE		
G9725	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9726	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		
G9727	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
G9728	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		
G9729	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
G9730	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		
G9731	Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
G9732	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		
G9733	Patient unable to complete the low back FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
G9734	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9735	Patient unable to complete the shoulder FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
G9736	Patient refused to participate	NOT COVERED		MEASUREMENT CODE		
G9737	Patient unable to complete the elbow/wrist/hand FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
G9740	Hospice services given to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9741	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9744	Patient not eligible due to active diagnosis of hypertension	NOT COVERED		MEASUREMENT CODE		
G9745	Documented reason for not screening or recommending a follow-up for high blood pressure	NOT COVERED		MEASUREMENT CODE		
G9746	Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	NOT COVERED		MEASUREMENT CODE		
G9751	Patient died at any time during the 24-month measurement period	NOT COVERED		MEASUREMENT CODE		
G9752	Emergency surgery	NOT COVERED		MEASUREMENT CODE		
G9753	Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at nonaffiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)	NOT COVERED		MEASUREMENT CODE		
G9754	A finding of an incidental pulmonary nodule	NOT COVERED		MEASUREMENT CODE		
G9755	Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)	NOT COVERED		MEASUREMENT CODE		
G9756	Surgical procedures that included the use of silicone oil	NOT COVERED		MEASUREMENT CODE		
G9757	Surgical procedures that included the use of silicone oil	NOT COVERED		MEASUREMENT CODE		
G9758	Patient in hospice at any time during the measurement period	NOT COVERED		MEASUREMENT CODE		

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G9760	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9761	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9762	Patient had at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays	NOT COVERED		MEASUREMENT CODE		
G9763	Patient did not have at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays	NOT COVERED		MEASUREMENT CODE		
G9764	Patient has been treated with a systemic medication for psoriasis vulgaris	NOT COVERED		MEASUREMENT CODE		
G9765	Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI	NOT COVERED		MEASUREMENT CODE		
G9766	Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment	NOT COVERED		MEASUREMENT CODE		
G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment	NOT COVERED		MEASUREMENT CODE		
G9768	Patients who utilize hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months	NOT COVERED		MEASUREMENT CODE		
G9770	Peripheral nerve block (PNB)	NOT COVERED		MEASUREMENT CODE		
G9771	At least one body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	NOT COVERED		MEASUREMENT CODE		
G9772	Documentation of medical reason(s) for not achieving at least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)	NOT COVERED		MEASUREMENT CODE		

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G9773	At least one body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time, reason not given	NOT COVERED		MEASUREMENT CODE		
G9775	Patient received at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	NOT COVERED		MEASUREMENT CODE		
G9776	Documentation of medical reason for not receiving at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	NOT COVERED		MEASUREMENT CODE		
G9777	Patient did not receive at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	NOT COVERED		MEASUREMENT CODE		
G9779	Patients who are breastfeeding at any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9780	Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease [ESRD], or other medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9782	History of or active diagnosis of familial hypercholesterolemia	NOT COVERED		MEASUREMENT CODE		
G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy	NOT COVERED		MEASUREMENT CODE		
G9785	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	NOT COVERED		MEASUREMENT CODE		

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G9786	Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist	NOT COVERED		MEASUREMENT CODE		
G9787	Patient alive as of the last day of the measurement year	NOT COVERED		MEASUREMENT CODE		
G9788	Most recent BP is less than or equal to 140/90 mm Hg	NOT COVERED		MEASUREMENT CODE		
G9789	Blood pressure recorded during inpatient stays, emergency room visits, or urgent care visits	NOT COVERED		MEASUREMENT CODE		
G9790	Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented	NOT COVERED		MEASUREMENT CODE		
G9791	Most recent tobacco status is tobacco free	NOT COVERED		MEASUREMENT CODE		
G9792	Most recent tobacco status is not tobacco free	NOT COVERED		MEASUREMENT CODE		
G9793	Patient is currently on a daily aspirin or other antiplatelet	NOT COVERED		MEASUREMENT CODE		
G9794	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	NOT COVERED		MEASUREMENT CODE		
G9795	Patient is not currently on a daily aspirin or other antiplatelet	NOT COVERED		MEASUREMENT CODE		
G9796	Patient is currently on a statin therapy	NOT COVERED		MEASUREMENT CODE		
G9797	Patient is not on a statin therapy	NOT COVERED		MEASUREMENT CODE		
G9805	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9806	Patients who received cervical cytology or an HPV test	NOT COVERED		MEASUREMENT CODE		
G9807	Patients who did not receive cervical cytology or an HPV test	NOT COVERED		MEASUREMENT CODE		
G9812	Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure	NOT COVERED		MEASUREMENT CODE		
G9813	Patient did not die within 30 days of the procedure or during the index hospitalization	NOT COVERED		MEASUREMENT CODE		
G9818	Documentation of sexual activity	NOT COVERED		MEASUREMENT CODE		
G9819	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9820	Documentation of a chlamydia screening test with proper follow-up	NOT COVERED		MEASUREMENT CODE		
G9821	No documentation of a chlamydia screening test with proper follow-up	NOT COVERED		MEASUREMENT CODE		
G9822	Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date)	NOT COVERED		MEASUREMENT CODE		
G9823	Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	NOT COVERED		MEASUREMENT CODE		
G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation	NOT COVERED		MEASUREMENT CODE		
G9830	HER2/neu positive	NOT COVERED		MEASUREMENT CODE		
G9831	AJCC Stage at breast cancer diagnosis = II or III	NOT COVERED		MEASUREMENT CODE		
G9832	AJCC Stage at breast cancer diagnosis = I (Ia or Ib) and T-Stage at breast cancer diagnosis does not equal = T1, T1a, T1b	NOT COVERED		MEASUREMENT CODE		
G9838	Patient has metastatic disease at diagnosis	NOT COVERED		MEASUREMENT CODE		
G9839	Anti-EGFR monoclonal antibody therapy	NOT COVERED		MEASUREMENT CODE		
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	NOT COVERED		MEASUREMENT CODE		
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	NOT COVERED		MEASUREMENT CODE		
G9842	Patient has metastatic disease at diagnosis	NOT COVERED		MEASUREMENT CODE		
G9843	RAS (KRAS or NRAS) gene mutation	NOT COVERED		MEASUREMENT CODE		
G9844	Patient did not receive anti-EGFR monoclonal antibody therapy	NOT COVERED		MEASUREMENT CODE		
G9845	Patient received anti-EGFR monoclonal antibody therapy	NOT COVERED		MEASUREMENT CODE		
G9846	Patients who died from cancer	NOT COVERED		MEASUREMENT CODE		
G9847	Patient received systemic cancer-directed therapy in the last 14 days of life	NOT COVERED		MEASUREMENT CODE		
G9848	Patient did not receive systemic cancer-directed therapy in the last 14 days of life	NOT COVERED		MEASUREMENT CODE		
G9852	Patients who died from cancer	NOT COVERED		MEASUREMENT CODE		
G9853	Patient admitted to the ICU in the last 30 days of life	NOT COVERED		MEASUREMENT CODE		
G9854	Patient was not admitted to the ICU in the last 30 days of life	NOT COVERED		MEASUREMENT CODE		
G9858	Patient enrolled in hospice	NOT COVERED		MEASUREMENT CODE		
G9859	Patients who died from cancer	NOT COVERED		MEASUREMENT CODE		
G9860	Patient spent less than three days in hospice care	NOT COVERED		MEASUREMENT CODE		
G9861	Patient spent greater than or equal to three days in hospice care	NOT COVERED		MEASUREMENT CODE		

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G9862	Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons)	NOT COVERED		MEASUREMENT CODE		
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, 10 to 20 minutes	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, more than 20 minutes	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9873	First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	NOT COVERED		MEASUREMENT CODE		
G9874	Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	NOT COVERED		MEASUREMENT CODE		
G9875	Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9876	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9	NOT COVERED		MEASUREMENT CODE		
G9877	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12	NOT COVERED		MEASUREMENT CODE		
G9878	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9879	Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12	NOT COVERED		MEASUREMENT CODE		
G9880	The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session	NOT COVERED		MEASUREMENT CODE		
G9881	The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session	NOT COVERED		MEASUREMENT CODE		
G9882	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13-15	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9883	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 16-18	NOT COVERED		MEASUREMENT CODE		
G9884	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19-21	NOT COVERED		MEASUREMENT CODE		
G9885	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 22-24	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary	NOT COVERED		MEASUREMENT CODE		
G9891	MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only)	NOT COVERED		MEASUREMENT CODE		
G9892	Documentation of patient reason(s) for not performing a dilated macular examination	NOT COVERED		MEASUREMENT CODE		
G9893	Dilated macular exam was not performed, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate	NOT COVERED		MEASUREMENT CODE		
G9895	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)	NOT COVERED		MEASUREMENT CODE		
G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate	NOT COVERED		MEASUREMENT CODE		
G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given	NOT COVERED		MEASUREMENT CODE		
G9898	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9901	Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9902	Patient screened for tobacco use and identified as a tobacco user	NOT COVERED		MEASUREMENT CODE		
G9903	Patient screened for tobacco use and identified as a tobacco nonuser	NOT COVERED		MEASUREMENT CODE		
G9905	Patient not screened for tobacco use	NOT COVERED		MEASUREMENT CODE		
G9906	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	NOT COVERED		MEASUREMENT CODE		
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	NOT COVERED		MEASUREMENT CODE		
G9910	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9911	Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer before or after neoadjuvant systemic therapy	NOT COVERED		MEASUREMENT CODE		
G9912	Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy	NOT COVERED		MEASUREMENT CODE		
G9913	Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9914	Patient receiving an anti-TNF agent	NOT COVERED		MEASUREMENT CODE		
G9915	No record of HBV results documented	NOT COVERED		MEASUREMENT CODE		
G9916	Functional status performed once in the last 12 months	NOT COVERED		MEASUREMENT CODE		
G9917	Documentation of advanced stage dementia and caregiver knowledge is limited	NOT COVERED		MEASUREMENT CODE		
G9918	Functional status not performed, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9919	Screening performed and positive and provision of recommendations	NOT COVERED		MEASUREMENT CODE		
G9920	Screening performed and negative	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9922	Safety concerns screen provided and if positive then documented mitigation recommendations	NOT COVERED		MEASUREMENT CODE		
G9923	Safety concerns screen provided and negative	NOT COVERED		MEASUREMENT CODE		
G9925	Safety concerns screening not provided, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources	NOT COVERED		MEASUREMENT CODE		
G9927	Documentation of system reason(s) for not prescribing an FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment	NOT COVERED		MEASUREMENT CODE		
G9928	FDA-approved anticoagulant not prescribed, reason not given	NOT COVERED		MEASUREMENT CODE		
G9929	Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	NOT COVERED		MEASUREMENT CODE		
G9930	Patients who are receiving comfort care only	NOT COVERED		MEASUREMENT CODE		
G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women	NOT COVERED		MEASUREMENT CODE		
G9938	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the six months prior to the measurement period through December 31 of the measurement period	NOT COVERED		MEASUREMENT CODE		
G9939	Pathologist(s)/dermatopathologist(s) is the same clinician who performed the biopsy	NOT COVERED		MEASUREMENT CODE		
G9940	Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene Rx, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year)	NOT COVERED		MEASUREMENT CODE		
G9943	Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 to 20 weeks) postoperatively	NOT COVERED		MEASUREMENT CODE		
G9945	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9946	Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively	NOT COVERED		MEASUREMENT CODE		
G9949	Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 to 20 weeks) postoperatively	NOT COVERED		MEASUREMENT CODE		
G9954	Patient exhibits 2 or more risk factors for postoperative vomiting	NOT COVERED		MEASUREMENT CODE		
G9955	Cases in which an inhalational anesthetic is used only for induction	NOT COVERED		MEASUREMENT CODE		
G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	NOT COVERED		MEASUREMENT CODE		
G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	NOT COVERED		MEASUREMENT CODE		
G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	NOT COVERED		MEASUREMENT CODE		
G9959	Systemic antimicrobials not prescribed	NOT COVERED		MEASUREMENT CODE		
G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials	NOT COVERED		MEASUREMENT CODE		
G9961	Systemic antimicrobials prescribed	NOT COVERED		MEASUREMENT CODE		
G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy	NOT COVERED		MEASUREMENT CODE		
G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy	NOT COVERED		MEASUREMENT CODE		
G9964	Patient received at least one well-child visit with a PCP during the performance period	NOT COVERED		MEASUREMENT CODE		
G9965	Patient did not receive at least one well-child visit with PCP during the performance period	NOT COVERED		MEASUREMENT CODE		
G9968	Patient was referred to another clinician or specialist during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9969	Clinician who referred the patient to another clinician received a report from the clinician to whom the patient was referred	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9970	Clinician who referred the patient to another clinician did not receive a report from the clinician to whom the patient was referred	NOT COVERED		MEASUREMENT CODE		
G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity	NOT COVERED		MEASUREMENT CODE		
G9975	Documentation of medical reason(s) for not performing a dilated macular examination	NOT COVERED		MEASUREMENT CODE		
G9976	Documentation of patient reason(s) for not performing a dilated macular examination	NOT COVERED		MEASUREMENT CODE		
G9977	Dilated macular exam was not performed, reason not otherwise specified	NOT COVERED		MEASUREMENT CODE		
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9987	Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
G9988	Palliative care services provided to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9990	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	NOT COVERED		MEASUREMENT CODE		
G9991	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	NOT COVERED		MEASUREMENT CODE		
G9992	Palliative care services used by patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9993	Patient was provided palliative care services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9994	Patient is using palliative care services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9995	Patients who use palliative care services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
G9996	Documentation stating the patient has received or is currently receiving palliative or hospice care	NOT COVERED		MEASUREMENT CODE		
G9997	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	NOT COVERED		MEASUREMENT CODE		
G9998	Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
G9999	Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	NOT COVERED		MEASUREMENT CODE		
H0001	Alcohol and/or drug assessment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0002	Behavioral health screening to determine eligibility for admission to treatment program	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0004	Behavioral health counseling and therapy, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0005	Alcohol and/or drug services; group counseling by a clinician	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0006	Alcohol and/or drug services; case management	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0014	Alcohol and/or drug services; ambulatory detoxification	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0022	Alcohol and/or drug intervention service (planned facilitation)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0030	Behavioral health hotline service	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0031	Mental health assessment, by nonphysician	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0032	Mental health service plan development by nonphysician	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0033	Oral medication administration, direct observation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0034	Medication training and support, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0035	Mental health partial hospitalization, treatment, less than 24 hours	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0037	Community psychiatric supportive treatment program, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
H0038	Self-help/peer services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0039	Assertive community treatment, face-to-face, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0040	Assertive community treatment program, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0041	Foster care, child, nontherapeutic, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0042	Foster care, child, nontherapeutic, per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0043	Supported housing, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0044	Supported housing, per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0045	Respite care services, not in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0046	Mental health services, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0047	Alcohol and/or other drug abuse services, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0049	Alcohol and/or drug screening	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
H1000	Prenatal care, at-risk assessment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1001	Prenatal care, at-risk enhanced service; antepartum management	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1002	Prenatal care, at risk enhanced service; care coordination	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1003	Prenatal care, at-risk enhanced service; education	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1010	Nonmedical family planning education, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H1011	Family assessment by licensed behavioral health professional for state defined purposes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2000	Comprehensive multidisciplinary evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2001	Rehabilitation program, per 1/2 day	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2010	Comprehensive medication services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2011	Crisis intervention service, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2012	Behavioral health day treatment, per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
H2013	Psychiatric health facility service, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2014	Skills training and development, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2015	Comprehensive community support services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2016	Comprehensive community support services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2017	Psychosocial rehabilitation services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2018	Psychosocial rehabilitation services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2019	Therapeutic behavioral services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2020	Therapeutic behavioral services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2021	Community-based wrap-around services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2022	Community-based wrap-around services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2023	Supported employment, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2024	Supported employment, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2025	Ongoing support to maintain employment, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
H2026	Ongoing support to maintain employment, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2027	Psychoeducational service, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2028	Sexual offender treatment service, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2029	Sexual offender treatment service, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2030	Mental health clubhouse services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2031	Mental health clubhouse services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2032	Activity therapy, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2033	Multisystemic therapy for juveniles, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2034	Alcohol and/or drug abuse halfway house services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2035	Alcohol and/or other drug treatment program, per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2036	Alcohol and/or other drug treatment program, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
H2038	Skills training and development, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J0120	Injection, tetracycline, up to 250 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0121	Injection, omadacycline, 1 mg	no auth				
J0122	Injection, eravacycline, 1 mg	no auth				
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	NON-PREFERRED	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Abatacept ACG: A-0453 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0130	Injection abciximab, 10 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	no auth				
J0132	Injection, acetylcysteine, 100 mg	no auth				
J0133	Injection, acyclovir, 5 mg	no auth				
J0134	Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0135	Injection, adalimumab, 20 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0136	Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0137	Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg	no auth				
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	no auth				
J0171	Injection, adrenalin, epinephrine, 0.1 mg	no auth				
J0172	Injection, aducanumab-avwa, 2 mg	AUTH REQUIRED		NCA CAG-00460N		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0173	Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0178	Injection, aflibercept, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Lucentis	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Afilbercept ACG: A-0680 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0179	Injection, brolucizumab-dbll, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Lucentis	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Brolucizumab ACG: A-1026 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0180	Injection, agalsidase beta, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Agalsidase Beta ACG: A-0465 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0185	Injection, aprepitant, 1 mg	no auth				
J0190	Injection, biperiden lactate, per 5 mg	no auth				
J0200	Injection, alatrofloxacin mesylate, 100 mg	no auth				
J0202	Injection, alemtuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Tysabri	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Alemtuzumab ACG: A-0577 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0205	Injection, alglucerase, per 10 units	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0206	Injection, allopurinol sodium, 1 mg	no auth				
J0207	Injection, amifostine, 500 mg	no auth				
J0208	Injection, sodium thiosulfate, 100 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0210	Injection, methyldopate HCl, up to 250 mg	no auth				
J0215	Injection, alefacept, 0.5 mg	NOT COVERED	NO LONGER COMMERCIALLY AVAILABLE			
J0216	Injection, alfentanil HCl, 500 mcg	no auth				
J0218	Injection, olipudase alfa-rpcp, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Alglucosidase Alfa ACG: A-0458 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Alglucosidase Alfa ACG: A-0458 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0222	Injection, patisiran, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0223	Injection, givosiran, 0.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0224	Injection, lumasiran, 0.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0225	Injection, vutrisiran, 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0248	Injection, remdesivir, 1 mg	no auth				
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Prolastin-C	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Alpha-1 Proteinase Inhibitor ACG: A-0468 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Prolastin-C	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Alpha-1 Proteinase Inhibitor ACG: A-0468 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0278	Injection, amikacin sulfate, 100 mg	no auth				
J0280	Injection, aminophyllin, up to 250 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0282	Injection, amiodarone HCl, 30 mg	no auth				
J0283	Injection, amiodarone HCl (Nexterone), 30 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0285	Injection, amphotericin B, 50 mg	no auth				
J0287	Injection, amphotericin B lipid complex, 10 mg	no auth				
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg	no auth				
J0289	Injection, amphotericin B liposome, 10 mg	no auth				
J0290	Injection, ampicillin sodium, 500 mg	no auth				
J0291	Injection, plazomicin, 5 mg	no auth				
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g	no auth				
J0300	Injection, amobarbital, up to 125 mg	no auth				
J0330	Injection, succinylcholine chloride, up to 20 mg	no auth				
J0348	Injection, anidulafungin, 1 mg	no auth				
J0350	Injection, anistreplase, per 30 units	no auth				
J0360	Injection, hydralazine HCl, up to 20 mg	no auth				
J0364	Injection, apomorphine HCl, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0365	Injection, aprotinin, 10,000 kiu	no auth				
J0380	Injection, metaraminol bitartrate, per 10 mg	no auth				
J0390	Injection, chloroquine HCl, up to 250 mg	no auth				
J0395	Injection, arbutamine HCl, 1 mg	no auth				
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	no auth				
J0401	Injection, aripiprazole, extended release, 1 mg	no auth				
J0456	Injection, azithromycin, 500 mg	no auth				
J0457	Injection, aztreonam, 100 mg	no auth				
J0461	Injection, atropine sulfate, 0.01 mg	no auth				
J0470	Injection, dimercaprol, per 100 mg	no auth				
J0475	Injection, baclofen, 10 mg	no auth				
J0476	Injection, baclofen, 50 mcg for intrathecal trial	no auth				
J0480	Injection, basiliximab, 20 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0485	Injection, belatacept, 1 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0490	Injection, belimumab, 10 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0491	Injection, anifrolumab-fnia, 1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0500	Injection, dicyclomine HCl, up to 20 mg	no auth				
J0515	Injection, benztropine mesylate, per 1 mg	no auth				
J0517	Injection, benralizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Nucala and Xolair	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg	no auth				
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	no auth				
J0561	Injection, penicillin G benzathine, 100,000 units	no auth				
J0565	Injection, bezlotoxumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0567	Injection, cerliponase alfa, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0570	Buprenorphine implant, 74.2 mg	no auth				
J0571	Buprenorphine, oral, 1 mg	no auth	Code is payable under Part B when administered at a MAT program office visit.			
