

**Authorization Guidelines**

Alterwood Advantage publishes this comprehensive authorization requirements guide for all CPT/HCPC codes that require authorization. This resource is to be referenced for services scheduled to be done outpatient and by a network provider at a network facility.

**Authorization requirements are reviewed quarterly and as such, providers are encouraged to re-verify authorization requirements regularly.**

**Alterwood Advantage does not require prior authorization for these services  
\*when performed in network and outpatient\*:**

- Office Visits • Colonoscopies • Mammogram Screenings • Flu Vaccines
- Initial 60-day certification period for home health • Initial 12 visits outpatient rehab in 90 days

**Alterwood Advantage does not require prior authorization for these services regardless of network status. These services are outpatient but may occur in a hospital setting:**

- Emergency or Urgent Care • Observation/Outpatient Extended Recovery up to 48 hours up
- Ambulance Ground Transportation

**Alterwood Advantage always requires authorization for these services:**

- All inpatient services • Scheduled Out of Network services

Authorization requests should be directed to the Utilization Management (UM) department using the contact information below. Fax a completed UM request form and relevant medical records/justification, with a good contact and fax number for questions and/or follow up.

| Method | Authorization for Medical Care  |
|--------|---|
| Fax    | 410-801-5701  |
| Call   | 667-262-9412 or 1-866-675-3944 toll-free (Option 6)<br>We are available 8 a.m. to 5 p.m. EST Monday through Friday. |

Alterwood will respond to every request with a decision letter and/or notification of “No Authorization Required”, as applicable.

| Service Type                  | Standard Priority<br>Maximum Turnaround | Expedited Priority<br>Maximum Turnaround |
|-------------------------------|---|--|
| Part B Injectable Medications | 72 Hours                                | 24 Hours                                 |
| Inpatient and Outpatient      | 7 Calendar Days                         | 72 Hours                                 |