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	no auth	Code is payable under Part B when administered at a MAT program office visit.			
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	no auth	Code is payable under Part B when administered at a MAT program office visit.			
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	no auth	Code is payable under Part B when administered at a MAT program office visit.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	no auth	Code is payable under Part B when administered at a MAT program office visit.			
J0583	Injection, bivalirudin, 1 mg	no auth				
J0584	Injection, burosumab-twza, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0585	Injection, onabotulinumtoxinA, 1 unit	AUTH REQUIRED	NON-PREFERRED; Preferred = DYSPORT and XEOMIN	LCD 38809; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:OnabotulinumtoxinA ACG: A-0296 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0586	Injection, abobotulinumtoxinA, 5 units	no auth	PREFERRED STATUS			
J0587	Injection, rimabotulinumtoxinB, 100 units	AUTH REQUIRED	NON-PREFERRED; Preferred = DYSPORT and XEOMIN	LCD 38809; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:RimabotulinumtoxinB ACG: A-0519 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0588	Injection, incobotulinumtoxinA, 1 unit	no auth	PREFERRED STATUS			
J0591	Injection, deoxycholic acid, 1 mg	AUTH REQUIRED	POTENTIALLY COSMETIC; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0592	Injection, buprenorphine HCl, 0.1 mg	no auth				
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0594	Injection, busulfan, 1 mg	no auth				
J0595	Injection, butorphanol tartrate, 1 mg	no auth				
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:C1 Esterase Inhibitor ACG: A-0740 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0600	Injection, edetate calcium disodium, up to 1,000 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	no auth				
J0606	Injection, etelcalcetide, 0.1 mg	no auth				
J0611	Injection, calcium gluconate (WG Critical Care), per 10 ml D	no auth				
J0612	Injection, calcium gluconate (Fresenius Kabi), per 10 mg	no auth				
J0613	Injection, calcium gluconate (WG Critical Care), per 10 mg	no auth				
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	no auth				
J0630	Injection, calcitonin salmon, up to 400 units	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0636	Injection, calcitriol, 0.1 mcg	no auth				
J0637	Injection, caspofungin acetate, 5 mg	no auth				
J0638	Injection, canakinumab, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Canakinumab ACG: A-1015 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0640	Injection, leucovorin calcium, per 50 mg	no auth				
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	no auth				
J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0665	Injection, bupivicaine, not otherwise specified, 0.5 mg	no auth				
J0670	Injection, mepivacaine HCl, per 10 ml	no auth				
J0689	Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	no auth				
J0690	Injection, cefazolin sodium, 500 mg	no auth				
J0691	Injection, lefamulin, 1 mg	no auth				
J0692	Injection, cefepime HCl, 500 mg	no auth				
J0694	Injection, cefoxitin sodium, 1 g	no auth				
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	no auth				
J0696	Injection, ceftriaxone sodium, per 250 mg	no auth				
J0697	Injection, sterile cefuroxime sodium, per 750 mg	no auth				
J0698	Injection, cefotaxime sodium, per g	no auth				
J0699	Injection, cefiderocol, 10 mg	no auth				
J0701	Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	no auth				
J0703	Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0706	Injection, caffeine citrate, 5 mg	no auth				
J0710	Injection, cephapirin sodium, up to 1 g	no auth				
J0712	Injection, ceftaroline fosamil, 10 mg	no auth				
J0713	Injection, ceftazidime, per 500 mg	no auth				
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	no auth				
J0715	Injection, ceftizoxime sodium, per 500 mg	no auth				
J0716	Injection, Centruroides immune f(ab)2, up to 120 mg	no auth				
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED	NON-PREFERRED; Preferred = Entyvio for Ulcerative Colitis and Crohn's	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Certolizumab ACG: A-0576 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0720	Injection, chloramphenicol sodium succinate, up to 1 g	no auth				
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	AUTH REQUIRED	FERTILITY	Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0735	Injection, clonidine HCl, 1 mg	no auth				
J0736	Injection, clindamycin phosphate, 300 mg	no auth				
J0737	Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0739	Injection, cabotegravir, 1 mg	NOT COVERED	NEW CODE 4/1/2022	NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0740	Injection, cidofovir, 375 mg	no auth				
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	no auth				
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	no auth				
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	no auth				
J0745	Injection, codeine phosphate, per 30 mg	no auth				
J0770	Injection, colistimethate sodium, up to 150 mg	no auth				
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	no auth				
J0780	Injection, prochlorperazine, up to 10 mg	no auth				
J0791	Injection, crizanlizumab-tmca, 5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Crizanlizumab ACG: A-1027 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0795	Injection, corticorelin ovine triflutate, 1 mcg	no auth				
J0800	Injection, corticotropin, up to 40 units	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0834	Injection, cosyntropin, 0.25 mg	no auth				
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g	no auth				
J0841	Injection, crotalidae immune F(ab')2 (equine), 120 mg	no auth				
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	no auth				
J0875	Injection, dalbavancin, 5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0877	Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J0878	Injection, daptomycin, 1 mg	no auth				
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	no auth	PREFERRED STATUS			
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	no auth	PREFERRED STATUS			
J0883	Injection, argatroban, 1 mg (for non-ESRD use)	no auth				
J0884	Injection, argatroban, 1 mg (for ESRD on dialysis)	no auth				
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	AUTH REQUIRED	NON-PREFERRED; Preferred = Aranesp (J0881) and Retacrit (Q5106)	NCD 110.21; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Epoetin and Darbepoetin ACG: A-0301 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	no auth				
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	AUTH REQUIRED	NON-PREFERRED; Preferred = Aranesp (J0881) and Retacrit (Q5106)	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Epoetin and Darbepoetin ACG: A-0301 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	NOT COVERED	Product no longer manufactured			
J0891	Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0892	Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0893	Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0894	Injection, decitabine, 1 mg	no auth				
J0895	Injection, deferoxamine mesylate, 500 mg	no auth				
J0896	Injection, luspatercept-aamt, 0.25 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0897	Injection, denosumab, 1 mg	no auth				
J0898	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0899	Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J0945	Injection, brompheniramine maleate, per 10 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1000	Injection, depo-estradiol cypionate, up to 5 mg	no auth				
J1020	Injection, methylprednisolone acetate, 20 mg	no auth				
J1030	Injection, methylprednisolone acetate, 40 mg	no auth				
J1040	Injection, methylprednisolone acetate, 80 mg	no auth				
J1050	Injection, medroxyprogesterone acetate, 1 mg	no auth				
J1071	Injection, testosterone cypionate, 1 mg	no auth				
J1094	Injection, dexamethasone acetate, 1 mg	no auth				
J1095	Injection, dexamethasone 9%, intraocular, 1 mcg	no auth				
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	no auth				
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	no auth				
J1100	Injection, dexamethasone sodium phosphate, 1 mg	no auth				
J1110	Injection, dihydroergotamine mesylate, per 1 mg	no auth				
J1120	Injection, acetazolamide sodium, up to 500 mg	no auth				
J1130	Injection, diclofenac sodium, 0.5 mg	no auth				
J1160	Injection, digoxin, up to 0.5 mg	no auth				
J1162	Injection, digoxin immune fab (ovine), per vial	no auth				
J1165	Injection, phenytoin sodium, per 50 mg	no auth				
J1170	Injection, hydromorphone, up to 4 mg	no auth				
J1180	Injection, dyphylline, up to 500 mg	no auth				
J1190	Injection, dexrazoxane HCl, per 250 mg	no auth				
J1200	Injection, diphenhydramine HCl, up to 50 mg	no auth				
J1201	Injection, cetirizine HCl, 0.5 mg	no auth				
J1205	Injection, chlorothiazide sodium, per 500 mg	no auth				
J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml	no auth				
J1230	Injection, methadone HCl, up to 10 mg	no auth				
J1240	Injection, dimenhydrinate, up to 50 mg	no auth				
J1245	Injection, dipyridamole, per 10 mg	no auth				
J1250	Injection, dobutamine HCl, per 250 mg	no auth				
J1260	Injection, dolasetron mesylate, 10 mg	no auth				
J1265	Injection, dopamine HCl, 40 mg	no auth				
J1267	Injection, doripenem, 10 mg	no auth				
J1270	Injection, doxercalciferol, 1 mcg	no auth				
J1290	Injection, ecallantide, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1300	Injection, eculizumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Eculizumab ACG: A-0676 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1301	Injection, edaravone, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1302	Injection, sutimlimab-jome, 10 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1303	Injection, ravulizumab-cwvz, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Ravulizumab ACG: A-1002 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1305	Injection, evinacumab-dgnb, 5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1306	Injection, inclisiran, 1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1320	Injection, amitriptyline HCl, up to 20 mg	no auth				
J1322	Injection, elosulfase alfa, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Elosulfase Alfa ACG: A-1041 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1324	Injection, enfuvirtide, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1325	Injection, epoprostenol, 0.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Epoprostenol ACG: A-0300 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1327	Injection, eptifibatide, 5 mg	no auth				
J1330	Injection, ergonovine maleate, up to 0.2 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1335	Injection, ertapenem sodium, 500 mg	no auth				
J1364	Injection, erythromycin lactobionate, per 500 mg	no auth				
J1380	Injection, estradiol valerate, up to 10 mg	no auth				
J1410	Injection, estrogen conjugated, per 25 mg	no auth				
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1426	Injection, casimersen, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1427	Injection, viltolarsen, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1428	Injection, eteplirsen, 10 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1429	Injection, golodirsen, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1430	Injection, ethanolamine oleate, 100 mg	no auth				
J1435	Injection, estrone, per 1 mg	no auth				
J1436	Injection, etidronate disodium, per 300 mg	NOT COVERED	Product no longer manufactured			
J1437	Injection, ferric derisomaltose, 10 mg	AUTH REQUIRED	Brand = Monoferric, NON-PREFERRED. Preferred = J1750 Iron Dextran, J1756 Iron Sucrose, J2916 Ferrlecit.	NCD 110.10; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1439	Injection, ferric carboxymaltose, 1 mg	AUTH REQUIRED	Brand = Injectafer, NON-PREFERRED. Preferred = J1750 Iron Dextran, J1756 Iron Sucrose, J2916 Ferrlecit.	NCD 110.10; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1440	Fecal microbiota, live - jslm, 1 ml	AUTH REQUIRED				
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	AUTH REQUIRED	NON-PREFERRED; Preferred = Nivestym and Zarxio	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1443	Injection, ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron	no auth	DIALYSIS patients ONLY			
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	no auth	DIALYSIS patients ONLY			
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	AUTH REQUIRED	DIALYSIS patients ONLY; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1447	Injection, tbo-filgrastim, 1 mcg	AUTH REQUIRED	NON-PREFERRED; Preferred = Nivestym and Zarxio	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1448	Injection, trilaciclib, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Trilaciclib ACG: A-1038 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1449	Injection, eflapegrastim-xnst, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1450	Injection, fluconazole, 200 mg	no auth				
J1451	Injection, fomepizole, 15 mg	no auth				
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	no auth				
J1453	Injection, fosaprepitant, 1 mg	no auth				
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	no auth				
J1455	Injection, foscarnet sodium, per 1,000 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1457	Injection, gallium nitrate, 1 mg	no auth				
J1458	Injection, galsulfase, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Galsulfase ACG: A-1042 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	no auth				
J1460	Injection, gamma globulin, intramuscular, 1 cc	no auth				
J1551	Injection, immune globulin (Cutaquig), 100 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1554	Injection, immune globulin (Asceniv), 500 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1555	Injection, immune globulin (Cuvitru), 100 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1556	Injection, immune globulin (Bivigam), 500 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1558	Injection, immune globulin (xembify), 100 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1559	Injection, immune globulin (Hizentra), 100 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1560	Injection, gamma globulin, intramuscular, over 10 cc	no auth				
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1562	Injection, immune globulin (Vivaglobin), 100 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	no auth				
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	no auth				
J1570	Injection, ganciclovir sodium, 500 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	no auth				
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	no auth				
J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	no auth				
J1574	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1575	Injection, immune globulin/hyaluronidase, 100 mg immuneglobulin	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	AUTH REQUIRED	Part B only (submit request and claims through Alterwood)			
J1580	Injection, garamycin, gentamicin, up to 80 mg	no auth				
J1595	Injection, glatiramer acetate, 20 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	no auth				
J1600	Injection, gold sodium thiomalate, up to 50 mg	no auth				
J1602	Injection, golimumab, 1 mg, for intravenous use	no auth			MCG:Golimumab ACG: A-0575 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1610	Injection, glucagon HCl, per 1 mg	no auth				
J1611	Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1620	Injection, gonadorelin HCl, per 100 mcg	no auth				
J1626	Injection, granisetron HCl, 100 mcg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1627	Injection, granisetron, extended-release, 0.1 mg	no auth				
J1628	Injection, guselkumab, 1 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1630	Injection, haloperidol, up to 5 mg	no auth				
J1631	Injection, haloperidol decanoate, per 50 mg	no auth				
J1632	Injection, brexanolone, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1640	Injection, hemin, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	no auth				
J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1644	Injection, Heparin sodium, per 1000 units	no auth				
J1645	Injection, dalteparin sodium, per 2500 IU	no auth				
J1650	Injection, enoxaparin sodium, 10 mg	no auth				
J1652	Injection, fondaparinux sodium, 0.5 mg	no auth				
J1655	Injection, tinzaparin sodium, 1000 IU	no auth				
J1670	Injection, tetanus immune globulin, human, up to 250 units	no auth				
J1675	Injection, histrelin acetate, 10 mcg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1700	Injection, hydrocortisone acetate, up to 25 mg	no auth				
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	no auth				
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	no auth				
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	no auth				
J1730	Injection, diazoxide, up to 300 mg	no auth				
J1738	Injection, meloxicam, 1 mg	no auth				
J1740	Injection, ibandronate sodium, 1 mg	no auth				
J1741	Injection, ibuprofen, 100 mg	no auth				
J1742	Injection, ibutilide fumarate, 1 mg	no auth				
J1743	Injection, idursulfase, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Idursulfase ACG: A-0457 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1744	Injection, icatibant, 1 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1745	Injection, infliximab, excludes biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Avsola, Inflectra, Renflexis	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Infliximab ACG: A-0308 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1746	Injection, ibalizumab-uiyk, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1747	Injection, spesolimab-sbzo, 1 mg	AUTH REQUIRED	Must have tried/failed Alterwood Formulary alternatives, both part B and part D medications.	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1750	Injection, iron dextran, 50 mg	no auth	Brand = Infed			
J1756	Injection, iron sucrose, 1 mg	no auth	Brand = Venofer			
J1786	Injection, imiglucerase, 10 units	AUTH REQUIRED	NON-PREFERRED; Preferred = Elelyso	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Imiglucerase ACG: A-0461 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1790	Injection, droperidol, up to 5 mg	no auth				
J1800	Injection, propranolol HCl, up to 1 mg	no auth				
J1805	Injection, esmolol HCl, 10 mg	no auth				
J1806	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg	no auth	Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	NOT COVERED	Product no longer manufactured			
J1811	Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units	no auth	Subject to IRA insulin requirements.			
J1812	Insulin (Fiasp), per 5 units	no auth	Subject to IRA insulin requirements. Covered under Part B if provider administered. Covered under Part B if patient administered.			
J1813	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units	no auth	Subject to IRA insulin requirements.			
J1814	Insulin (Lyumjev), per 5 units	no auth	Subject to IRA insulin requirements. Covered under Part B if provider administered. Covered under Part B if patient administered.			
J1815	Injection, insulin, per 5 units	no auth				
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1823	Injection, inebilizumab-cdon, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1826	Injection, interferon beta-1a, 30 mcg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1833	Injection, isavuconazonium, 1 mg	no auth				
J1835	Injection, itraconazole, 50 mg	no auth				
J1836	Injection, metronidazole, 10 mg	no auth				
J1840	Injection, kanamycin sulfate, up to 500 mg	no auth				
J1850	Injection, kanamycin sulfate, up to 75 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J1885	Injection, ketorolac tromethamine, per 15 mg	no auth				
J1890	Injection, cephalothin sodium, up to 1 g	no auth				
J1920	Injection, labetalol HCl, 5 mg	no auth				
J1921	Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg	no auth				
J1930	Injection, lanreotide, 1 mg	no auth	PREFERRED STATUS			
J1931	Injection, laronidase, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Laronidase ACG: A-0463 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1932	Injection, lanreotide, (Cipla), 1 mg	no auth				
J1940	Injection, furosemide, up to 20 mg	no auth				
J1941	Injection, furosemide (Furoscix), 20 mg	PART D ONLY (through pharmacy/pharmacy benefit)	Use J1940 furosemide inj instead (no auth). Oral furosemide covered under Part D. May be covered under Part D with a formulary exception. Pays under Part D (submit request to Elixir 866-267-3144)			
J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg	no auth				
J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg	no auth				
J1945	Injection, lepirudin, 50 mg	no auth				
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Eligard for prostate cancer	LCD 34822, LCA 56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	no auth				
J1952	Leuprolide injectable, camcevi, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 34822, LCA 56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1953	Injection, levetiracetam, 10 mg	no auth				
J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg	AUTH REQUIRED			MCG: Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J1955	Injection, levocarnitine, per 1 g	no auth				
J1956	Injection, levofloxacin, 250 mg	no auth				
J1960	Injection, levorphanol tartrate, up to 2 mg	no auth				
J1961	Injection, lenacapavir, 1 mg	AUTH REQUIRED				
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	no auth				
J1990	Injection, chlordiazepoxide HCl, up to 100 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	no auth				
J2010	Injection, lincomycin HCl, up to 300 mg	no auth				
J2020	Injection, linezolid, 200 mg	no auth				
J2021	Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2060	Injection, lorazepam, 2 mg	no auth				
J2062	Loxapine for inhalation, 1 mg	no auth				
J2150	Injection, mannitol, 25% in 50 ml	no auth				
J2170	Injection, mecasermin, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2175	Injection, meperidine HCl, per 100 mg	no auth				
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	no auth				
J2182	Injection, mepolizumab, 1 mg	no auth	PREFERRED STATUS			
J2184	Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2185	Injection, meropenem, 100 mg	no auth				
J2186	Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg)	no auth				
J2210	Injection, methylergonovine maleate, up to 0.2 mg	no auth				
J2212	Injection, methylnaltrexone, 0.1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2247	Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2248	Injection, micafungin sodium, 1 mg	no auth				
J2249	Injection, remimazolam, 1 mg	no auth				
J2250	Injection, midazolam HCl, per 1 mg	no auth				
J2251	Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2260	Injection, milrinone lactate, 5 mg	no auth				
J2265	Injection, minocycline HCl, 1 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2270	Injection, morphine sulfate, up to 10 mg	no auth				
J2272	Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2274	Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	no auth				
J2278	Injection, ziconotide, 1 mcg	no auth				
J2280	Injection, moxifloxacin, 100 mg	no auth				
J2281	Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2300	Injection, nalbuphine HCl, per 10 mg	no auth				
J2305	Injection, nitroglycerin, 5 mg	no auth				
J2310	Injection, naloxone HCl, per 1 mg	no auth				
J2311	Injection, naloxone HCl (Zimhi), 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2315	Injection, naltrexone, depot form, 1 mg	no auth				
J2320	Injection, nandrolone decanoate, up to 50 mg	no auth				
J2323	Injection, natalizumab, 1 mg	no auth				
J2325	Injection, nesiritide, 0.1 mg	NOT COVERED	Product no longer manufactured			
J2326	Injection, nusinersen, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Nusinersen ACG: A-0976 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2329	Injection, ublituximab-xiiy, 1mg	AUTH REQUIRED	NON-PREFERRED. Preferred = J2350 Ocrevus, J2323 Tysabri			
J2350	Injection, ocrelizumab, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	no auth	PREFERRED STATUS			
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2355	Injection, oprelvekin, 5 mg	no auth				
J2356	Injection, tezepelumab-ekko, 1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2357	Injection, omalizumab, 5 mg	no auth	PREFERRED STATUS			
J2358	Injection, olanzapine, long-acting, 1 mg	no auth				
J2360	Injection, orphenadrine citrate, up to 60 mg	no auth				
J2371	Injection, phenylephrine HCl, 20 mcg	no auth				
J2372	Injection, phenylephrine HCl (Biorphen), 20 mcg	no auth				
J2401	Injection, chloroprocaine HCl, per 1 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2402	Injection, chloroprocaine HCl (Clorotekal), per 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2403	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2405	Injection, ondansetron HCl, per 1 mg	no auth				
J2406	Injection, oritavancin (Kimyrsa), 10 mg	no auth				
J2407	Injection, oritavancin (Orbactiv), 10 mg	no auth				
J2410	Injection, oxymorphone HCl, up to 1 mg	no auth				
J2425	Injection, palifermin, 50 mcg	no auth				
J2426	Injection, paliperidone palmitate extended release (Invega Sustenna), 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2427	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	AUTH REQUIRED				
J2430	Injection, pamidronate disodium, per 30 mg	no auth				
J2440	Injection, papaverine HCl, up to 60 mg	no auth	Supposed to be self-administered as per LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; ***BUT it is being used in CVA and in endovascular procedures as a vasodilator which would be in an acute hospital setting.***			
J2460	Injection, oxytetracycline HCl, up to 50 mg	no auth				
J2469	Injection, palonosetron HCl, 25 mcg	no auth				
J2501	Injection, paricalcitol, 1 mcg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2502	Injection, pasireotide long acting, 1 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2503	Injection, pegaptanib sodium, 0.3 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Lucentis; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pegaptanib ACG: A-0408 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2504	Injection, pegademase bovine, 25 IU	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED, Preferred = Fulphila, Nyvepria, Udenyca, Ziextenzo	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2507	Injection, pegloticase, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	no auth				
J2513	Injection, pentastarch, 10% solution, 100 ml	no auth				
J2515	Injection, pentobarbital sodium, per 50 mg	no auth				
J2540	Injection, penicillin G potassium, up to 600,000 units	no auth				
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)	no auth				
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	no auth				
J2547	Injection, peramivir, 1 mg	no auth				
J2550	Injection, promethazine HCl, up to 50 mg	no auth				
J2560	Injection, phenobarbital sodium, up to 120 mg	no auth				
J2561	Injection, phenobarbital sodium (Sezaby), 1 mg	NOT COVERED	For seizures in term and preterm infants. Use J2560 (no auth), phenobarbital, up to 120mg, for adults.			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2562	Injection, plerixafor, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2590	Injection, oxytocin, up to 10 units	no auth				
J2597	Injection, desmopressin acetate, per 1 mcg	no auth				
J2598	Injection, vasopressin, 1 unit	no auth				
J2599	Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit	no auth				
J2650	Injection, prednisolone acetate, up to 1 ml	no auth				
J2670	Injection, tolazoline HCl, up to 25 mg	no auth				
J2675	Injection, progesterone, per 50 mg	no auth				
J2680	Injection, fluphenazine decanoate, up to 25 mg	no auth				
J2690	Injection, procainamide HCl, up to 1 g	no auth				
J2700	Injection, oxacillin sodium, up to 250 mg	no auth				
J2704	Injection, propofol, 10 mg	no auth				
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	no auth				
J2720	Injection, protamine sulfate, per 10 mg	no auth				
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2725	Injection, protirelin, per 250 mcg	no auth				
J2730	Injection, pralidoxime chloride, up to 1 g	no auth				
J2760	Injection, phentolamine mesylate, up to 5 mg	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2765	Injection, metoclopramide HCl, up to 10 mg	no auth				
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	no auth				
J2777	Injection, faricimab-svoa, 0.1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Lucentis	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2778	Injection, ranibizumab, 0.1 mg	no auth				
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2780	Injection, ranitidine HCl, 25 mg	no auth				
J2783	Injection, rasburicase, 0.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2785	Injection, regadenoson, 0.1 mg	no auth				
J2786	Injection, reslizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Nucala and Xolair	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Benralizumab ACG: A-0985 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	AUTH REQUIRED	USED IN CONJUNCTION WITH KXL SYSTEM FOR CORNEAL COLLAGEN CROSS-LINKING; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Corneal Cross-Linking ACG: A-1040 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 IU)	no auth				
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU)	no auth				
J2791	Injection, Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	no auth				
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	no auth				
J2793	Injection, rilonacept, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2794	Injection, risperidone (RISPERDAL CONSTA), 0.5 mg	no auth				
J2795	Injection, ropivacaine HCl, 1 mg	no auth				
J2796	Injection, romiplostim, 10 mcg	no auth				
J2797	Injection, rolapitant, 0.5 mg	NOT COVERED	Product no longer manufactured			Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2798	Injection, risperidone, (Perseris), 0.5 mg	no auth				
J2800	Injection, methocarbamol, up to 10 ml	no auth				
J2805	Injection, sincalide, 5 mcg	no auth				
J2806	Injection, sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg	no auth				
J2810	Injection, theophylline, per 40 mg	no auth				
J2820	Injection, sargramostim (GM-CSF), 50 mcg	AUTH REQUIRED	NON-PREFERRED; Preferred = Nivestym and Zarxio	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J2840	Injection, sebelipase alfa, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Sebelipase Alfa ACG: A-1043 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2850	Injection, secretin, synthetic, human, 1 mcg	no auth				
J2860	Injection, siltuximab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2910	Injection, aurothioglucose, up to 50 mg	no auth				
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	no auth	Brand = Ferrlecit			
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	no auth				
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	no auth				
J2940	Injection, somatrem, 1 mg	NOT COVERED	PEDIATRIC			
J2941	Injection, somatropin, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J2950	Injection, promazine HCl, up to 25 mg	no auth				
J2993	Injection, reteplase, 18.1 mg	no auth				
J2995	Injection, streptokinase, per 250,000 IU	no auth				
J2997	Injection, alteplase recombinant, 1 mg	no auth				
J2998	Injection, plasminogen, human-tvmh, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3000	Injection, streptomycin, up to 1 g	no auth				
J3010	Injection, fentanyl citrate, 0.1 mg	no auth				
J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3032	Injection, eptinezumab-jjmr, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3060	Injection, taliglucerase alfa, 10 units	no auth	PREFERRED STATUS			
J3070	Injection, pentazocine, 30 mg	no auth				
J3090	Injection, tedizolid phosphate, 1 mg	no auth				
J3095	Injection, telavancin, 10 mg	no auth				
J3101	Injection, tenecteplase, 1 mg	no auth				
J3105	Injection, terbutaline sulfate, up to 1 mg	no auth				
J3110	Injection, teriparatide, 10 mcg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3111	Injection, romosozumab-aqqg, 1 mg	no auth				
J3121	Injection, testosterone enanthate, 1 mg	no auth				
J3145	Injection, testosterone undecanoate, 1 mg	no auth				
J3230	Injection, chlorpromazine HCl, up to 50 mg	no auth				
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	no auth				
J3241	Injection, teprotumumab-trbw, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3243	Injection, tigecycline, 1 mg	no auth				
J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3245	Injection, tildrakizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Tildrakizumab ACG: A-1001 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J3246	Injection, tirofiban HCl, 0.25 mg	no auth				
J3250	Injection, trimethobenzamide HCl, up to 200 mg	no auth				
J3260	Injection, tobramycin sulfate, up to 80 mg	no auth				
J3262	Injection, tocilizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Entyvio for Ulcerative Colitis	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Tocilizumab ACG: A-0622 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3265	Injection, torsemide, 10 mg/ml	no auth				
J3280	Injection, thiethylperazine maleate, up to 10 mg	no auth				
J3285	Injection, treprostinil, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Treprostinil ACG: A-0322 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	no auth				
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	no auth				
J3302	Injection, triamcinolone diacetate, per 5 mg	no auth				
J3303	Injection, triamcinolone hexacetonide, per 5 mg	no auth				
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	no auth				
J3305	Injection, trimetrexate glucuronate, per 25 mg	no auth				
J3310	Injection, perphenazine, up to 5 mg	no auth				
J3315	Injection, triptorelin pamoate, 3.75 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Eligard. SEE LCA A56776	LCD 34822, LCA 56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3316	Injection, triptorelin, extended-release, 3.75 mg	NOT COVERED	PEDIATRIC			
J3320	Injection, spectinomycin dihydrochloride, up to 2 g	no auth				
J3350	Injection, urea, up to 40 g	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J3355	Injection, urofollitropin, 75 IU	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3357	Ustekinumab, for subcutaneous injection, 1 mg	NOT COVERED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
J3358	Ustekinumab, for intravenous injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Entyvio for Ulcerative Colitis and Crohn's	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Ustekinumab ACG: A-0621 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3360	Injection, diazepam, up to 5 mg	no auth				
J3364	Injection, urokinase, 5,000 IU vial	no auth				
J3365	Injection, IV, urokinase, 250,000 IU vial	no auth				
J3370	Injection, vancomycin HCl, 500 mg	no auth				
J3371	Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3372	Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3380	Injection, vedolizumab, 1 mg	no auth	PREFERRED STATUS			
J3385	Injection, velaglucerase alfa, 100 units	AUTH REQUIRED	NON-PREFERRED; Preferred = Elelyso	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Velaglucerase Alfa ACG: A-0654 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3396	Injection, verteporfin, 0.1 mg	no auth				
J3397	Injection, vestronidase alfa-vjbk, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	NOT COVERED	PEDIATRIC			
J3400	Injection, triflupromazine HCl, up to 20 mg	no auth				
J3410	Injection, hydroxyzine HCl, up to 25 mg	no auth				
J3411	Injection, thiamine HCl, 100 mg	no auth				
J3415	Injection, pyridoxine HCl, 100 mg	no auth				
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	no auth				
J3430	Injection, phytonadione (vitamin K), per 1 mg	no auth				
J3465	Injection, voriconazole, 10 mg	no auth				
J3470	Injection, hyaluronidase, up to 150 units	no auth				
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	no auth				
J3472	Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units	no auth				
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	no auth				
J3475	Injection, magnesium sulfate, per 500 mg	no auth				
J3480	Injection, potassium chloride, per 2 mEq	no auth				
J3485	Injection, zidovudine, 10 mg	no auth				
J3486	Injection, ziprasidone mesylate, 10 mg	no auth				
J3489	Injection, zoledronic acid, 1 mg	no auth				
J3490	Unclassified drugs	AUTH REQUIRED	SEND TO ALTERWOOD WITH CLEAR DESCRIPTION OF DRUG TO BE ADMINISTERED AND COMPLETE CLINICAL INFORMATION; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J3520	Edetate disodium, per 150 mg	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J3530	Nasal vaccine inhalation	no auth				
J3535	Drug administered through a metered dose inhaler	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J3570	Laetrile, amygdalin, vitamin B-17	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J3590	Unclassified biologics	AUTH REQUIRED	SEND TO ALTERWOOD WITH CLEAR DESCRIPTION OF DRUG TO BE ADMINISTERED AND COMPLETE CLINICAL INFORMATION; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J3591	Unclassified drug or biological used for ESRD on dialysis	AUTH REQUIRED	SEND TO ALTERWOOD WITH CLEAR DESCRIPTION OF DRUG TO BE ADMINISTERED AND COMPLETE CLINICAL INFORMATION; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7030	Infusion, normal saline solution, 1,000 cc	no auth				
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)	no auth				
J7042	5% dextrose/normal saline (500 ml = 1 unit)	no auth				
J7050	Infusion, normal saline solution, 250 cc	no auth				
J7060	5% dextrose/water (500 ml = 1 unit)	no auth				
J7070	Infusion, D-5-W, 1,000 cc	no auth				
J7100	Infusion, dextran 40, 500 ml	no auth				
J7110	Infusion, dextran 75, 500 ml	no auth				
J7120	Ringers lactate infusion, up to 1,000 cc	no auth				
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	no auth				
J7131	Hypertonic saline solution, 1 ml	no auth				
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	no auth				
J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	no auth				
J7170	Injection, emicizumab-kxwh, 0.5 mg	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Emicizumab-kxwh ACG: A-0987 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7175	Injection, Factor X, (human), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	no auth				
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	no auth				
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor VIIa ACG: A-0452 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7190	Factor VIII (antihemophilic factor, human) per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7194	Factor IX complex, per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor IX ACG: A-0714 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7196	Injection, antithrombin recombinant, 50 IU	no auth				
J7197	Antithrombin III (human), per IU	no auth				
J7198	Antiinhibitor, per IU	AUTH REQUIRED		NCD 110.3, LCD 35111; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7199	Hemophilia clotting factor, not otherwise classified	no auth				
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor IX ACG: A-0714 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor IX ACG: A-0714 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor IX ACG: A-0714 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor IX ACG: A-0714 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

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J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Antihemophilic Factor ACG: A-0451 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	AUTH REQUIRED		LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Coagulation Factor VIIa ACG: A-0452 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	AUTH REQUIRED				
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7300	Intrauterine copper contraceptive	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7304	Contraceptive supply, hormone containing patch, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	no auth				
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g	no auth				
J7310	Ganciclovir, 4.5 mg, long-acting implant	no auth				
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	no auth				
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7315	Mitomycin, opthalmic, 0.2 mg	no auth				
J7316	Injection, ocriplasmin, 0.125 mg	no auth				
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Monovisc and Synvisc-One	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	no auth	PREFERRED STATUS			
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	no auth	PREFERRED STATUS			
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED; Preferred = Monovisc and Synvisc-One	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	no auth	PREFERRED STATUS			
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7330	Autologous cultured chondrocytes, implant	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Orthovisc and Synvisc	LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

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J7336	Capsaicin 8% patch, per sq cm	AUTH REQUIRED	Must have tried and failed Part D formulary alternatives	Evaluated based on Medicare Reasonable and Necessary Standard and FDA-Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	no auth				
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	no auth				
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg	no auth				
J7351	Injection, bimatoprost, intracameral implant, 1 mcg	no auth				
J7352	Afamelanotide implant, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	no auth				
J7500	Azathioprine, oral, 50 mg	no auth				
J7501	Azathioprine, parenteral, 100 mg	no auth				
J7502	Cyclosporine, oral, 100 mg	no auth				
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg	no auth				
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	AUTH REQUIRED		NCD 260.7, LCD 33824; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7505	Muromonab-CD3, parenteral, 5 mg	no auth				
J7507	Tacrolimus, immediate release, oral, 1 mg	no auth				
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	no auth				
J7509	Methylprednisolone, oral, per 4 mg	no auth				
J7510	Prednisolone, oral, per 5 mg	no auth				
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	AUTH REQUIRED		LCD 33824; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	no auth				
J7513	Daclizumab, parenteral, 25 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33824; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7515	Cyclosporine, oral, 25 mg	no auth				
J7516	Cyclosporine, parenteral, 250 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7517	Mycophenolate mofetil, oral, 250 mg	no auth				
J7518	Mycophenolic acid, oral, 180 mg	no auth				
J7520	Sirolimus, oral, 1 mg	no auth				
J7525	Tacrolimus, parenteral, 5 mg	no auth				
J7527	Everolimus, oral, 0.25 mg	no auth				
J7599	Immunosuppressive drug, not otherwise classified	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g	no auth				
J7605	Arformoterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 15 mcg	no auth				
J7606	Formoterol fumarate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 20 mcg	no auth				
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	no auth				
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g	no auth				
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	no auth				
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	no auth				
J7611	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	no auth				
J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg	no auth				
J7613	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	no auth				
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	no auth				
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME	no auth				
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg	no auth				
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	no auth				
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	no auth				
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	no auth				
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg	no auth				
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg	no auth				
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	no auth				
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg	no auth				
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg	no auth				
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	no auth				
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg	no auth				