| CPT/HCPCs | FULL DESCRIPTION  | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION |
|-----------|---|------------------|-------------------------------|
| 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    |                               |
| 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    |                               |
| 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    |                               |
| 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    |                               |
| 0008U     | Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, bbp1, 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    |                               |
| 0010U     | Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate  | AUTH REQUIRED    |                               |
| 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    |                               |
| 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    |                               |
| 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    |                               |
| 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    |                               |
| 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    |                               |
| 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    |                               |
| 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    |                               |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 0019M | Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0035U | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative   | AUTH REQUIRED |  |
| 0036U | Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses   | AUTH REQUIRED |  |
| 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 |  |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative   | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative   | AUTH REQUIRED |  |
| 0050U | Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0058U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative   | AUTH REQUIRED |  |
| 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 |  |
| 0060U | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood  | AUTH REQUIRED |  |
| 0062U | Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score   | AUTH REQUIRED |  |
| 0063U | Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder   | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 0071T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue  | AUTH REQUIRED |  |
| 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 |  |
| 0072T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 0079U | Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification   | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0084U | Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0089U | Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)   | AUTH REQUIRED |  |
| 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 |  |
| 0092U | Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy   | AUTH REQUIRED |  |
| 0094U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis   | AUTH REQUIRED |  |
| 0095T | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0095U | Eosinophilic esophagitis, 2 protein biomarkers (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 |  |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0100T | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy  | AUTH REQUIRED |  |
| 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 |  |
| 0102T | Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 0106T | Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation   | AUTH REQUIRED |  |
| 0106U | Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 ( <sup>13</sup> C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of <sup>13</sup> CO <sub>2</sub> excretion   | AUTH REQUIRED |  |
| 0107T | Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation  | AUTH REQUIRED |  |
| 0108T | Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia  | AUTH REQUIRED |  |
| 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 |  |
| 0109T | Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia  | AUTH REQUIRED |  |
| 0110T | Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation   | AUTH REQUIRED |  |
| 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 |  |
| 0112U | Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 0114U | Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0121U | Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood   | AUTH REQUIRED |  |
| 0122U | Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood   | AUTH REQUIRED |  |
| 0123U | Mechanical fragility, RBC, shear stress and spectral analysis profiling   | AUTH REQUIRED |  |
| 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 |  |
| 0130U | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0133U | Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0136U | ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0156U | Copy number (eg, intellectual disability, dysmorphology), sequence analysis  | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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 |  |
| 0169U | NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants  | AUTH REQUIRED |  |
| 0170U | Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis  | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 0173U | Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0175U | Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0182U | Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10   | AUTH REQUIRED |  |
| 0184T | Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)  | AUTH REQUIRED |  |
| 0187U | Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2   | AUTH REQUIRED |  |
| 0188U | Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0189U | Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2   | AUTH REQUIRED |  |
| 0190U | Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3   | AUTH REQUIRED |  |
| 0191U | Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0195U | KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)  | AUTH REQUIRED |  |
| 0198T | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report   | AUTH REQUIRED |  |
| 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 |  |
| 01990 | Physiological support for harvesting of organ(s) from brain-dead patient   | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 01999 | Unlisted anesthesia procedure(s)   | AUTH REQUIRED |  |
| 0199U | Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12  | AUTH REQUIRED |  |
| 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 |  |
| 0200U | Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3   | AUTH REQUIRED |  |
| 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 |  |
| 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 | Procedure is on Medicare's Inpatient Only List   |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 0206U | Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease  | AUTH REQUIRED |  |
| 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral   | AUTH REQUIRED |  |
| 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 |  |
| 0208T | Pure tone audiometry (threshold), automated; air only   | AUTH REQUIRED |  |
| 0209T | Pure tone audiometry (threshold), automated; air and bone   | AUTH REQUIRED |  |
| 0209U | Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities   | AUTH REQUIRED |  |
| 0210T | Speech audiometry threshold, automated;   | AUTH REQUIRED |  |
| 0211T | Speech audiometry threshold, automated; with speech recognition   | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0220U | Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 0229U | BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0234T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery  | AUTH REQUIRED |  |