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	no auth				
J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg	no auth				
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	no auth				
J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7665	Mannitol, administered through an inhaler, 5 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg	no auth				
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg	no auth				
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg	no auth				
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg	no auth				
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	no auth				
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	no auth				
J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg	no auth				
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg	no auth				
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg	no auth				
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	no auth				
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Treprostinil ACG: A-0322 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J7699	NOC drugs, inhalation solution administered through DME	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7799	NOC drugs, other than inhalation drugs, administered through DME	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J7999	Compounded drug, not otherwise classified	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
J8501	Aprepitant, oral, 5 mg	no auth				
J8510	Busulfan, oral, 2 mg	no auth				
J8515	Cabergoline, oral, 0.25 mg	NOT COVERED		LCA 55052 STATES NOT COVERED		
J8520	Capecitabine, oral, 150 mg	no auth				
J8521	Capecitabine, oral, 500 mg	no auth				
J8530	Cyclophosphamide, oral, 25 mg	no auth				
J8540	Dexamethasone, oral, 0.25 mg	no auth				
J8560	Etoposide, oral, 50 mg	no auth				
J8562	Fludarabine phosphate, oral, 10 mg	no auth				
J8565	Gefitinib, oral, 250 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J8597	Antiemetic drug, oral, not otherwise specified	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J8600	Melphalan, oral, 2 mg	no auth				
J8610	Methotrexate, oral, 2.5 mg	no auth				
J8650	Nabilone, oral, 1 mg	no auth				
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	no auth				
J8670	Rolapitant, oral, 1 mg	no auth				
J8700	Temozolomide, oral, 5 mg	no auth				
J8705	Topotecan, oral, 0.25 mg	no auth				
J8999	Prescription drug, oral, chemotherapeutic, NOS	AUTH REQUIRED	NEED SPECIFIC DRUG NAME/NDC; CAUTION TO LOOK AT LCA53032 FOR LIST OF SELF-ADMINISTERED EXCLUSIONS; ; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard.		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9000	Injection, doxorubicin HCl, 10 mg	no auth				
J9015	Injection, aldesleukin, per single use vial	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9017	Injection, arsenic trioxide, 1 mg	no auth				
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9022	Injection, atezolizumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9023	Injection, avelumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9025	Injection, azacitidine, 1 mg	no auth				
J9027	Injection, clofarabine, 1 mg	no auth				
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	AUTH REQUIRED				
J9030	BCG live intravesical instillation, 1 mg	no auth				
J9032	Injection, belinostat, 10 mg	no auth				
J9033	Injection, bendamustine HCl (Treanda), 1 mg	no auth				
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	no auth				
J9035	Injection, bevacizumab, 10 mg	AUTH REQUIRED	FOR EYES- OK TO APPROVE. FOR NON-EYE RELATED CONDITIONS THIS IS NON-PREFERRED, Preferred = Mvasi (colon, lung, renal, cervical cancers and glioblastoma) and Zirabev (lung, renal, cervical cancer and glioblastoma). If for ovarian, fallopian tube or primary peritoneal, cannot use Mvasi or Zirabev.	NCD 110.17	MCG:Bevacizumab ACG: A-0491 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9036	Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg	no auth				
J9037	Injection, belantamab mafodontin-blmf, 0.5 mg	no auth				
J9039	Injection, blinatumomab, 1 mcg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9040	Injection, bleomycin sulfate, 15 units	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9041	Injection, bortezomib, 0.1 mg	no auth				
J9042	Injection, brentuximab vedotin, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9043	Injection, cabazitaxel, 1 mg	no auth				
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg D	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9045	Injection, carboplatin, 50 mg	no auth				
J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9047	Injection, carfilzomib, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9050	Injection, carmustine, 100 mg	no auth				
J9055	Injection, cetuximab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Cetuximab ACG: A-0490 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	no auth				
J9057	Injection, copanlisib, 1 mg	no auth				
J9058	Injection, bendamustine HCl (Apotex), 1 mg	no auth				
J9059	Injection, bendamustine HCl (Baxter), 1 mg	no auth				
J9060	Injection, cisplatin, powder or solution, 10 mg	no auth				
J9061	Injection, amivantamab-vmjw, 2 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	AUTH REQUIRED				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9065	Injection, cladribine, per 1 mg	no auth				
J9070	Cyclophosphamide, 100 mg	no auth				
J9071	Injection, cyclophosphamide, (AuroMedics), 5 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9098	Injection, cytarabine liposome, 10 mg	no auth				
J9100	Injection, cytarabine, 100 mg	no auth				
J9118	Injection, calaspargase pegol-mknl, 10 units	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9119	Injection, cemiplimab-rwlc, 1 mg	no auth				
J9120	Injection, dactinomycin, 0.5 mg	no auth				
J9130	Dacarbazine, 100 mg	no auth				
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9145	Injection, daratumumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9150	Injection, daunorubicin, 10 mg	no auth				
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	no auth				
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9155	Injection, degarelix, 1 mg	no auth	PREFERRED STATUS			
J9160	Injection, denileukin diftitox, 300 mcg	no auth				
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	no auth				
J9171	Injection, docetaxel, 1 mg	no auth				
J9173	Injection, durvalumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9175	Injection, Elliotts' B solution, 1 ml	no auth				
J9176	Injection, elotuzumab, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9178	Injection, epirubicin HCl, 2 mg	no auth				
J9179	Injection, eribulin mesylate, 0.1 mg	no auth				
J9181	Injection, etoposide, 10 mg	no auth				
J9185	Injection, fludarabine phosphate, 50 mg	no auth				
J9190	Injection, fluorouracil, 500 mg	no auth				
J9196	Injection, gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg	AUTH REQUIRED	J9201 is substantially less expensive	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9198	Injection, gemcitabine HCl, (Infugem), 100 mg	no auth				
J9200	Injection, floxuridine, 500 mg	no auth	Drug no longer manufactured (all NDCs inactive)			
J9201	Injection, gemcitabine HCl, not otherwise specified, 200 mg	no auth				
J9202	Goserelin acetate implant, per 3.6 mg	AUTH REQUIRED	NON PREFERRED; Preferred = Eligard; SEE LCA A56776	LCA A56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9204	Injection, mogamulizumab-kpkc, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9205	Injection, irinotecan liposome, 1 mg	no auth				
J9206	Injection, irinotecan, 20 mg	no auth				
J9207	Injection, ixabepilone, 1 mg	no auth				
J9208	Injection, ifosfamide, 1 g	no auth				
J9209	Injection, mesna, 200 mg	no auth				
J9210	Injection, emapalumab-lzsg, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9211	Injection, idarubicin HCl, 5 mg	no auth				
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	no auth				
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	no auth				
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	no auth				
J9216	Injection, interferon, gamma 1-b, 3 million units	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	AUTH MAY BE REQUIRED/BRAND SPECIFIC	THIS J CODE IS USED FOR LUPRON AND ELIGARD. LUPRON IS NON-PREFERRED (AUTH REQ). ELIGARD IS PREFERRED (NO AUTH REQ).	LCA A56776		
J9218	Leuprolide acetate, per 1 mg	AUTH REQUIRED	NON-PREFERRED, Preferred = ELIGARD;	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9219	Leuprolide acetate implant, 65 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 56776, LCD 34822; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9223	Injection, lurbinectedin, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9225	Histrelin implant (Vantas), 50 mg	AUTH REQUIRED		LCA 56776, LCD 34822; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9226	Histrelin implant (Supprelin LA), 50 mg	NOT COVERED	PEDIATRIC			
J9227	Injection, isatuximab-irfc, 10 mg	no auth				
J9228	Injection, ipilimumab, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Ipilimumab ACG: A-0748 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9230	Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9245	Injection, melphalan HCl, not otherwise specified, 50 mg	no auth				
J9246	Injection, melphalan (Evomela), 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9247	Injection, melphalan flufenamide, 1 mg	no auth				
J9250	Methotrexate sodium, 5 mg	no auth				
J9259	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg N	no auth				
J9260	Methotrexate sodium, 50 mg	no auth				
J9261	Injection, nelarabine, 50 mg	no auth				
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	no auth				
J9263	Injection, oxaliplatin, 0.5 mg	no auth				
J9264	Injection, paclitaxel protein-bound particles, 1 mg	no auth				
J9266	Injection, pegaspargase, per single dose vial	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9267	Injection, paclitaxel, 1 mg	no auth				
J9268	Injection, pentostatin, 10 mg	no auth				
J9269	Injection, tagraxofusp-erzs, 10 mcg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9270	Injection, plicamycin, 2.5 mg	no auth				
J9271	Injection, pembrolizumab, 1 mg	AUTH REQUIRED		NCD 110.17, Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pembrolizumab ACG: A-0729 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9272	Injection, dostarlimab-gxly, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9273	Injection, tisotumab vedotin-tftv, 1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9274	Injection, tebentafusp-tebn, 1 mcg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9280	Injection, mitomycin, 5 mg	no auth				
J9281	Mitomycin pyelocalyceal instillation, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9285	Injection, olaratumab, 10 mg	no auth				
J9293	Injection, mitoxantrone HCl, per 5 mg	no auth				
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pemetrexed ACG: A-0755 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9295	Injection, necitumumab, 1 mg	no auth				
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pemetrexed ACG: A-0755 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9297	Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pemetrexed ACG: A-0755 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9299	Injection, nivolumab, 1 mg	AUTH REQUIRED		NCD 110.17, Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Nivolumab ACG: A-0903 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9301	Injection, obinutuzumab, 10 mg	no auth				
J9302	Injection, ofatumumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9303	Injection, panitumumab, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9304	Injection, pemetrexed (Pemfexy), 10 mg	AUTH REQUIRED	This is BRAND pemetrexed. There are many generics available that are a fraction of the price (Ex: J9305, J9314; and others coming out 4/1/2023- J9294, J9296, J9297)	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pemetrexed ACG: A-0755 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9305	Injection, pemetrexed, NOS, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pemetrexed ACG: A-0755 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9306	Injection, pertuzumab, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Pertuzumab ACG: A-0898 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9307	Injection, pralatrexate, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9308	Injection, ramucirumab, 5 mg	AUTH REQUIRED		NCD 110.17, Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Ramucirumab ACG: A-0941 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9311	Injection, rituximab 10 mg and hyaluronidase	AUTH REQUIRED	NON-PREFERRED; Preferred = Riabni, Ruxience, and Truxima	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Rituximab ACG: A-0448 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9312	Injection, rituximab, 10 mg	AUTH REQUIRED	NON-PREFERRED; Preferred = Riabni, Ruxience, and Truxima	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Rituximab ACG: A-0448 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard	MCG: Pemetrexed ACG: A-0755 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	no auth				
J9319	Injection, romidepsin, lyophilized, 0.1 mg	no auth				
J9320	Injection, streptozocin, 1 g	no auth				
J9321	Injection, pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED	Alternative J9323			
J9322	Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED				
J9323	Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED				
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Talimogene Laherparepvec ACG: A-0945 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9328	Injection, temozolomide, 1 mg	no auth				
J9330	Injection, temsirolimus, 1 mg	no auth				
J9331	Injection, sirolimus protein-bound particles, 1 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9332	Injection, efgartigimod alfa-fcab, 2 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9340	Injection, thiotepa, 15 mg	no auth				
J9347	Injection, tremelimumab-actl, 1 mg	AUTH REQUIRED				
J9348	Injection, naxitamab-gqgk, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9349	Injection, tafasitamab-cxix, 2 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9350	Injection, mosunetuzumab-axgb, 1 mg	AUTH REQUIRED				
J9351	Injection, topotecan, 0.1 mg	no auth				
J9352	Injection, trabectedin, 0.1 mg	no auth				
J9353	Injection, margetuximab-cmkb, 5 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9354	Injection, ado-trastuzumab emtansine, 1 mg	AUTH REQUIRED		LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Trastuzumab ACG: A-0489 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED; Preferred - Herzuma, Kanjinti, Ogiviri, Ontruzant, Trazimera	LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Trastuzumab ACG: A-0489 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	AUTH REQUIRED	NON-PREFERRED; Preferred - Herzuma, Kanjinti, Ogiviri, Ontruzant, Trazimera	LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9357	Injection, valrubicin, intravesical, 200 mg	no auth				
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	AUTH REQUIRED		LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Trastuzumab ACG: A-0489 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	AUTH REQUIRED	NEW CODE 4/1/2022	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9360	Injection, vinblastine sulfate, 1 mg	no auth				
J9370	Vincristine sulfate, 1 mg	no auth				
J9371	Injection, vincristine sulfate liposome, 1 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9380	Injection, teclistamab-cqyv, 0.5 mg	AUTH REQUIRED				
J9381	Injection, teplizumab-mzwv, 5 mcg	AUTH REQUIRED				
J9390	Injection, vinorelbine tartrate, 10 mg	no auth				
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
J9395	Injection, fulvestrant, 25 mg	no auth				
J9400	Injection, ziv-aflibercept, 1 mg	no auth				
J9600	Injection, porfimer sodium, 75 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
J9999	Not otherwise classified, antineoplastic drugs	AUTH REQUIRED	SEND TO ALTERWOOD WITH CLEAR DESCRIPTION OF DRUG TO BE ADMINISTERED AND COMPLETE CLINICAL INFORMATION; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
K0001	Standard wheelchair	no auth		NCD 280.3, LCD 33788		
K0002	Standard hemi (low seat) wheelchair	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0003	Lightweight wheelchair	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0004	High strength, lightweight wheelchair	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0005	Ultralightweight wheelchair	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0006	Heavy-duty wheelchair	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0007	Extra heavy-duty wheelchair	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0008	Custom manual wheelchair/base	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0009	Other manual wheelchair/base	AUTH REQUIRED		NCD 280.3, LCD 33788	MCG:Wheelchairs, Manual ACG: A-0354 (AC)	
K0010	Standard-weight frame motorized/power wheelchair	AUTH REQUIRED		NCD 280.3		
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	AUTH REQUIRED		NCD 280.3		
K0012	Lightweight portable motorized/power wheelchair	AUTH REQUIRED		NCD 280.3	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0013	Custom motorized/power wheelchair base	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0014	Other motorized/power wheelchair base	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0015	Detachable, nonadjustable height armrest, each	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Manual ACG: A-0354 (AC); Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0017	Detachable, adjustable height armrest, base, replacement only, each	no auth				
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	no auth				
K0019	Arm pad, replacement only, each	no auth				
K0020	Fixed, adjustable height armrest, pair	no auth				
K0037	High mount flip-up footrest, each	no auth				
K0038	Leg strap, each	no auth				
K0039	Leg strap, H style, each	no auth				
K0040	Adjustable angle footplate, each	no auth				
K0041	Large size footplate, each	no auth				
K0042	Standard size footplate, replacement only, each	no auth				
K0043	Footrest, lower extension tube, replacement only, each	no auth				
K0044	Footrest, upper hanger bracket, replacement only, each	no auth				
K0045	Footrest, complete assembly, replacement only, each	no auth				
K0046	Elevating legrest, lower extension tube, replacement only, each	no auth				
K0047	Elevating legrest, upper hanger bracket, replacement only, each	no auth				
K0050	Ratchet assembly, replacement only	no auth				
K0051	Cam release assembly, footrest or legrest, replacement only, each	no auth				
K0052	Swingaway, detachable footrests, replacement only, each	no auth				
K0053	Elevating footrests, articulating (telescoping), each	no auth				
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	no auth				
K0065	Spoke protectors, each	no auth				
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	no auth				
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	AUTH REQUIRED		LCD 33792	MCG:Wheelchairs, Manual ACG: A-0354 (AC); Wheelchairs, Powered ACG: A-0353 (AC)	
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	no auth				
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	no auth				
K0073	Caster pin lock, each	no auth				
K0077	Front caster assembly, complete, with solid tire, replacement only, each	no auth				
K0098	Drive belt for power wheelchair, replacement only	no auth				
K0105	IV hanger, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0108	Wheelchair component or accessory, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF DME AND COMPLETE CLINICAL; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33792, LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC)	
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	no auth				
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	no auth				
K0462	Temporary replacement for patient-owned equipment being repaired, any type	no auth				
K0552	Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each	no auth				
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	no auth				
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	no auth				
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	no auth				
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	no auth				
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	no auth				
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	AUTH REQUIRED		LCD 33690	MCG:Cardioverter-Defibrillator, Wearable ACG: A-0566 (AC)	
K0607	Replacement battery for automated external defibrillator, garment type only, each	AUTH REQUIRED		LCD 33690		
K0608	Replacement garment for use with automated external defibrillator, each	no auth				
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	AUTH REQUIRED		LCD 33690		
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33312	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each	no auth				
K0730	Controlled dose inhalation drug delivery system	AUTH REQUIRED		LCD 33370		
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED		LCD 33792		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	no auth				
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	no auth				
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
K0743	Suction pump, home model, portable, for use on wounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33612		
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33612		
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33612		
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33612		
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0812	Power operated vehicle, not otherwise classified	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Scooters ACG: A-0352 (AC)	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED		NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, NCD 280.15 (iBOT), LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	NOT COVERED	PEDIATRIC			
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	NOT COVERED	PEDIATRIC			
K0898	Power wheelchair, not otherwise classified	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, NCD 280.15 (iBOT), LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF DME AND COMPLETE CLINICAL; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.3, LCD 33789	MCG:Wheelchairs, Powered ACG: A-0353 (AC)	
K0900	Customized durable medical equipment, other than wheelchair	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:MCG: CPAP Titration, Home (APAP) ACG: A-0337 (AC), MCG: Continuous Positive Airway Pressure (CPAP) Device ACG: A-0431 (AC), MCG: Bilevel Positive Airway Pressure (BPAP) Device ACG: A-0994 (AC)	
K1002	Cranial electrotherapy stimulation (CES) system, any type	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1003	Whirlpool tub, walk in, portable	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	NOT COVERED		NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
K1009	Speech volume modulation system, any type, including all components and accessories	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 50.2	MCG:Voice Disorders Rehabilitation ACG: A-0559 (AC)	
K1013	Enema tube, with or without adapter, any type, replacement only, each	NOT COVERED		NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	AUTH REQUIRED			MCG: Lower Limb Prosthesis ACG: A-0487 (AC)	
K1015	Foot, adductus positioning device, adjustable	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Lower Limb Prosthesis ACG: A-0487 (AC)	
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	AUTH REQUIRED			MCG: Trigeminal Nerve Stimulation, Transcutaneous ACG: A-1004 (AC)	
K1017	Monthly supplies for use of device coded at K1016	AUTH REQUIRED			MCG: Trigeminal Nerve Stimulation, Transcutaneous ACG: A-1004 (AC)	
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
K1019	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
K1020	Noninvasive vagus nerve stimulator	AUTH REQUIRED			MCG: Vagus Nerve Stimulation, Transcutaneous ACG: A-0998 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K1021	Exsufflation belt, includes all supplies and accessories	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	AUTH REQUIRED			MCG: Lower Limb Prosthesis ACG: A-0487 (AC)	
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	NOT COVERED		NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1024	Nonpneumatic compression controller with sequential calibrated gradient pressure	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
K1025	Nonpneumatic sequential compression garment, full arm	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	NOT COVERED		NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG:Oral Appliances (Mandibular Advancement Devices) ACG: A-0341 (AC)	
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	NOT COVERED		NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	NOT COVERED		NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE		
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	AUTH REQUIRED	NEW CODE 4/1/2022; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
K1031	Nonpneumatic compression controller without calibrated gradient pressure	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
K1032	Nonpneumatic sequential compression garment, full leg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
K1033	Nonpneumatic sequential compression garment, half leg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
K1034	Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count	no auth	Claim must be submitted by provider.			