| 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 |  |
| 0235T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 0236T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta   | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0237T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel   | AUTH REQUIRED |  |
| 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 |  |
| 0238T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0248U | Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug   | AUTH REQUIRED |  |
| 0249U | Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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  | AUTH REQUIRED |  |
| 0257U | Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood   | AUTH REQUIRED |  |
| 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 |  |
| 0260U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 0264U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0267T | Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)  | AUTH REQUIRED |  |
| 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 |  |
| 0268T | Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)   | AUTH REQUIRED |  |
| 0268U | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid   | AUTH REQUIRED |  |
| 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 |  |
| 0269U | Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid  | AUTH REQUIRED |  |
| 0270T | Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)  | AUTH REQUIRED |  |
| 0270U | Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0271T | Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)   | AUTH REQUIRED |  |
| 0271U | Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid  | AUTH REQUIRED |  |
| 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 |  |
| 0272U | Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0274U | Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid   | AUTH REQUIRED |  |
| 0276U | Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid  | AUTH REQUIRED |  |
| 0277U | Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid   | AUTH REQUIRED |  |
| 0278U | Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid  | AUTH REQUIRED |  |
| 0282U | Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes  | AUTH REQUIRED |  |
| 0285U | Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score  | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 0289U | Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score   | AUTH REQUIRED |  |
| 0290U | Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score   | AUTH REQUIRED |  |
| 0291U | Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score  | AUTH REQUIRED |  |
| 0292U | Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score   | AUTH REQUIRED |  |
| 0293U | Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score  | AUTH REQUIRED |  |
| 0294U | Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0301U | Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);   | AUTH REQUIRED |  |
| 0302U | Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0308T | Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 0318U | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0329T | Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 0330U | Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab   | AUTH REQUIRED |  |
| 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;  | AUTH REQUIRED |  |
| 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 |  |
| 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT   | AUTH REQUIRED |  |
| 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 |  |
| 0333T | Visual evoked potential, screening of visual acuity, automated, with report  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0335T | Insertion of sinus tarsi implant   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0342T | Therapeutic apheresis with selective HDL delipidation and plasma reinfusion   | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 0345T | Transcatheter mitral valve repair percutaneous approach via the coronary sinus   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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, or venous whole blood, algorithm reported as likelihood of bacterial infection | AUTH REQUIRED |  |
| 0352T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred   | AUTH REQUIRED |  |
| 0354T | Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred  | AUTH REQUIRED |  |
| 0356U | Oncology (oropharyngeal or anal), 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 |  |
| 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0362U | Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes         | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0365U | Oncology (bladder), 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA), by immunoassays, urine, diagnostic algorithm, including patient's age, race and gender, reported as a probability of harboring urothelial cancer  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0372U | Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score   | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |                     |
|-------|---|---------------|---------------------|
| 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 |                     |
| 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 |                     |
| 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 |                     |
| 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 |                     |
| 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 |                     |
| 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 |                     |
| 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 |                     |
| 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 |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0400U | Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative   | AUTH REQUIRED |  |
| 0401U | Cardiology (coronary heart disease [CHD]), 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 |  |
| 0402T | Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed  | AUTH REQUIRED |  |
| 0403U | Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer   | AUTH REQUIRED |  |
| 0404U | Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression   | AUTH REQUIRED |  |
| 0405U | Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected   | AUTH REQUIRED |  |
| 0406U | Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer  | AUTH REQUIRED |  |
| 0407U | Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 0409U | Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability | AUTH REQUIRED |  |
| 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 |  |
| 0410U | Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected   | AUTH REQUIRED |  |
| 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 |  |
| 0411U | 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 |  |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only  | AUTH REQUIRED |  |
| 0412U | Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology             | AUTH REQUIRED |  |
| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)   | AUTH REQUIRED |  |
| 0413U | Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations   | AUTH REQUIRED |  |
| 0414T | Removal and replacement of permanent cardiac contractility modulation system pulse generator only   | AUTH REQUIRED |  |
| 0414U | Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker       | AUTH REQUIRED |  |
| 0415U | Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS                           | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0416T | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator  | AUTH REQUIRED |  |
| 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 |  |
| 0417U | Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants | AUTH REQUIRED |  |
| 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 |  |
| 0418U | Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score  | AUTH REQUIRED |  |
| 0419U | Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype  | AUTH REQUIRED |  |
| 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 |  |
| 0421U | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk   | AUTH REQUIRED |  |
| 0423U | Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition   | AUTH REQUIRED |  |
| 0424U | Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer   | AUTH REQUIRED |  |
| 0433U | Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer  | AUTH REQUIRED |  |
| 0434U | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes   | AUTH REQUIRED |  |
| 0435U | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0437U | Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score  | AUTH REQUIRED |  |
| 0438U | Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions   | AUTH REQUIRED |  |
| 0440T | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve  | AUTH REQUIRED |  |
| 0441T | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve  | AUTH REQUIRED |  |
| 0442T | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)  | AUTH REQUIRED |  |
| 0444U | Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)  | AUTH REQUIRED |  |
| 0445U | B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology  | AUTH REQUIRED |  |
| 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training   | AUTH REQUIRED |  |
| 0446U | Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity  | AUTH REQUIRED |  |
| 0447U | Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare  | AUTH REQUIRED |  |
| 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 |  |
| 0449T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device  | AUTH REQUIRED |  |
| 0449U | Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2) | AUTH REQUIRED |  |
| 0454U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0458U | Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score  | AUTH REQUIRED |  |
| 0459U | B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology  | AUTH REQUIRED |  |
| 0464T | Visual evoked potential, testing for glaucoma, with interpretation and report   | AUTH REQUIRED |  |
| 0464U | Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result   | AUTH REQUIRED |  |
| 0465U | Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative  | AUTH REQUIRED |  |
| 0467U | Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden   | AUTH REQUIRED |  |
| 0468U | Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis   | AUTH REQUIRED |  |
| 0469T | Retinal polarization scan, ocular screening with on-site automated results, bilateral   | AUTH REQUIRED |  |
| 0469U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination | AUTH REQUIRED |  |
| 0471U | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0473U | Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden           | AUTH REQUIRED |  |
| 0474T | Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space  | AUTH REQUIRED |  |
| 0474U | Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene                            | AUTH REQUIRED |  |
| 0475U | Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer | AUTH REQUIRED |  |
| 0476U | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes  | AUTH REQUIRED |  |
| 0477U | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes   | AUTH REQUIRED |  |
| 0480U | Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification   | AUTH REQUIRED |  |
| 0481T | Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed  | AUTH REQUIRED |  |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)   | AUTH REQUIRED |  |
| 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0484T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0485T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0486T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral  | AUTH REQUIRED |  |
| 0487U | Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability   | AUTH REQUIRED |  |
| 0488U | Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected                                     | AUTH REQUIRED |  |
| 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 |  |
| 0490T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands  | AUTH REQUIRED |  |
| 0490U | Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood  | AUTH REQUIRED |  |
| 0491U | Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood | AUTH REQUIRED |  |
| 0492U | Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood                  | AUTH REQUIRED |  |
| 0493U | Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA  | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0494U | Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0495U | Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer   | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0497U | Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXN1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer  | AUTH REQUIRED |  |
| 0499U | Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection  | AUTH REQUIRED |  |
| 0503U | Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques   | AUTH REQUIRED |  |
| 0504U | Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism   | AUTH REQUIRED |  |
| 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 |  |
| 0505U | Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0506T | Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report   | AUTH REQUIRED |  |
| 0506U | Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus  | AUTH REQUIRED |  |
| 0507T | Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report  | AUTH REQUIRED |  |
| 0507U | Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected  | AUTH REQUIRED |  |
| 0510T | Removal of sinus tarsi implant   | AUTH REQUIRED |  |
| 0511T | Removal and reinsertion of sinus tarsi implant   | AUTH REQUIRED |  |
| 0511U | Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug  | AUTH REQUIRED |  |
| 0512U | Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)   | AUTH REQUIRED |  |
| 0513U | Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0516U | Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status   | AUTH REQUIRED |  |
| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only  | AUTH REQUIRED |  |
| 0518T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only   | AUTH REQUIRED |  |
| 0519T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0520T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0528T | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report  | AUTH REQUIRED |  |
| 0529T | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report  | AUTH REQUIRED |  |
| 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)   | AUTH REQUIRED |  |
| 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only  | AUTH REQUIRED |  |
| 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only  | AUTH REQUIRED |  |
| 0537U | Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative   | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 0543T | Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0544T | Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0545T | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0546T | Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report  | AUTH REQUIRED |  |
| 0547T | Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0558T | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis  | AUTH REQUIRED |  |
| 0559T | Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure  | AUTH REQUIRED |  |