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared	NOT COVERED		Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896		
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	NOT COVERED	PEDIATRIC			
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	NOT COVERED	PEDIATRIC			
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	no auth				
L0130	Cervical, flexible, thermoplastic collar, molded to patient	no auth				
L0140	Cervical, semi-rigid, adjustable (plastic collar)	no auth				
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	no auth				
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	no auth				
L0170	Cervical, collar, molded to patient model	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	no auth				
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	no auth				
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	no auth				
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0220	Thoracic, rib belt, custom fabricated	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0450	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	no auth				
L0452	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L0454	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L0455	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	no auth				
L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0458	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0466	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L0467	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	no auth				
L0468	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0469	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	no auth				
L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0472	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	no auth				
L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0490	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, one-piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	no auth				
L0491	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0492	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790	MCG:Lumbar, Lumbosacral, and Thoracolumbosacral Orthoses ACG: A-0880 (AC)	
L0621	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	no auth				
L0622	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0623	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	no auth				
L0624	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L0625	Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	no auth				
L0626	Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L0627	Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790		
L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790		
L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33790		
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	AUTH REQUIRED		LCD 33790		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790		
L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	AUTH REQUIRED		LCD 33790		
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33790		
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	AUTH REQUIRED		LCD 33790		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0641	Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	no auth				
L0642	Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	no auth				
L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	no auth				
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33790		
L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33790		
L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33790		
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0810	Halo procedure, cervical halo incorporated into jacket vest	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L0861	Addition to halo procedure, replacement liner/interface material	no auth				
L0970	Thoracic-lumbar-sacral orthosis (TLSO), corset front	no auth				
L0972	Lumbar-sacral orthosis (LSO), corset front	no auth				
L0974	Thoracic-lumbar-sacral orthosis (TLSO), full corset	no auth				
L0976	Lumbar-sacral orthosis (LSO), full corset	no auth				
L0978	Axillary crutch extension	no auth				
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	no auth				
L0984	Protective body sock, prefabricated, off-the-shelf, each	no auth				
L0999	Addition to spinal orthosis, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling	no auth				
L1020	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, kyphosis pad	no auth				
L1025	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, kyphosis pad, floating	no auth				
L1030	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar bolster pad	no auth				
L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar or lumbar rib pad	no auth				
L1050	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, sternal pad	no auth				
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, thoracic pad	no auth				
L1070	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, trapezius sling	no auth				
L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger	no auth				
L1085	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger, bilateral with vertical extensions	no auth				
L1090	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar sling	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather	no auth				
L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	no auth				
L1120	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO), scoliosis orthosis, cover for upright, each	no auth				
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	no auth				
L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension	no auth				
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad	no auth				
L1250	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS pad	no auth				
L1260	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic derotation pad	no auth				
L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad	no auth				
L1280	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (elastic), each	no auth				
L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad	no auth				
L1300	Other scoliosis procedure, body jacket molded to patient model	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1310	Other scoliosis procedure, postoperative body jacket	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1499	Spinal orthosis, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L1610	Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	no auth				
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1650	Hip orthosis (HO), abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	no auth				
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	no auth				
L1660	Hip orthosis (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	no auth				
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	no auth				
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	no auth				
L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	no auth				
L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	no auth				
L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	AUTH REQUIRED		LCD 33318		
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	no auth				
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC); Knee Braces, Custom ACG: A-0879 (AC)	
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC); Knee Braces, Custom ACG: A-0879 (AC)	
L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	no auth				
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC)	
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	AUTH REQUIRED		LCD 33318	MCG:Knee Braces ACG: A-0332 (AC); Knee Braces, Custom ACG: A-0879 (AC)	
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	no auth				
L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	AUTH REQUIRED		LCD 33686		
L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	no auth				
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	AUTH REQUIRED		LCD 33686		
L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	no auth				
L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	no auth				
L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	no auth				
L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC); Foot Orthotics, Custom ACG: A-0342 (AC)	
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC); Foot Orthotics, Custom ACG: A-0342 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	no auth				
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	AUTH REQUIRED		LCD 33686, LCA 52481	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	AUTH REQUIRED		LCD 33686, LCA 52481	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	AUTH REQUIRED		LCD 33686, LCA 52481	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	AUTH REQUIRED		LCD 33686, LCA 52481	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2035	Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	no auth				
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	no auth				
L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	AUTH REQUIRED		LCA 52481		
L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	no auth				
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	no auth				
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	AUTH REQUIRED		LCD 33686		
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	AUTH REQUIRED		LCD 33686		
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686		
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686		
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686		
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	AUTH REQUIRED		LCD 33686		
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	AUTH REQUIRED		LCD 33686		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686		
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686		
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED		LCD 33686		
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	no auth				
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	no auth				
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	no auth				
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	no auth				
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	no auth				
L2190	Addition to lower extremity fracture orthosis, waist belt	no auth				
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	no auth				
L2200	Addition to lower extremity, limited ankle motion, each joint	no auth				
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	no auth				
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	no auth				
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	no auth				
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only	no auth				
L2240	Addition to lower extremity, round caliper and plate attachment	no auth				
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	AUTH REQUIRED		LCD 33686		
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	no auth				
L2265	Addition to lower extremity, long tongue stirrup	no auth				
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	no auth				
L2280	Addition to lower extremity, molded inner boot	no auth				
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	no auth				
L2310	Addition to lower extremity, abduction bar, straight	no auth				
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	no auth				
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	no auth				
L2335	Addition to lower extremity, anterior swing band	no auth				
L2340	Addition to lower extremity, pretibial shell, molded to patient model	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	AUTH REQUIRED		LCD 33686	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC)	
L2360	Addition to lower extremity, extended steel shank	no auth				
L2370	Addition to lower extremity, Patten bottom	no auth				
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	no auth				
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	no auth				
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	no auth				
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint	no auth				
L2390	Addition to lower extremity, offset knee joint, each joint	no auth				
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	no auth				
L2397	Addition to lower extremity orthosis, suspension sleeve	no auth				
L2405	Addition to knee joint, drop lock, each	no auth				
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	no auth				
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	no auth				
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L2492	Addition to knee joint, lift loop for drop lock ring	no auth				
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	no auth				
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	AUTH REQUIRED		LCD 33686		
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	no auth				
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	AUTH REQUIRED		LCD 33686		
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	AUTH REQUIRED		LCD 33686		
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	no auth				
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	no auth				
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	no auth				
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L2580	Addition to lower extremity, pelvic control, pelvic sling	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	no auth				
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	no auth				
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	no auth				
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	no auth				
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	no auth				
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	no auth				
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	no auth				
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	no auth				
L2660	Addition to lower extremity, thoracic control, thoracic band	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	no auth				
L2680	Addition to lower extremity, thoracic control, lateral support uprights	no auth				
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	no auth				
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	no auth				
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	no auth				
L2768	Orthotic side bar disconnect device, per bar	no auth				
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	no auth				
L2785	Addition to lower extremity orthosis, drop lock retainer, each	no auth				
L2795	Addition to lower extremity orthosis, knee control, full kneecap	no auth				
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	no auth				
L2810	Addition to lower extremity orthosis, knee control, condylar pad	no auth				
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	no auth				
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	no auth				
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	no auth				
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	no auth				
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L2999	Lower extremity orthoses, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3001	Foot, insert, removable, molded to patient model, Spenco, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3003	Foot insert, removable, molded to patient model, silicone gel, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3030	Foot insert, removable, formed to patient foot, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3040	Foot, arch support, removable, premolded, longitudinal, each	AUTH REQUIRED		LCD 33641, LCA 52481		
L3050	Foot, arch support, removable, premolded, metatarsal, each	AUTH REQUIRED		LCD 33641, LCA 52481		
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	AUTH REQUIRED		LCD 33641, LCA 52481		
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3140	Foot, abduction rotation bar, including shoes	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3150	Foot, abduction rotation bar, without shoes	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3160	Foot, adjustable shoe-styled positioning device	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481	MCG:Ankle-Foot and Knee-Ankle-Foot Orthotics ACG: A-0894 (AC); Foot Orthotics, Custom ACG: A-0342 (AC)	
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	AUTH REQUIRED		LCD 33641, LCA 52481		
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	NOT COVERED	PEDIATRIC			
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	NOT COVERED	PEDIATRIC			
L3206	Orthopedic shoe, hightop with supinator or pronator, child	NOT COVERED	PEDIATRIC			
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3208	Surgical boot, each, infant	NOT COVERED	PEDIATRIC			
L3209	Surgical boot, each, child	NOT COVERED	PEDIATRIC			
L3211	Surgical boot, each, junior	no auth				
L3212	Benesch boot, pair, infant	NOT COVERED	PEDIATRIC			
L3213	Benesch boot, pair, child	NOT COVERED	PEDIATRIC			
L3214	Benesch boot, pair, junior	no auth				
L3215	Orthopedic footwear, ladies shoe, Oxford, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3219	Orthopedic footwear, mens shoe, Oxford, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3221	Orthopedic footwear, mens shoe, depth inlay, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	no auth				
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	no auth				
L3230	Orthopedic footwear, custom shoe, depth inlay, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.10, LCD 33641, LCA 52481		
L3251	Foot, shoe molded to patient model, silicone shoe, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3254	Nonstandard size or width	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3255	Nonstandard size or length	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3257	Orthopedic footwear, additional charge for split size	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3260	Surgical boot/shoe, each	no auth				
L3265	Plastazote sandal, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3300	Lift, elevation, heel, tapered to metatarsals, per in	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3310	Lift, elevation, heel and sole, neoprene, per in	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3320	Lift, elevation, heel and sole, cork, per in	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3330	Lift, elevation, metal extension (skate)	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3332	Lift, elevation, inside shoe, tapered, up to one-half in	no auth				
L3334	Lift, elevation, heel, per in	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3340	Heel wedge, SACH	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3350	Heel wedge	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3360	Sole wedge, outside sole	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3370	Sole wedge, between sole	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3380	Clubfoot wedge	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3390	Outflare wedge	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3400	Metatarsal bar wedge, rocker	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3410	Metatarsal bar wedge, between sole	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3420	Full sole and heel wedge, between sole	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3430	Heel, counter, plastic reinforced	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3440	Heel, counter, leather reinforced	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3450	Heel, SACH cushion type	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3455	Heel, new leather, standard	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3460	Heel, new rubber, standard	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3465	Heel, Thomas with wedge	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3470	Heel, Thomas extended to ball	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3480	Heel, pad and depression for spur	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3485	Heel, pad, removable for spur	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3500	Orthopedic shoe addition, insole, leather	AUTH REQUIRED		LCD 33641, LCA 52481		
L3510	Orthopedic shoe addition, insole, rubber	AUTH REQUIRED		LCD 33641, LCA 52481		
L3520	Orthopedic shoe addition, insole, felt covered with leather	AUTH REQUIRED		LCD 33641, LCA 52481		
L3530	Orthopedic shoe addition, sole, half	AUTH REQUIRED		LCD 33641, LCA 52481		
L3540	Orthopedic shoe addition, sole, full	AUTH REQUIRED		LCD 33641, LCA 52481		
L3550	Orthopedic shoe addition, toe tap, standard	AUTH REQUIRED		LCD 33641, LCA 52481		
L3560	Orthopedic shoe addition, toe tap, horseshoe	AUTH REQUIRED		LCD 33641, LCA 52481		
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	AUTH REQUIRED		LCD 33641, LCA 52481		
L3580	Orthopedic shoe addition, convert instep to Velcro closure	AUTH REQUIRED		LCD 33641, LCA 52481		
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	AUTH REQUIRED		LCD 33641, LCA 52481		
L3595	Orthopedic shoe addition, March bar	AUTH REQUIRED		LCD 33641, LCA 52481		
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	AUTH REQUIRED		LCD 33641, LCA 52481	MCG:Foot Orthotics, Custom ACG: A-0342 (AC)	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33641, LCA 52481		
L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	no auth				
L3660	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	no auth				
L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	no auth				
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3675	Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	no auth				
L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	no auth				
L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	no auth				
L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	no auth				
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	no auth				
L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	no auth				
L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	no auth				
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	no auth				
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	no auth				
L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	no auth				
L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	no auth				
L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	no auth				
L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	no auth				
L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	no auth				
L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf	no auth				
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	no auth				
L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	no auth				
L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3931	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	no auth				
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	no auth				
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	no auth				
L3956	Addition of joint to upper extremity orthosis, any material; per joint	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	no auth				
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	no auth				
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	no auth				
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	no auth				
L3999	Upper limb orthosis, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L4002	Replacement strap, any orthosis, includes all components, any length, any type	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
L4010	Replace trilateral socket brim	AUTH REQUIRED		LCD 33686		
L4020	Replace quadrilateral socket brim, molded to patient model	AUTH REQUIRED		LCD 33686		
L4030	Replace quadrilateral socket brim, custom fitted	no auth				
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	no auth				
L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L4050	Replace molded calf lacer, for custom fabricated orthosis only	no auth				
L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	no auth				
L4060	Replace high roll cuff	no auth				
L4070	Replace proximal and distal upright for KAFO	no auth				
L4080	Replace metal bands KAFO, proximal thigh	no auth				
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	no auth				
L4100	Replace leather cuff KAFO, proximal thigh	no auth				
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	no auth				
L4130	Replace pretibial shell	no auth				
L4205	Repair of orthotic device, labor component, per 15 minutes	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33686, LCD 33318		
L4210	Repair of orthotic device, repair or replace minor parts	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33686, LCD 33318		
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	no auth				
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	no auth				
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	no auth				
L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L4387	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	no auth				
L4392	Replacement, soft interface material, static AFO	no auth				
L4394	Replace soft interface material, foot drop splint	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	no auth				
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	no auth				
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	no auth				
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	AUTH REQUIRED		LCD 33686		
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	no auth				
L5010	Partial foot, molded socket, ankle height, with toe filler	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5050	Ankle, Symes, molded socket, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5100	Below knee (BK), molded socket, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	AUTH REQUIRED		LCD 33787, LCA 52481		
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	AUTH REQUIRED		LCD 33787, LCA 52481	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5618	Addition to lower extremity, test socket, Symes	no auth				
L5620	Addition to lower extremity, test socket, below knee (BK)	no auth				
L5622	Addition to lower extremity, test socket, knee disarticulation	no auth				
L5624	Addition to lower extremity, test socket, above knee (AK)	no auth				
L5626	Addition to lower extremity, test socket, hip disarticulation	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5628	Addition to lower extremity, test socket, hemipelvectomy	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5629	Addition to lower extremity, below knee, acrylic socket	no auth				
L5630	Addition to lower extremity, Symes type, expandable wall socket	no auth				
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5632	Addition to lower extremity, Symes type, PTB brim design socket	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	no auth				
L5636	Addition to lower extremity, Symes type, medial opening socket	no auth				
L5637	Addition to lower extremity, below knee (BK), total contact	no auth				
L5638	Addition to lower extremity, below knee (BK), leather socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5639	Addition to lower extremity, below knee (BK), wood socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5640	Addition to lower extremity, knee disarticulation, leather socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5642	Addition to lower extremity, above knee (AK), leather socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5644	Addition to lower extremity, above knee (AK), wood socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5647	Addition to lower extremity, below knee (BK), suction socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	no auth				
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	no auth				
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	no auth				
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	no auth				
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	no auth				
L5661	Addition to lower extremity, socket insert, multidurometer Symes	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5666	Addition to lower extremity, below knee (BK), cuff suspension	no auth				
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	no auth				
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	no auth				
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	no auth				
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	no auth				
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5678	Additions to lower extremity, below knee (BK), joint covers, pair	no auth				
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5684	Addition to lower extremity, below knee, fork strap	no auth				
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	no auth				
L5686	Addition to lower extremity, below knee (BK), back check (extension control)	no auth				
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	no auth				
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	no auth				
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	no auth				
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	no auth				
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	no auth				
L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	no auth				
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	no auth				
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	no auth				
L5699	All lower extremity prostheses, shoulder harness	no auth				
L5700	Replacement, socket, below knee (BK), molded to patient model	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5704	Custom shaped protective cover, below knee (BK)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5705	Custom shaped protective cover, above knee (AK)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5706	Custom shaped protective cover, knee disarticulation	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5707	Custom shaped protective cover, hip disarticulation	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	no auth				
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	no auth				
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	no auth				
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	no auth				
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	no auth				
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5910	Addition, endoskeletal system, below knee (BK), alignable system	no auth				
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	no auth				
L5930	Addition, endoskeletal system, high activity knee control frame	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	AUTH REQUIREMENT		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	no auth				
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	no auth				
L5972	All lower extremity prostheses, foot, flexible keel	no auth				
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	no auth				
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	no auth				
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	no auth				
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5980	All lower extremity prostheses, flex-foot system	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5981	All lower extremity prostheses, flex-walk system or equal	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	AUTH REQUIRED		LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L5999	Lower extremity prosthesis, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33787	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L6000	Partial hand, thumb remaining	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6010	Partial hand, little and/or ring finger remaining	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6020	Partial hand, no finger remaining	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	no auth				
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	no auth				
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6600	Upper extremity additions, polycentric hinge, pair	no auth				
L6605	Upper extremity additions, single pivot hinge, pair	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6610	Upper extremity additions, flexible metal hinge, pair	no auth				
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	no auth				
L6615	Upper extremity addition, disconnect locking wrist unit	no auth				
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	no auth				
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	no auth				
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6625	Upper extremity addition, rotation wrist unit with cable lock	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	no auth				
L6630	Upper extremity addition, stainless steel, any wrist	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6632	Upper extremity addition, latex suspension sleeve, each	no auth				
L6635	Upper extremity addition, lift assist for elbow	no auth				
L6637	Upper extremity addition, nudge control elbow lock	no auth				
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6640	Upper extremity additions, shoulder abduction joint, pair	no auth				
L6641	Upper extremity addition, excursion amplifier, pulley type	no auth				
L6642	Upper extremity addition, excursion amplifier, lever type	no auth				
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	no auth				
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6650	Upper extremity addition, shoulder universal joint, each	no auth				
L6655	Upper extremity addition, standard control cable, extra	no auth				
L6660	Upper extremity addition, heavy-duty control cable	no auth				
L6665	Upper extremity addition, Teflon, or equal, cable lining	no auth				
L6670	Upper extremity addition, hook to hand, cable adapter	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	no auth				
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	no auth				
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	no auth				
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	no auth				
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	no auth				
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	no auth				
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	no auth				
L6686	Upper extremity addition, suction socket	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6691	Upper extremity addition, removable insert, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6692	Upper extremity addition, silicone gel insert or equal, each	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6693	Upper extremity addition, locking elbow, forearm counterbalance	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6703	Terminal device, passive hand/mitt, any material, any size	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6704	Terminal device, sport/recreational/work attachment, any material, any size	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	no auth				
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6805	Addition to terminal device, modifier wrist unit	no auth				
L6810	Addition to terminal device, precision pinch device	no auth				
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	no auth				
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6915	Hand restoration (shading and measurements included), replacement glove for above	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L7007	Electric hand, switch or myoelectric controlled, adult	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L7009	Electric hook, switch or myoelectric controlled, adult	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L7040	Prehensile actuator, switch controlled	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L7045	Electric hook, switch or myoelectric controlled, pediatric	NOT COVERED	PEDIATRIC			
L7170	Electronic elbow, Hosmer or equal, switch controlled	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	NOT COVERED	PEDIATRIC			
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.	MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	NOT COVERED	PEDIATRIC			
L7259	Electronic wrist rotator, any type	AUTH REQUIRED		Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard.		
L7360	Six volt battery, each	no auth				
L7362	Battery charger, six volt, each	no auth				
L7364	Twelve volt battery, each	AUTH REQUIRED		LCA 52496		
L7366	Battery charger, 12 volt, each	AUTH REQUIRED		LCA 52496		
L7367	Lithium ion battery, rechargeable, replacement	no auth				
L7368	Lithium ion battery charger, replacement only	AUTH REQUIRED		LCD 33787, LCA 52496		
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	no auth				
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	no auth				
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	no auth				
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	no auth				
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L7499	Upper extremity prosthesis, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L7510	Repair of prosthetic device, repair or replace minor parts	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 50.3 (Cochlear Implant), LCD 33787 & LCA 52496 (Lower Limb Prosthesis),		
L7520	Repair prosthetic device, labor component, per 15 minutes	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33787, LCA 52496		
L7600	Prosthetic donning sleeve, any material, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L7900	Male vacuum erection system	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	no auth				
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	no auth				
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	no auth				
L8010	Breast prosthesis, mastectomy sleeve	NOT COVERED		LCA 52478 STATES NOT COVERED		
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	no auth				
L8020	Breast prosthesis, mastectomy form	no auth				
L8030	Breast prosthesis, silicone or equal, without integral adhesive	no auth				
L8031	Breast prosthesis, silicone or equal, with integral adhesive	no auth				
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	no auth				
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33317		
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	AUTH REQUIRED		LCD 33317, LCA 52478		
L8039	Breast prosthesis, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33317		
L8040	Nasal prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8041	Midfacial prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8042	Orbital prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8043	Upper facial prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8044	Hemi-facial prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8045	Auricular prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8046	Partial facial prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		
L8047	Nasal septal prosthesis, provided by a nonphysician	AUTH REQUIRED		LCD 33738, LCA 52463		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33738, LCA 52463		
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33738, LCA 52463		
L8300	Truss, single with standard pad	no auth				
L8310	Truss, double with standard pads	no auth				
L8320	Truss, addition to standard pad, water pad	no auth				
L8330	Truss, addition to standard pad, scrotal pad	no auth				
L8400	Prosthetic sheath, below knee, each	no auth				
L8410	Prosthetic sheath, above knee, each	no auth				
L8415	Prosthetic sheath, upper limb, each	no auth				
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	no auth				
L8420	Prosthetic sock, multiple ply, below knee (BK), each	no auth				
L8430	Prosthetic sock, multiple ply, above knee (AK), each	no auth				
L8435	Prosthetic sock, multiple ply, upper limb, each	no auth				
L8440	Prosthetic shrinker, below knee (BK), each	no auth				
L8460	Prosthetic shrinker, above knee (AK), each	no auth				
L8465	Prosthetic shrinker, upper limb, each	no auth				
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	no auth				
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	no auth				
L8485	Prosthetic sock, single ply, fitting, upper limb, each	no auth				
L8499	Unlisted procedure for miscellaneous prosthetic services	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF DME AND COMPLETE CLINICAL; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 280.12 (SYKES HERNIA CONTROL), NCD 230.15 (ELECTRICAL CONTINENCE AID)	MCG: Lower Limb Prosthesis ACG: A-0487 (AC)	
L8500	Artificial larynx, any type	AUTH REQUIRED		NCD 50.2		
L8501	Tracheostomy speaking valve	no auth				
L8505	Artificial larynx replacement battery/accessory, any type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 50.2		
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	no auth	NCD 50.2 imposes QL 1/mo.	NCD 50.2		
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	no auth	NCD 50.2 imposes QL 1/mo.	NCD 50.2		
L8510	Voice amplifier	no auth				
L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	no auth	NCD 50.2 imposes QL 1/mo.	NCD 50.2		
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	no auth	NCD 50.2 imposes QL 30/mo.	NCD 50.2		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	no auth	NCD 50.2 imposes QL 6 pcs per 3 mo.	NCD 50.2		
L8514	Tracheo-esophageal puncture dilator, replacement only, each	no auth	NCD 50.2 imposes QL 1/mo.	NCD 50.2		
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	no auth				
L8600	Implantable breast prosthesis, silicone or equal	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	no auth				
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Urethral Bulking Agent Injections ACG: A-0268 (AC)	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	no auth				
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	no auth				
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	AUTH REQUIRED	HUMANITARIAN DEVICE EXEMPTION; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials
L8609	Artificial cornea	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L8610	Ocular implant	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L8612	Aqueous shunt	no auth				
L8613	Ossicula implant	no auth				
L8614	Cochlear device, includes all internal and external components	AUTH REQUIRED		NCD 50.3	MCG:Irinotecan Pharmacogenetics - UGT1A1 Gene ACG: A-0624 (AC)	
L8615	Headset/headpiece for use with cochlear implant device, replacement	no auth				
L8616	Microphone for use with cochlear implant device, replacement	no auth				
L8617	Transmitting coil for use with cochlear implant device, replacement	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	no auth				
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	AUTH REQUIRED		NCD 50.3	MCG:Lower Limb Prosthesis ACG: A-0487 (AC)	
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	no auth				
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	no auth				
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	no auth				
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	no auth				
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	no auth				
L8627	Cochlear implant, external speech processor, component, replacement	AUTH REQUIRED			MCG:Lung Transplant ORG: S-1300 (ISC)	
L8628	Cochlear implant, external controller component, replacement	AUTH REQUIRED			MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC)	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	no auth				
L8630	Metacarpophalangeal joint implant	no auth				
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L8641	Metatarsal joint implant	no auth				
L8642	Hallux implant	no auth				
L8658	Interphalangeal joint spacer, silicone or equal, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
L8670	Vascular graft material, synthetic, implant	no auth				
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L8679	Implantable neurostimulator, pulse generator, any type	AUTH REQUIRED		NCD 160.7, NCD 160.19, NCD 230.16	MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Gastric Stimulation (Electrical) ACG: A-0395 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC)	
L8680	Implantable neurostimulator electrode, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	AUTH REQUIRED		NCD 160.7, NCD 160.19, NCD 230.16	MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC)	
L8682	Implantable neurostimulator radiofrequency receiver	AUTH REQUIRED		NCD 160.7, NCD 160.19	MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC);	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	AUTH REQUIRED		NCD 160.7, NCD 160.19	MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC);	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	AUTH REQUIRED			MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC)	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	AUTH REQUIRED		NCD 160.7, NCD 160.19	MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC);	
L8690	Auditory osseointegrated device, includes all internal and external components	AUTH REQUIRED			MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	AUTH REQUIRED			MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
L8693	Auditory osseointegrated device abutment, any length, replacement only	AUTH REQUIRED			MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	AUTH REQUIRED			MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC)	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	no auth				
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
L8699	Prosthetic implant, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 230.15		
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
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	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Myoelectric Prosthesis ACG: A-0701 (AC)	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 80.5, LCD 33318, LCD 33737, Evaluated based on Medicare Reasonable and Necessary Standard.		
M0001	Advancing Cancer Care MIPS Value Pathways	NOT COVERED		MEASUREMENT CODE		
M0002	Optimal Care for Kidney Health MIPS Value Pathways	NOT COVERED		MEASUREMENT CODE		
M0003	Optimal Care for Patients with Episodic Neurological Conditions MIPS Value Pathways	NOT COVERED		MEASUREMENT CODE		
M0004	Supportive Care for Neurodegenerative Conditions MIPS Value Pathways	NOT COVERED		MEASUREMENT CODE		
M0005	Promoting Wellness MIPS Value Pathways	NOT COVERED		MEASUREMENT CODE		
M0010	Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for EOM enhanced services	NOT COVERED				
M0075	Cellular therapy	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
M0076	Prolotherapy	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
M0100	Intragastric hypothermia using gastric freezing	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring	no auth				
M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency U	no auth				
M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	no auth				
M0223	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency C	no auth				
M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	no auth				
M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	no auth				
M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency U	no auth				
M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	no auth				
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency U	no auth				
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	no auth				
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	no auth				
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	no auth				
M0300	IV chelation therapy (chemical endarterectomy)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
M0301	Fabric wrapping of abdominal aneurysm	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
M1003	TB screening performed and results interpreted within 12 months prior to initiation of first-time biologic and/or immune response modifier therapy	NOT COVERED		MEASUREMENT CODE		
M1004	Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)	NOT COVERED		MEASUREMENT CODE		
M1005	TB screening not performed or results not interpreted, reason not given	NOT COVERED		MEASUREMENT CODE		
M1006	Disease activity not assessed, reason not given	NOT COVERED		MEASUREMENT CODE		
M1007	>=50% of total number of a patient's outpatient RA encounters assessed	NOT COVERED		MEASUREMENT CODE		
M1008	<50% of total number of a patient's outpatient RA encounters assessed	NOT COVERED		MEASUREMENT CODE		
M1009	Discharge/discontinuation of the episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1010	Discharge/discontinuation of the episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1011	Discharge/discontinuation of the episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1012	Discharge/discontinuation of the episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1013	Discharge/discontinuation of the episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1014	Discharge/discontinuation of the episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1016	Female patients unable to bear children	NOT COVERED		MEASUREMENT CODE		
M1018	Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	NOT COVERED		MEASUREMENT CODE		
M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5	NOT COVERED		MEASUREMENT CODE		
M1021	Patient had only urgent care visits during the performance period	NOT COVERED		MEASUREMENT CODE		
M1027	Imaging of the head (CT or MRI) was obtained	NOT COVERED		MEASUREMENT CODE		
M1028	Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained	NOT COVERED		MEASUREMENT CODE		
M1029	Imaging of the head (CT or MRI) was not obtained, reason not given	NOT COVERED		MEASUREMENT CODE		
M1032	Adults currently taking pharmacotherapy for OUD	NOT COVERED		MEASUREMENT CODE		
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days	NOT COVERED		MEASUREMENT CODE		
M1035	Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment	NOT COVERED		MEASUREMENT CODE		
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days	NOT COVERED		MEASUREMENT CODE		
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	NOT COVERED		MEASUREMENT CODE		
M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	NOT COVERED		MEASUREMENT CODE		
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	NOT COVERED		MEASUREMENT CODE		
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	NOT COVERED		MEASUREMENT CODE		
M1041	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	NOT COVERED		MEASUREMENT CODE		
M1043	Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1045	Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was greater than or equal to 37 or knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was greater than or equal to 71	NOT COVERED		MEASUREMENT CODE		
M1046	Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was less than 37 or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was less than 71 postoperatively	NOT COVERED		MEASUREMENT CODE		
M1049	Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively	NOT COVERED		MEASUREMENT CODE		
M1051	Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis	NOT COVERED		MEASUREMENT CODE		
M1052	Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively	NOT COVERED		MEASUREMENT CODE		
M1054	Patient had only urgent care visits during the performance period	NOT COVERED		MEASUREMENT CODE		
M1055	Aspirin or another antiplatelet therapy used	NOT COVERED		MEASUREMENT CODE		
M1056	Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or antiplatelets, use of nonsteroidal antiinflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mm Hg or gastroesophageal reflux disease	NOT COVERED		MEASUREMENT CODE		
M1057	Aspirin or another antiplatelet therapy not used, reason not given	NOT COVERED		MEASUREMENT CODE		
M1058	Patient was a permanent nursing home resident at any time during the performance period	NOT COVERED		MEASUREMENT CODE		
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	NOT COVERED		MEASUREMENT CODE		
M1060	Patient died prior to the end of the performance period	NOT COVERED		MEASUREMENT CODE		
M1067	Hospice services for patient provided any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1068	Adults who are not ambulatory	NOT COVERED		MEASUREMENT CODE		
M1069	Patient screened for future fall risk	NOT COVERED		MEASUREMENT CODE		
M1070	Patient not screened for future fall risk, reason not given	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1106	The start of an episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		
M1108	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1109	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		
M1110	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1111	The start of an episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		
M1113	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1114	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		
M1115	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1116	The start of an episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1118	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1119	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		
M1120	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1121	The start of an episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		
M1123	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1124	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		
M1125	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1126	The start of an episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		
M1128	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1129	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		
M1130	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	NOT COVERED		MEASUREMENT CODE		
M1132	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1133	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		
M1134	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1135	The start of an episode of care documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1141	Functional status was not measured by the Oxford Knee Score (OKS) or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) at one year (9 to 15 months) postoperatively	NOT COVERED		MEASUREMENT CODE		
M1142	Emergent cases	NOT COVERED		MEASUREMENT CODE		
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	NOT COVERED		MEASUREMENT CODE		
M1146	Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record	NOT COVERED		MEASUREMENT CODE		
M1147	Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1148	Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)	NOT COVERED		MEASUREMENT CODE		
M1149	Patient unable to complete the neck FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available	NOT COVERED		MEASUREMENT CODE		
M1150	Left ventricular ejection fraction (LVEF) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	NOT COVERED		MEASUREMENT CODE		
M1151	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	NOT COVERED		MEASUREMENT CODE		
M1152	Patients with a history of heart transplant or with a left ventricular assist device (LVAD)	NOT COVERED		MEASUREMENT CODE		
M1153	Patient with diagnosis of osteoporosis on date of encounter	NOT COVERED		MEASUREMENT CODE		
M1154	Hospice services provided to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	NOT COVERED		MEASUREMENT CODE		
M1156	Patient received active chemotherapy any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1157	Patient received bone marrow transplant any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1158	Patient had history of immunocompromising conditions prior to or during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1159	Hospice services provided to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	NOT COVERED		MEASUREMENT CODE		
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	NOT COVERED		MEASUREMENT CODE		
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	NOT COVERED		MEASUREMENT CODE		
M1163	Patient had anaphylaxis due to the HPV vaccine any time on or before the patient's 13th birthday	NOT COVERED		MEASUREMENT CODE		
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	NOT COVERED		MEASUREMENT CODE		
M1165	Patients who use hospice services any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1167	In hospice or using hospice services during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1168	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	NOT COVERED		MEASUREMENT CODE		
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	NOT COVERED		MEASUREMENT CODE		
M1170	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	NOT COVERED		MEASUREMENT CODE		
M1171	Patient received at least 1 TD vaccine or 1 TDaP vaccine between 9 years prior to the encounter and the end of the measurement period	NOT COVERED		MEASUREMENT CODE		
M1172	Documentation of medical reason(s) for not administering TD or TDaP vaccine (e.g., prior anaphylaxis due to the TD or TDaP vaccine or history of encephalopathy within 7 days after a previous dose of a TD-containing vaccine)	NOT COVERED		MEASUREMENT CODE		
M1173	Patient did not receive at least 1 TD vaccine or 1 TDaP vaccine between 9 years prior to the encounter and the end of the measurement oneperiod	NOT COVERED		MEASUREMENT CODE		
M1174	Patient received at least 1 dose of the herpes zoster live vaccine or 2 doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	NOT COVERED		MEASUREMENT CODE		
M1176	Patient did not receive at least 1 dose of the herpes zoster live vaccine or 2 doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	NOT COVERED		MEASUREMENT CODE		
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	NOT COVERED		MEASUREMENT CODE		
M1180	Patients on immune checkpoint inhibitor therapy	NOT COVERED		MEASUREMENT CODE		
M1181	Grade 2 or above diarrhea and/or Grade 2 or above colitis	NOT COVERED		MEASUREMENT CODE		
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease)	NOT COVERED		MEASUREMENT CODE		
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	NOT COVERED		MEASUREMENT CODE		
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	NOT COVERED		MEASUREMENT CODE		
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	NOT COVERED		MEASUREMENT CODE		
M1186	Patients who have an order for or are receiving hospice or palliative care	NOT COVERED		MEASUREMENT CODE		
M1187	Patients with a diagnosis of end stage renal disease (ESRD)	NOT COVERED		MEASUREMENT CODE		
M1188	Patients with a diagnosis of chronic kidney disease (CKD) Stage 5	NOT COVERED		MEASUREMENT CODE		
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed	NOT COVERED		MEASUREMENT CODE		
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR)	NOT COVERED		MEASUREMENT CODE		
M1191	Hospice services provided to patient any time during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both	NOT COVERED		MEASUREMENT CODE		
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	NOT COVERED		MEASUREMENT CODE		
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of MMR by immunohistochemistry, MSI by DNA-based testing status, or both, reason not given	NOT COVERED		MEASUREMENT CODE		
M1196	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	NOT COVERED		MEASUREMENT CODE		
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	NOT COVERED		MEASUREMENT CODE		
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	NOT COVERED		MEASUREMENT CODE		
M1199	Patients receiving RRT	NOT COVERED		MEASUREMENT CODE		
M1200	Ace inhibitor (ACE-I) or ARB therapy prescribed during the measurement period	NOT COVERED		MEASUREMENT CODE		
M1201	Documentation of medical reason(s) for not prescribing ACE inhibitor (ACE-I) or ARB therapy during the measurement period (e.g., pregnancy, history of angioedema to ACE-I, other allergy to ACE-I and ARB, hyperkalemia or history of hyperkalemia while on ACE-I or ARB therapy, acute kidney injury due to ACE-I or ARB therapy), other medical reasons)	NOT COVERED		MEASUREMENT CODE		
M1202	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB therapy during the measurement period, (e.g., patient declined, other patient reasons)	NOT COVERED		MEASUREMENT CODE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
M1203	Ace inhibitor or ARB therapy not prescribed during the measurement period, reason not given	NOT COVERED		MEASUREMENT CODE		
M1204	Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4	NOT COVERED		MEASUREMENT CODE		
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	NOT COVERED		MEASUREMENT CODE		
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	NOT COVERED		MEASUREMENT CODE		
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	NOT COVERED		MEASUREMENT CODE		
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	NOT COVERED		MEASUREMENT CODE		
M1209	At least two orders for high-risk medications from the same drug class, (Table 4), without appropriate diagnoses	NOT COVERED		MEASUREMENT CODE		
M1210	At least two orders for high-risk medications from the same drug class, (Table 4), not ordered	NOT COVERED		MEASUREMENT CODE		
P2028	Cephalin floculation, blood	no auth				
P2029	Congo red, blood	no auth				
P2031	Hair analysis (excluding arsenic)	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
P2033	Thymol turbidity, blood	no auth				
P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)	no auth				
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	no auth				
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	no auth				
P7001	Culture, bacterial, urine; quantitative, sensitivity study	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
P9010	Blood (whole), for transfusion, per unit	no auth				
P9011	Blood, split unit	no auth				
P9012	Cryoprecipitate, each unit	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
P9016	Red blood cells, leukocytes reduced, each unit	no auth				
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	no auth				
P9019	Platelets, each unit	no auth				
P9020	Platelet rich plasma, each unit	no auth				
P9021	Red blood cells, each unit	no auth				
P9022	Red blood cells, washed, each unit	no auth				
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	no auth				
P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit	no auth				
P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit	no auth				
P9031	Platelets, leukocytes reduced, each unit	no auth				
P9032	Platelets, irradiated, each unit	no auth				
P9033	Platelets, leukocytes reduced, irradiated, each unit	no auth				
P9034	Platelets, pheresis, each unit	no auth				
P9035	Platelets, pheresis, leukocytes reduced, each unit	no auth				
P9036	Platelets, pheresis, irradiated, each unit	no auth				
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	no auth				
P9038	Red blood cells, irradiated, each unit	no auth				
P9039	Red blood cells, deglycerolized, each unit	no auth				
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	no auth				
P9041	Infusion, albumin (human), 5%, 50 ml	no auth				
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	no auth				
P9044	Plasma, cryoprecipitate reduced, each unit	no auth				
P9045	Infusion, albumin (human), 5%, 250 ml	no auth				
P9046	Infusion, albumin (human), 25%, 20 ml	no auth				
P9047	Infusion, albumin (human), 25%, 50 ml	no auth				
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	no auth				
P9050	Granulocytes, pheresis, each unit	no auth				
P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	no auth				
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	no auth				
P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	no auth				
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	no auth				
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	no auth				
P9056	Whole blood, leukocytes reduced, irradiated, each unit	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	no auth				
P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	no auth				
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	no auth				
P9060	Fresh frozen plasma, donor retested, each unit	no auth				
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	no auth				
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	no auth				
P9073	Platelets, pheresis, pathogen-reduced, each unit	no auth				
P9099	Blood component or product not otherwise classified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Autologous Blood Donation ACG: A-0228 (AC)	
P9100	Pathogen(s) test for platelets	no auth				
P9603	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled	no auth				
P9604	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge	no auth				
P9612	Catheterization for collection of specimen, single patient, all places of service	no auth				
P9615	Catheterization for collection of specimen(s) (multiple patients)	no auth				
Q0035	Cardiokymography	no auth				
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit	no auth				
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	no auth				
Q0084	Chemotherapy administration by infusion technique only, per visit	no auth				
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit	no auth				
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	no auth				
Q0092	Set-up portable x-ray equipment	no auth				
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q0112	All potassium hydroxide (KOH) preparations	no auth				
Q0113	Pinworm examinations	no auth				
Q0114	Fern test	no auth				
Q0115	Postcoital direct, qualitative examinations of vaginal or cervical mucous	no auth				
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	no auth				
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	no auth				Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
Q0161	Chlorpromazine HCl, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0162	Ondansetron 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0163	Diphenhydramine HCl, 50 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen	no auth				
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0166	Granisetron HCl, 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	no auth				
Q0167	Dronabinol, 2.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q0169	Promethazine HCl, 12.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0173	Trimethobenzamide HCl, 250 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0175	Perphenazine, 4 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				
Q0180	Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	no auth				
Q0181	Unspecified oral dosage form, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 300 mg	no auth				
Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg	no auth				
Q0222	Injection, bebtelovimab, 175 mg	no auth				
Q0240	Injection, casirivimab and imdevimab, 600 mg	no auth				
Q0243	Injection, casirivimab and imdevimab, 2400 mg	no auth				
Q0244	Injection, casirivimab and imdevimab, 1200 mg	no auth				
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	no auth				
Q0247	Injection, sotrovimab, 500 mg	no auth				
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	no auth				
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	no auth				
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard		
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	no auth				
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	no auth				
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	no auth				
Q0488	Power pack base for use with electric ventricular assist device, replacement only	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.9.1		
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	no auth				
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	no auth				
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	no auth				
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	no auth				
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	no auth				
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	no auth				
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	AUTH REQUIRED		NCD 20.9.1		
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	AUTH REQUIRED		NCD 20.9.1		
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED		NCD 20.9.1		
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.9.1		
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.9.1		
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 20.9.1		
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	no auth				
Q0511	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period	no auth				
Q0512	Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	no auth				
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	no auth				
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	no auth				
Q0515	Injection, sermorelin acetate, 1 mcg	NOT COVERED	NO LONGER COMMERCIALLY AVAILABLE			
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	no auth				
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	no auth				
Q2017	Injection, teniposide, 50 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q2026	Injection, Radiesse, 0.1 ml	NOT COVERED	COSMETIC DRUG	Medicare Benefit Policy Manual, Chapter 16: Section 120		
Q2028	Injection, sculptra, 0.5 mg	NOT COVERED	COSMETIC DRUG	Medicare Benefit Policy Manual, Chapter 16: Section 120		
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	no auth				
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA)	no auth				
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL)	no auth				
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN)	no auth				
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	no auth				
Q2039	Influenza virus vaccine, not otherwise specified	no auth				
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00451N, NCD 110.24	MCG:Axicabtagene Ciloleucel ACG: A-1030 (AC)	
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00451N, NCD 110.24	MCG:Tisagenlecleucel ACG: A-1031 (AC)	
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	AUTH REQUIRED		NCA CAG-00451N, NCD 110.24	MCG:Sipuleucel-T ACG: A-0661 (AC)	
Q2049	Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg	no auth				
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	no auth				
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration	NOT COVERED		MEDICARE DEMO/MODEL, NA TO ALTERWOOD		
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00451N, NCD 110.24	MCG:Brexucabtagene Autoleucel ACG: A-1035 (AC)	
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00451N, NCD 110.24	MCG:Lisocabtagene Maraleucel ACG: A-1037 (AC)	

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCA CAG-00451N, NCD 110.24	MCG:Idecabtagene Vicleucel ACG: A-1045 (AC)	
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 110.24		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q3001	Radioelements for brachytherapy, any type, each	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING		MCG: Brachytherapy ACG: A-0270 (AC)	NCCN Guidelines
Q3014	Telehealth originating site facility fee	no auth				
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	AUTH REQUIRED		LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
Q3031	Collagen skin test	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
Q4001	Casting supplies, body cast adult, with or without head, plaster	no auth				