| 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 |  |
| 0561T | Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide   | AUTH REQUIRED |  |
| 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 |  |
| 0563T | Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0565T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation   | AUTH REQUIRED |  |
| 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 |  |
| 0569T | Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0570T | Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 0572T | Insertion of substernal implantable defibrillator electrode   | AUTH REQUIRED |  |
| 0573T | Removal of substernal implantable defibrillator electrode   | AUTH REQUIRED |  |
| 0574T | Repositioning of previously implanted substernal implantable defibrillator-pacing electrode   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0580T | Removal of substernal implantable defibrillator pulse generator only  | AUTH REQUIRED |  |
| 0581T | Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral   | AUTH REQUIRED |  |
| 0582T | Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0583T | Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia   | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0587T | Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve  | AUTH REQUIRED |  |
| 0588T | Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve   | AUTH REQUIRED |  |
| 0589T | Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (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 |  |
| 0590T | Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (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 |  |
| 0591T | Health and well-being coaching face-to-face; individual, initial assessment   | AUTH REQUIRED |  |
| 0592T | Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes   | AUTH REQUIRED |  |
| 0593T | Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes   | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0601T | Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open   | AUTH REQUIRED |  |
| 0602T | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis   | AUTH REQUIRED |  |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report  | AUTH REQUIRED |  |
| 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 |  |
| 0614T | Removal and replacement of substernal implantable defibrillator pulse generator  | AUTH REQUIRED |  |
| 0615T | Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0619T | Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed  | AUTH REQUIRED |  |
| 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 |  |
| 0621T | Trabeculectomy ab interno by laser   | AUTH REQUIRED |  |
| 0622T | Trabeculectomy ab interno by laser; with use of ophthalmic endoscope   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0631T | Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity  | AUTH REQUIRED |  |
| 0632T | Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance   | AUTH REQUIRED |  |
| 0639T | Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0640T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site   | AUTH REQUIRED |  |
| 0643T | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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 |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0647T | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0651T | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report   | AUTH REQUIRED |  |
| 0652T | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)  | AUTH REQUIRED |  |
| 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter  | AUTH REQUIRED |  |
| 0655T | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging   | AUTH REQUIRED |  |
| 0656T | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0657T | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score  | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach   | AUTH REQUIRED |  |
| 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant   | AUTH REQUIRED |  |
| 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap  | AUTH REQUIRED |  |
| 0663T | Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor   | AUTH REQUIRED |  |
| 0665T | Donor hysterectomy (including cold preservation); open, from living donor  | AUTH REQUIRED |  |
| 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor   | AUTH REQUIRED |  |
| 0667T | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor  | AUTH REQUIRED |  |
| 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 |  |
| 0669T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each  | AUTH REQUIRED |  |
| 0670T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each  | AUTH REQUIRED |  |
| 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 |  |
| 0672T | Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence   | AUTH REQUIRED |  |
| 0673T | Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 0679T | Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0682T | Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0686T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance  | AUTH REQUIRED |  |
| 0687T | Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session  | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 0692T | Therapeutic ultrafiltration   | AUTH REQUIRED |  |
| 0693T | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0699T | Injection, posterior chamber of eye, medication   | AUTH REQUIRED |  |
| 0700T | Molecular fluorescent imaging of suspicious nevus; first lesion   | AUTH REQUIRED |  |
| 0701T | Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 0708T | Intradermal cancer immunotherapy; preparation and initial injection   | AUTH REQUIRED |  |
| 0709T | Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 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 |  |
| 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission   | AUTH REQUIRED |  |
| 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 |  |
| 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report  | AUTH REQUIRED |  |
| 0714T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL   | AUTH REQUIRED |  |
| 0716T | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score  | AUTH REQUIRED |  |
| 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 |  |
| 0718T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral  | AUTH REQUIRED |  |
| 0719T | Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment   | AUTH REQUIRED |  |
| 0720T | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation   | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 0725T | Vestibular device implantation, unilateral  | AUTH REQUIRED |  |
| 0726T | Removal of implanted vestibular device, unilateral  | AUTH REQUIRED |  |
| 0727T | Removal and replacement of implanted vestibular device, unilateral  | AUTH REQUIRED |  |
| 0728T | Diagnostic analysis of vestibular implant, unilateral; with initial programming   | AUTH REQUIRED |  |
| 0729T | Diagnostic analysis of vestibular implant, unilateral; with subsequent programming  | AUTH REQUIRED |  |
| 0730T | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance   | AUTH REQUIRED |  |
| 0731T | Augmentative AI-based facial phenotype analysis with report   | AUTH REQUIRED |  |
| 0732T | Immunotherapy administration with electroporation, intramuscular  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0736T | Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter  | AUTH REQUIRED |  |
| 0737T | Xenograft implantation into the articular surface   | AUTH REQUIRED |  |
| 0738T | Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination  | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0740T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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    | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia   | AUTH REQUIRED |  |