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	no auth				
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster	no auth				
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass	no auth				
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	no auth				
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	no auth				
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	no auth				
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	no auth				
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	no auth				
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	no auth				
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	no auth				
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	no auth				
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	no auth				
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	no auth				
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	no auth				
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	no auth				
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	no auth				
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	no auth				
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	no auth				
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	no auth				
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	no auth				
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	no auth				
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	no auth				
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	no auth				
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	NOT COVERED	PEDIATRIC			
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	NOT COVERED	PEDIATRIC			
Q4049	Finger splint, static	no auth				
Q4050	Cast supplies, for unlisted types and materials of casts	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	AUTH REQUIRED		LCD 33370	MCG:Iloprost ACG: A-0307 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	no auth				
Q4082	Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP)	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q4100	Skin substitute, not otherwise specified	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4101	Apligraf, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041	MCG:Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC)	
Q4102	Oasis wound matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4103	Oasis burn matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4106	Dermagraft, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041	MCG:Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC)	
Q4107	GRAFTJACKET, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4108	Integra matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4110	PriMatrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4111	GammaGraft, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4112	Cymetra, injectable, 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4114	Integra flowable wound matrix, injectable, 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4115	AlloSkin, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4116	AlloDerm, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4117	HYALOMATRIX, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4118	MatriStem micromatrix, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4121	TheraSkin, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4123	AlloSkin RT, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4125	ArthroFlex, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4126	MemoDerm, DermaSpan, TranZgraft or IntegoPly, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4127	Talymed, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4128	FlexHD, or AllopatchHD, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4130	Strattice TM, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4132	Grafix Core and GrafixPL Core, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4134	HMatrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4135	Mediskin, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4136	E-Z Derm, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4138	BioDFence DryFlex, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4140	BioDFence, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4141	AlloSkin AC, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4142	XCM biologic tissue matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4143	Repriza, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4145	EpiFix, injectable, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4146	Tensix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4149	Excellagen, 0.1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4150	AlloWrap DS or dry, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4151	AmnioBand or Guardian, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4152	DermaPure, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4153	Dermavest and Plurivest, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4154	Biovance, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4155	Neox Flo or Clarix Flo 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4156	Neox 100 or Clarix 100, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4157	Revitalon, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4158	Kerecis Omega3, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4159	Affinity, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4160	Nushield, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4161	bio-ConneKt wound matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4163	WoundEx, BioSkin, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4164	Helicoll, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4165	Keramatrix or Kerasorb, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4166	Cytal, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4167	Truskin, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4168	AmnioBand, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4169	Artacent wound, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4170	Cygnus, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4171	Interfyl, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4173	PalinGen or PalinGen XPlus, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4175	Miroderm, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	NCD 270.5, LCA 54117, LCD 35041		
Q4176	Neopatch or therion, per square centimeter	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4177	FlowerAmnioFlo, 0.1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4178	FlowerAmnioPatch, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4179	FlowerDerm, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4180	Revita, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4181	Amnio Wound, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4182	Transcyte, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4183	Surgigraft, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4184	Cellesta or Cellesta Duo, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4186	Epifix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4187	Epicord, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4188	AmnioArmor, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4189	Artacent AC, 1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4190	Artacent AC, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4191	Restorigin, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4192	Restorigin, 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4193	Coll-e-Derm, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4194	Novachor, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4195	PuraPly, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4196	PuraPly AM, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4197	PuraPly XT, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4198	Genesis Amniotic Membrane, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4199	Cygnus matrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4200	SkinTE, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4201	Matrion, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4202	Keroxx (2.5 g/cc), 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4203	Derma-Gide, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4204	XWRAP, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4205	Membrane Graft or Membrane Wrap, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4206	Fluid Flow or Fluid GF, 1 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4208	Novafix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4209	SurGraft, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4212	AlloGen, per cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4213	Ascent, 0.5 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4214	Cellesta Cord, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4216	Artacent Cord, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4218	SurgiCORD, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4219	SurgiGRAFT-DUAL, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4220	BellaCell HD or Surederm, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4221	Amnio Wrap2, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4222	ProgenaMatrix, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4225	AmnioBind, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4227	AmnioCore TM, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4229	Cogenex Amniotic Membrane, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4230	Cogenex Flowable Amnion, per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4231	Corplex P, per cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4232	Corplex, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4233	SurFactor or NuDyn, per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4234	XCellerate, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4235	AMNIOREPAIR or AltiPly, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4236	carePATCH, per sq cm C	AUTH REQUIRED		LCA 54117, LCD 35041		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q4237	Cryo-Cord, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4238	Derm-Maxx, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4240	CoreCyte, for topical use only, per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4241	PolyCyte, for topical use only, per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4242	AmnioCyte Plus, per 0.5 cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4244	Procenta, per 200 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4245	AmnioText, per cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4246	CoreText or ProText, per cc	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4247	Amniotext patch, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4249	AMNIPLY, for topical use only, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4250	AmnioAmp-MP, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4251	Vim, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4252	Vendaje, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4253	Zenith Amniotic Membrane, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4254	Novafix DL, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4255	REGUaRD, for topical use only, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4256	MLG-Complete, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4257	Relese, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4258	Enverse, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4260	Signature APatch, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4261	TAG, per sq cm	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4262	Dual Layer Impax Membrane, per sq cm	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4263	SurGraft TL, per sq cm	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4264	Cocoon Membrane, per sq cm	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4265	NeoStim TL, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4266	NeoStim Membrane, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4267	NeoStim DL, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4268	SurGraft FT, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4269	SurGraft XT, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4270	Complete SL, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4271	Complete FT, per sq cm	AUTH REQUIRED	LCD 35041, LCA 54118; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCA 54117, LCD 35041		
Q4272	Esano A, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4273	Esano AAA, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4274	Esano AC, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4275	Esano ACA, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4276	ORION, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4277	WoundPlus membrane or E-Graft, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4278	EPIEFFECT, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4280	Xcell Amnio Matrix, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4281	Barrera SL or Barrera DL, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4282	Cygnus Dual, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q4284	DermaBind SL, per sq cm	AUTH REQUIRED		Medicare Reasonable and Neccesary Guidelines		
Q5001	Hospice or home health care provided in patient's home/residence	NOT COVERED		MEASUREMENT CODE		
Q5002	Hospice or home health care provided in assisted living facility	NOT COVERED		MEASUREMENT CODE		
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)	NOT COVERED		MEASUREMENT CODE		
Q5004	Hospice care provided in skilled nursing facility (SNF)	NOT COVERED		MEASUREMENT CODE		
Q5005	Hospice care provided in inpatient hospital	NOT COVERED		MEASUREMENT CODE		
Q5006	Hospice care provided in inpatient hospice facility	NOT COVERED		MEASUREMENT CODE		
Q5007	Hospice care provided in long-term care facility	NOT COVERED		MEASUREMENT CODE		
Q5008	Hospice care provided in inpatient psychiatric facility	NOT COVERED		MEASUREMENT CODE		
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	NOT COVERED		MEASUREMENT CODE		
Q5010	Hospice home care provided in a hospice facility	NOT COVERED		MEASUREMENT CODE		
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg	no auth	PREFERRED STATUS			
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	no auth	PREFERRED STATUS			
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	no auth	PREFERRED STATUS			
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	no auth	PREFERRED STATUS			
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	no auth	PREFERRED STATUS			
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	no auth	PREFERRED STATUS			
Q5108	Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	no auth	PREFERRED STATUS			
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information	MCG:Infliximab ACG: A-0308 (AC)	Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	no auth	PREFERRED STATUS			
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	no auth	PREFERRED STATUS			
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	no auth	PREFERRED STATUS			
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	no auth	PREFERRED STATUS			
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	no auth	PREFERRED STATUS			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	no auth	PREFERRED STATUS			
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	no auth	PREFERRED STATUS			
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	no auth	PREFERRED STATUS			
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	no auth	PREFERRED STATUS			
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	no auth	PREFERRED STATUS			
Q5120	Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg	no auth	PREFERRED STATUS			
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	no auth	PREFERRED STATUS			
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	no auth	PREFERRED STATUS			
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	no auth	PREFERRED STATUS			
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	no auth				
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	AUTH REQUIRED	NEW CODE 1/1/2023; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	AUTH REQUIRED		Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		Compendiums: (Lexicomp for all, NCCN for cancer therapeutics)
Q5131	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	no auth				
Q9001	Assessment by chaplain services	NOT COVERED		NA TO ALTERWOOD		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
Q9002	Counseling, individual, by chaplain services	NOT COVERED		NA TO ALTERWOOD		
Q9003	Counseling, group, by chaplain services	NOT COVERED		NA TO ALTERWOOD		
Q9004	Department of Veterans Affairs Whole Health Partner Services	NOT COVERED		NA TO ALTERWOOD		
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	no auth				
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	no auth				
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	no auth				
Q9954	Oral magnetic resonance contrast agent, per 100 ml	no auth				
Q9955	Injection, perflexane lipid microspheres, per ml	no auth				
Q9956	Injection, octafluoropropane microspheres, per ml	no auth				
Q9957	Injection, perflutren lipid microspheres, per ml	no auth				
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	no auth				
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	no auth				
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	no auth				
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	no auth				
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	no auth				
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	no auth				
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	no auth				
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	no auth				
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	no auth				
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	no auth				
Q9968	Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	no auth				
Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		NCCN Guidelines
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 mCi	no auth				
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi	no auth				
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	no auth				
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	no auth				
R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	no auth				
R0076	Transportation of portable EKG to facility or location, per patient	BUNDLED CODE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE	BUNDLED CODE PER NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE		
S0012	Butorphanol tartrate, nasal spray, 25 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0013	Esketamine, nasal spray, 1 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0014	Tacrine HCl, 10 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0017	Injection, aminocaproic acid, 5 g	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0021	Injection, cefoperazone sodium, 1 g	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0023	Injection, cimetidine HCl, 300 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0028	Injection, famotidine, 20 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0032	Injection, nafcillin sodium, 2 g	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0034	Injection, ofloxacin, 400 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0074	Injection, cefotetan disodium, 500 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0078	Injection, fosphenytoin sodium, 750 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0080	Injection, pentamidine isethionate, 300 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0081	Injection, piperacillin sodium, 500 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0088	Imatinib, 100 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0090	Sildenafil citrate, 25 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0091	Granisetron HCl, 1 mg (for circumstances falling under the Medicare statute, use Q0166)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0092	Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0104	Zidovudine, oral, 100 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0108	Mercaptopurine, oral, 50 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0109	Methadone, oral, 5 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0117	Tretinoin, topical, 5 g	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0122	Injection, menotropins, 75 IU	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0126	Injection, follitropin alfa, 75 IU	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0128	Injection, follitropin beta, 75 IU	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0132	Injection, ganirelix acetate, 250 mcg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0136	Clozapine, 25 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0137	Didanosine (ddI), 25 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0138	Finasteride, 5 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0139	Minoxidil, 10 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0140	Saquinavir, 200 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0145	Injection, PEGylated interferon alfa-2A, 180 mcg per ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0148	Injection, PEGylated interferon alfa-2B, 10 mcg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0155	Sterile dilutant for epoprostenol, 50 ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0156	Exemestane, 25 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0157	Becaplermin gel 0.01%, 0.5 gm	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0160	Dextroamphetamine sulfate, 5 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0164	Injection, pantoprazole sodium, 40 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0166	Injection, olanzapine, 2.5 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0169	Calcitrol, 0.25 mcg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0170	Anastrozole, oral, 1 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0171	Injection, bumetanide, 0.5 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0172	Chlorambucil, oral, 2 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0175	Flutamide, oral, 125 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0176	Hydroxyurea, oral, 500 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0177	Levamisole HCl, oral, 50 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0178	Lomustine, oral, 10 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0179	Megestrol acetate, oral, 20 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0182	Procarbazine HCl, oral, 50 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0187	Tamoxifen citrate, oral, 10 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0189	Testosterone pellet, 75 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0190	Mifepristone, oral, 200 mg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0191	Misoprostol, oral, 200 mcg	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0197	Prenatal vitamins, 30-day supply	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0201	Partial hospitalization services, less than 24 hours, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0209	Wheelchair van, mileage, per mile	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0215	Nonemergency transportation; mileage, per mile	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0265	Genetic counseling, under physician supervision, each 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0273	Physician visit at member's home, outside of a capitation arrangement	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0280	Medical home program, comprehensive care coordination and planning, initial plan	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0315	Disease management program; initial assessment and initiation of the program	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0316	Disease management program, follow-up/reassessment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0317	Disease management program; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0353	Treatment planning and care coordination management for cancer initial treatment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0500	Disposable contact lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0512	Daily wear specialty contact lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0514	Color contact lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
S0515	Scleral lens, liquid bandage device, per lens	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0516	Safety eyeglass frames	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0518	Sunglasses frames	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0590	Integral lens service, miscellaneous services reported separately	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0592	Comprehensive contact lens evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0595	Dispensing new spectacle lenses for patient supplied frame	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0596	Phakic intraocular lens for correction of refractive error	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0601	Screening proctoscopy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0610	Annual gynecological examination, new patient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0612	Annual gynecological examination, established patient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0620	Routine ophthalmological examination including refraction; new patient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0621	Routine ophthalmological examination including refraction; established patient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S0800	Laser in situ keratomileusis (LASIK)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0810	Photorefractive keratectomy (PRK)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S0812	Phototherapeutic keratectomy (PTK)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1001	Deluxe item, patient aware (list in addition to code for basic item)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1002	Customized item (list in addition to code for basic item)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1015	IV tubing extension set	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., Paclitaxel	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
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	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1036	Transmitter; external, for use with artificial pancreas device system	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S1037	Receiver (monitor); external, for use with artificial pancreas device system	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2053	Transplantation of small intestine and liver allografts	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2054	Transplantation of multivisceral organs	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2060	Lobar lung transplantation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2061	Donor lobectomy (lung) for transplantation, living donor	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2065	Simultaneous pancreas kidney transplantation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
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	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
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	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2079	Laparoscopic esophagomyotomy (Heller type)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2080	Laser-assisted uvulopalatoplasty (LAUP)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2102	Islet cell tissue transplant from pancreas; allogeneic	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2103	Adrenal tissue transplant to brain	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2115	Osteotomy, periacetabular, with internal fixation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2117	Arthroereisis, subtalar	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2140	Cord blood harvesting for transplantation, allogeneic	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2142	Cord blood-derived stem-cell transplantation, allogeneic	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2202	Echosclerotherapy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2225	Myringotomy, laser-assisted	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2235	Implantation of auditory brain stem implant	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2260	Induced abortion, 17 to 24 weeks	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2265	Induced abortion, 25 to 28 weeks	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2266	Induced abortion, 29 to 31 weeks	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2267	Induced abortion, 32 weeks or greater	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2325	Hip core decompression	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S2340	Chemodenervation of abductor muscle(s) of vocal cord	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2341	Chemodenervation of adductor muscle(s) of vocal cord	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3005	Performance measurement, evaluation of patient self assessment, depression	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3600	STAT laboratory request (situations other than S3601)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	NOT COVERED	PEDIATRIC			
S3630	Eosinophil count, blood, direct	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3645	HIV-1 antibody testing of oral mucosal transudate	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3650	Saliva test, hormone level; during menopause	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3652	Saliva test, hormone level; to assess preterm labor risk	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3655	Antisperm antibodies test (immunobead)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S3708	Gastrointestinal fat absorption study	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3841	Genetic testing for retinoblastoma	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3842	Genetic testing for Von Hippel-Lindau disease	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3845	Genetic testing for alpha-thalassemia	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3846	Genetic testing for hemoglobin E beta-thalassemia	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3849	Genetic testing for Niemann-Pick disease	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3850	Genetic testing for sickle cell anemia	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3853	Genetic testing for myotonic muscular dystrophy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3900	Surface electromyography (EMG)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3902	Ballistocardiogram	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S3904	Masters two step	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4016	Frozen in vitro fertilization cycle, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S4022	Assisted oocyte fertilization, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4023	Donor egg cycle, incomplete, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4026	Procurement of donor sperm from sperm bank	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4027	Storage of previously frozen embryos	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4028	Microsurgical epididymal sperm aspiration (MESA)	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4030	Sperm procurement and cryopreservation services; initial visit	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S4031	Sperm procurement and cryopreservation services; subsequent visit	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4035	Stimulated intrauterine insemination (IUI), case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4037	Cryopreserved embryo transfer, case rate	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	NOT COVERED	INFERTILITY- ASSISTED REPRODUCTIVE TECHNOLOGY	NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE; Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1		
S4981	Insertion of levonorgestrel-releasing intrauterine system	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S4990	Nicotine patches, legend	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S4991	Nicotine patches, nonlegend	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S4993	Contraceptive pills for birth control	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S4995	Smoking cessation gum	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5000	Prescription drug, generic	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5001	Prescription drug, brand name	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5010	5% dextrose and 0.45% normal saline, 1000 ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5012	5% dextrose with potassium chloride, 1000 ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5100	Day care services, adult; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5101	Day care services, adult; per half day	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5102	Day care services, adult; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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S5105	Day care services, center-based; services not included in program fee, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5108	Home care training to home care client, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5109	Home care training to home care client, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5110	Home care training, family; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5111	Home care training, family; per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5115	Home care training, nonfamily; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5116	Home care training, nonfamily; per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5120	Chore services; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5121	Chore services; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5125	Attendant care services; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5126	Attendant care services; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5130	Homemaker service, NOS; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5131	Homemaker service, NOS; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5136	Companion care, adult (e.g., IADL/ADL); per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5140	Foster care, adult; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5141	Foster care, adult; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5145	Foster care, therapeutic, child; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5146	Foster care, therapeutic, child; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5150	Unskilled respite care, not hospice; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5151	Unskilled respite care, not hospice; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5160	Emergency response system; installation and testing	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5161	Emergency response system; service fee, per month (excludes installation and testing)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5162	Emergency response system; purchase only	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5165	Home modifications; per service	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5170	Home delivered meals, including preparation; per meal	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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S5175	Laundry service, external, professional; per order	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5180	Home health respiratory therapy, initial evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5181	Home health respiratory therapy, NOS, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5185	Medication reminder service, nonface-to-face; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5190	Wellness assessment, performed by nonphysician	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5199	Personal care item, NOS, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5518	Home infusion therapy, all supplies necessary for catheter repair	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5550	Insulin, rapid onset, 5 units	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5553	Insulin, long acting; 5 units	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5560	Insulin delivery device, reusable pen; 1.5 ml size	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S5561	Insulin delivery device, reusable pen; 3 ml size	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8035	Magnetic source imaging	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8037	Magnetic resonance cholangiopancreatography (MRCP)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8040	Topographic brain mapping	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8042	Magnetic resonance imaging (MRI), low-field	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction (59866)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

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S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8096	Portable peak flow meter	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8110	Peak expiratory flow rate (physician services)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8130	Interferential current stimulator, 2 channel	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8131	Interferential current stimulator, 4 channel	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8185	Flutter device	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8186	Swivel adaptor	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S8189	Tracheostomy supply, not otherwise classified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8210	Mucus trap	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8265	Haberman feeder for cleft lip/palate	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8301	Infection control supplies, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8415	Supplies for home delivery of infant	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8420	Gradient pressure aid (sleeve and glove combination), custom made	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8421	Gradient pressure aid (sleeve and glove combination), ready made	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8422	Gradient pressure aid (sleeve), custom made, medium weight	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8424	Gradient pressure aid (sleeve), ready made	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8425	Gradient pressure aid (glove), custom made, medium weight	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8426	Gradient pressure aid (glove), custom made, heavy weight	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S8427	Gradient pressure aid (glove), ready made	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8428	Gradient pressure aid (gauntlet), ready made	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8429	Gradient pressure exterior wrap	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8430	Padding for compression bandage, roll	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8431	Compression bandage, roll	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8451	Splint, prefabricated, wrist or ankle	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8452	Splint, prefabricated, elbow	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8460	Camisole, postmastectomy	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8490	Insulin syringes (100 syringes, any size)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8940	Equestrian/hippotherapy, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S8950	Complex lymphedema therapy, each 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9001	Home uterine monitor with or without associated nursing services	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9007	Ultrafiltration monitor	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9024	Paranasal sinus ultrasound	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9025	Omnicardiogram/cardiointegram	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9055	Procuren or other growth factor preparation to promote wound healing	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9056	Coma stimulation per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9083	Global fee urgent care centers	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9088	Services provided in an urgent care center (list in addition to code for service)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9090	Vertebral axial decompression, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9097	Home visit for wound care	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9117	Back school, per visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
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)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9124	Nursing care, in the home; by licensed practical nurse, per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9125	Respite care, in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9126	Hospice care, in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9127	Social work visit, in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9128	Speech therapy, in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9129	Occupational therapy, in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9131	Physical therapy; in the home, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9140	Diabetic management program, follow-up visit to non-MD provider	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9141	Diabetic management program, follow-up visit to MD provider	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9150	Evaluation by ocularist	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9152	Speech therapy, re-evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9345	Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9363	Home infusion therapy, antispasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9370	Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9374	Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9375	Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9376	Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9377	Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9430	Pharmacy compounding and dispensing services	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9432	Medical foods for noninborn errors of metabolism	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9434	Modified solid food supplements for inborn errors of metabolism	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9435	Medical foods for inborn errors of metabolism	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9436	Childbirth preparation/Lamaze classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9437	Childbirth refresher classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9438	Cesarean birth classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9439	VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9441	Asthma education, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9442	Birthing classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9443	Lactation classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9444	Parenting classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9447	Infant safety (including CPR) classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9449	Weight management classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9451	Exercise classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9452	Nutrition classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9453	Smoking cessation classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9454	Stress management classes, nonphysician provider, per session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9455	Diabetic management program, group session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9460	Diabetic management program, nurse visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9465	Diabetic management program, dietitian visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9470	Nutritional counseling, dietitian visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9472	Cardiac rehabilitation program, nonphysician provider, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9476	Vestibular rehabilitation program, nonphysician provider, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9480	Intensive outpatient psychiatric services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9482	Family stabilization services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9484	Crisis intervention mental health services, per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9485	Crisis intervention mental health services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9562	Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		Medicare HCPCS Quarterly Update		
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9901	Services by a Journal-listed Christian Science nurse, per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9970	Health club membership, annual	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9975	Transplant related lodging, meals and transportation, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
S9976	Lodging, per diem, not otherwise classified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9977	Meals, per diem, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9981	Medical records copying fee, administrative	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9982	Medical records copying fee, per page	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9986	Not medically necessary service (patient is aware that service not medically necessary)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9988	Services provided as part of a Phase I clinical trial	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9990	Services provided as part of a Phase II clinical trial	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9991	Services provided as part of a Phase III clinical trial	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9996	Meals for clinical trial participant and one caregiver/companion	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
S9999	Sales tax	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1001	Nursing assessment/evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1002	RN services, up to 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1003	LPN/LVN services, up to 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1004	Services of a qualified nursing aide, up to 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1005	Respite care services, up to 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1006	Alcohol and/or substance abuse services, family/couple counseling	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1012	Alcohol and/or substance abuse services, skills development	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1013	Sign language or oral interpretive services, per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1014	Telehealth transmission, per minute, professional services bill separately	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T1015	Clinic visit/encounter, all-inclusive	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1016	Case management, each 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1017	Targeted case management, each 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1018	School-based individualized education program (IEP) services, bundled	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1021	Home health aide or certified nurse assistant, per visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1022	Contracted home health agency services, all services provided under contract, per day	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	NOT COVERED	PEDIATRIC			
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	NOT COVERED	PEDIATRIC			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	NOT COVERED	PEDIATRIC			
T1027	Family training and counseling for child development, per 15 minutes	NOT COVERED	PEDIATRIC			
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1030	Nursing care, in the home, by registered nurse, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1031	Nursing care, in the home, by licensed practical nurse, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1032	Services performed by a doula birth worker, per 15 minutes	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
T1033	Services performed by a doula birth worker, per diem	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
T1040	Medicaid certified community behavioral health clinic services, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1041	Medicaid certified community behavioral health clinic services, per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in remarks	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T2001	Nonemergency transportation; patient attendant/escort	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2002	Nonemergency transportation; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2003	Nonemergency transportation; encounter/trip	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2004	Nonemergency transport; commercial carrier, multipass	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2005	Nonemergency transportation; stretcher van	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2010	Preadmission screening and resident review (PASRR) Level I identification screening, per screen	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2011	Preadmission screening and resident review (PASRR) Level II evaluation, per evaluation	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2012	Habilitation, educational; waiver, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2013	Habilitation, educational, waiver; per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2014	Habilitation, prevocational, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2015	Habilitation, prevocational, waiver; per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2016	Habilitation, residential, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T2017	Habilitation, residential, waiver; 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2018	Habilitation, supported employment, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2019	Habilitation, supported employment, waiver; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2020	Day habilitation, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2021	Day habilitation, waiver; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2022	Case management, per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2023	Targeted case management; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2024	Service assessment/plan of care development, waiver	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2025	Waiver services; not otherwise specified (NOS)	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2026	Specialized childcare, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2027	Specialized childcare, waiver; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2028	Specialized supply, not otherwise specified, waiver	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2029	Specialized medical equipment, not otherwise specified, waiver	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T2030	Assisted living, waiver; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2031	Assisted living; waiver, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2032	Residential care, not otherwise specified (NOS), waiver; per month	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2034	Crisis intervention, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2036	Therapeutic camping, overnight, waiver; each session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2037	Therapeutic camping, day, waiver; each session	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2038	Community transition, waiver; per service	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2039	Vehicle modifications, waiver; per service	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2040	Financial management, self-directed, waiver; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2042	Hospice routine home care; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T2043	Hospice continuous home care; per hour	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2044	Hospice inpatient respite care; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2045	Hospice general inpatient care; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2046	Hospice long-term care, room and board only; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2047	Habilitation, prevocational, waiver; per 15 minutes	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2048	Behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2049	Nonemergency transportation; stretcher van, mileage; per mile	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2050	Financial management, self-directed, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2051	Supports brokerage, self-directed, waiver; per diem	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T2101	Human breast milk processing, storage and distribution only	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4533	Youth sized disposable incontinence product, brief/diaper, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
T4537	Incontinence product, protective underpad, reusable, bed size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4538	Diaper service, reusable diaper, each diaper	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4539	Incontinence product, diaper/brief, reusable, any size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4540	Incontinence product, protective underpad, reusable, chair size, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4541	Incontinence product, disposable underpad, large, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4542	Incontinence product, disposable underpad, small size, each	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T4545	Incontinence product, disposable, penile wrap, each	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T5001	Positioning seat for persons with special orthopedic needs	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
T5999	Supply, not otherwise specified	NOT COVERED		NOT PAYABLE BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	no auth				
U0002	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	no auth				

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R D	no auth				
U0004	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R D	no auth				
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2 D	no auth				
V2020	Frames, purchases	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2025	Deluxe frame	SUPPLEMENTAL BENEFIT-SEND TO EYE MED	SUPPLEMENTAL BENEFIT for VISION CLAIMS [EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01]			
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

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V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

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V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2115	Lenticular (myodisc), per lens, single vision	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2118	Aniseikonic lens, single vision	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2121	Lenticular lens, per lens, single	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2199	Not otherwise classified, single vision lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2215	Lenticular (myodisc), per lens, bifocal	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2218	Aniseikonic, per lens, bifocal	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2219	Bifocal seg width over 28mm	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2220	Bifocal add over 3.25d	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2221	Lenticular lens, per lens, bifocal	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2299	Specialty bifocal (by report)	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2315	Lenticular, (myodisc), per lens, trifocal	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2318	Aniseikonic lens, trifocal	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2319	Trifocal seg width over 28 mm	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2320	Trifocal add over 3.25d	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2321	Lenticular lens, per lens, trifocal	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2399	Specialty trifocal (by report)	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2499	Variable sphericity lens, other type	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		
V2500	Contact lens, PMMA, spherical, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2501	Contact lens, PMMA, toric or prism ballast, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2502	Contact lens PMMA, bifocal, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2503	Contact lens, PMMA, color vision deficiency, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2510	Contact lens, gas permeable, spherical, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2512	Contact lens, gas permeable, bifocal, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2513	Contact lens, gas permeable, extended wear, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2520	Contact lens, hydrophilic, spherical, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia or corneal bandage	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage	NCD 80.1, NCD 80.4, LCD 33793, LCA 52499		
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia or corneal bandage	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage	NCD 80.1, NCD 80.4, LCD 33793, LCA 52499		
V2522	Contact lens, hydrophilic, bifocal, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage	NCD 80.1, NCD 80.4, LCD 33793, LCA 52499		
V2523	Contact lens, hydrophilic, extended wear, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia or corneal bandage	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage	NCD 80.1, NCD 80.4, LCD 33793, LCA 52499		
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2525	Contact lens, hydrophilic, dual focus, per lens	NOT COVERED	NEW CODE 4/1/2022	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia or scleral shell	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia and as a scleral shell	NCD 80.5, LCD 33793, LCA 52499		
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia or scleral shell	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia and as a scleral shell	NCD 80.5, LCD 33793, LCA 52499		
V2599	Contact lens, other type	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		
V2600	Hand held low vision aids and other nonspectacle mounted aids	NOT COVERED		LCA 52499 STATES NOT COVERED		
V2610	Single lens spectacle mounted low vision aids	NOT COVERED		LCA 52499 STATES NOT COVERED		
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	NOT COVERED		LCA 52499 STATES NOT COVERED		
V2623	Prosthetic eye, plastic, custom	AUTH REQUIRED		LCD 33737, LCD 33738		
V2624	Polishing/resurfacing of ocular prosthesis	no auth	LCD 33737 imposes QL of 2X/YEAR	LCD 33737		
V2625	Enlargement of ocular prosthesis	no auth				
V2626	Reduction of ocular prosthesis	no auth				
V2627	Scleral cover shell	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS scleral shell	NCD 80.5, LCD 33737		
V2628	Fabrication and fitting of ocular conformer	no auth				
V2629	Prosthetic eye, other type	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33737; LCD 33738		
V2630	Anterior chamber intraocular lens	no auth				
V2631	Iris supported intraocular lens	no auth				
V2632	Posterior chamber intraocular lens	no auth				
V2700	Balance lens, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2702	Deluxe lens feature	NOT COVERED		LCA 52499 STATES NOT COVERED		
V2710	Slab off prism, glass or plastic, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2715	Prism, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2718	Press-on lens, Fresnel prism, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2730	Special base curve, glass or plastic, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2744	Tint, photochromatic, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2750	Antireflective coating, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2755	U-V lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2756	Eye glass case	NOT COVERED		LCA 52499 STATES NOT COVERED		
V2760	Scratch resistant coating, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	NOT COVERED		LCA 52499 STATES NOT COVERED		
V2762	Polarization, any lens material, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2770	Occluder lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V2780	Oversize lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2781	Progressive lens, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	AUTH REQUIRED	EYE CODE NOT COVERED BY EYE MED; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2784	Lens, polycarbonate or equal, any index, per lens	SUPPLEMENTAL BENEFIT-SEND TO EYE MED -OR- to Alterwood for aphakia/pseudophakia	EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia	LCD 33793, LCA 52499		
V2785	Processing, preserving and transporting corneal tissue	no auth				
V2786	Specialty occupational multifocal lens, per lens	NOT COVERED		DME FEE SCHEDULE PAYS $0.00		
V2787	Astigmatism correcting function of intraocular lens	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V2788	Presbyopia correcting function of intraocular lens	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V2790	Amniotic membrane for surgical reconstruction, per procedure	AUTH REQUIRED	MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information		
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		
V2799	Vision item or service, miscellaneous	AUTH REQUIRED	SEND DETAILED DESCRIPTION OF REQUESTED ITEM/SERVICE AND SUPPORTING CLINICAL INFORMATION TO ALTERWOOD; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	LCD 33793, LCA 52499		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V5008	Hearing screening	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5010	Assessment for hearing aid	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5011	Fitting/orientation/checking of hearing aid	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5014	Repair/modification of a hearing aid	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5020	Conformity evaluation	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5030	Hearing aid, monaural, body worn, air conduction	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5040	Hearing aid, monaural, body worn, bone conduction	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5050	Hearing aid, monaural, in the ear	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5060	Hearing aid, monaural, behind the ear	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5070	Glasses, air conduction	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5080	Glasses, bone conduction	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5090	Dispensing fee, unspecified hearing aid	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5095	Semi-implantable middle ear hearing prosthesis	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5100	Hearing aid, bilateral, body worn	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5110	Dispensing fee, bilateral	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5120	Binaural, body	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5130	Binaural, in the ear	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V5140	Binaural, behind the ear	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5150	Binaural, glasses	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5160	Dispensing fee, binaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5190	Hearing aid, contralateral routing, monaural, glasses	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5200	Dispensing fee, contralateral, monaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5230	Hearing aid, contralateral routing system, binaural, glasses	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5240	Dispensing fee, contralateral routing system, binaural	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5241	Dispensing fee, monaural hearing aid, any type	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5243	Hearing aid, analog, monaural, ITC (in the canal)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5244	Hearing aid, digitally programmable analog, monaural, CIC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5248	Hearing aid, analog, binaural, CIC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5249	Hearing aid, analog, binaural, ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5250	Hearing aid, digitally programmable analog, binaural, CIC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5251	Hearing aid, digitally programmable analog, binaural, ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5252	Hearing aid, digitally programmable, binaural, ITE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5253	Hearing aid, digitally programmable, binaural, BTE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5254	Hearing aid, digital, monaural, CIC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5255	Hearing aid, digital, monaural, ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5256	Hearing aid, digital, monaural, ITE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5257	Hearing aid, digital, monaural, BTE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5258	Hearing aid, digital, binaural, CIC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V5259	Hearing aid, digital, binaural, ITC	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5260	Hearing aid, digital, binaural, ITE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5261	Hearing aid, digital, binaural, BTE	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5262	Hearing aid, disposable, any type, monaural	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5263	Hearing aid, disposable, any type, binaural	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5264	Ear mold/insert, not disposable, any type	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5265	Ear mold/insert, disposable, any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5266	Battery for use in hearing device	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5268	Assistive listening device, telephone amplifier, any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5269	Assistive listening device, alerting, any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5270	Assistive listening device, television amplifier, any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5271	Assistive listening device, television caption decoder	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5272	Assistive listening device, TDD	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V5273	Assistive listening device, for use with cochlear implant	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5274	Assistive listening device, not otherwise specified	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5275	Ear impression, each	SUPPLEMENTAL BENEFIT-SEND TO NATIONS	NATIONS (Phone: 866-340-0492)			
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5284	Assistive listening device, personal FM/DM, ear level receiver	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5286	Assistive listening device, personal blue tooth FM/DM receiver	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5290	Assistive listening device, transmitter microphone, any type	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION	MEDICARE GUIDANCE	MCG CRITERIA	ALTERWOOD GUIDANCE AND POLICY
V5298	Hearing aid, not otherwise classified	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5299	Hearing service, miscellaneous	AUTH REQUIRED	HEARING CODE NOT COVERED BY NATIONS; MUST SUBMIT DOCUMENTATION THAT SUPPORTS PRICING	Evaluated based on Medicare Reasonable and Necessary Standard		
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	NOT COVERED	NOT COVERED BY NATIONS	NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5362	Speech screening	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5363	Language screening	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		
V5364	Dysphagia screening	NOT COVERED		NOT COVERED BY MEDICARE PER MEDICARE HCPCS QUARTERLY UPDATE		