| 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 |  |
| 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;   | AUTH REQUIRED |  |
| 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 | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 0766T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and mapping of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve   | AUTH REQUIRED |  |
| 0767T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and mapping 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 |  |
| 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 |  |
| 0777T | Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 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 |  |
| 0779T | Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report   | AUTH REQUIRED |  |
| 0780T | Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 0783T | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment  | AUTH REQUIRED |  |
| 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed  | AUTH REQUIRED |  |
| 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator  | AUTH REQUIRED |  |
| 0786T | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0787T | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator  | AUTH REQUIRED |  |
| 0788T | Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters        | AUTH REQUIRED |  |
| 0789T | Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters | AUTH REQUIRED |  |
| 0790T | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0791T | Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0792T | Application of silver diamine fluoride 38%, by a physician or other qualified health care professional   | AUTH REQUIRED |  |
| 0793T | Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 0805T | Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0806T | Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 0810T | Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies   | AUTH REQUIRED |  |
| 0811T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment  | AUTH REQUIRED |  |
| 0812T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days   | AUTH REQUIRED |  |
| 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon  | AUTH REQUIRED |  |
| 0814T | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral   | AUTH REQUIRED |  |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine  | AUTH REQUIRED |  |
| 0816T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous   | AUTH REQUIRED |  |
| 0817T | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial   | AUTH REQUIRED |  |
| 0818T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous  | AUTH REQUIRED |  |
| 0819T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial  | AUTH REQUIRED |  |
| 0820T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0821T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)                                  | AUTH REQUIRED |  |
| 0822T | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) | AUTH REQUIRED |  |
| 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed   | AUTH REQUIRED |  |
| 0824T | Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed  | AUTH REQUIRED |  |
| 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed   | AUTH REQUIRED |  |
| 0826T | 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, leadless pacemaker system in single-cardiac chamber   | AUTH REQUIRED |  |
| 0827T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0828T | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0829T | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0830T | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0831T | Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0832T | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0833T | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0834T | Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0835T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)                    | AUTH REQUIRED |  |
| 0836T | Digitization of glass microscope slides for 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) | AUTH REQUIRED |  |
| 0837T | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0838T | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0839T | Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0840T | Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0841T | Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0842T | Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0843T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0844T | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0845T | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0846T | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0847T | Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)          | AUTH REQUIRED |  |
| 0848T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0849T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0850T | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0851T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)         | AUTH REQUIRED |  |
| 0852T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | AUTH REQUIRED |  |
| 0853T | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)         | AUTH REQUIRED |  |
| 0854T | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0855T | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0856T | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0857T | Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0858T | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0859T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 0860T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities  | AUTH REQUIRED |  |
| 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)   | AUTH REQUIRED |  |
| 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only   | AUTH REQUIRED |  |
| 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only   | AUTH REQUIRED |  |
| 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session                             | AUTH REQUIRED |  |
| 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | AUTH REQUIRED |  |
| 0867T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL   | AUTH REQUIRED |  |
| 0868T | High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report   | AUTH REQUIRED |  |
| 0869T | Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed  | AUTH REQUIRED |  |
| 0880T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report   | AUTH REQUIRED |  |
| 0884T | Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0886T | Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed   | AUTH REQUIRED |  |
| 0888T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance   | AUTH REQUIRED |  |
| 0889T | Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation                               | AUTH REQUIRED |  |
| 0891T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day  | AUTH REQUIRED |  |
| 0892T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day  | AUTH REQUIRED |  |
| 0894T | Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0895T | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0896T | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 0897T | Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report  | AUTH REQUIRED |  |
| 0898T | Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report  | AUTH REQUIRED |  |
| 0901T | Placement of bone marrow sampling port, including imaging guidance when performed   | AUTH REQUIRED |  |
| 0902T | QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 0903T | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report  | AUTH REQUIRED |  |
| 0904T | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only  | AUTH REQUIRED |  |
| 0905T | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only  | AUTH REQUIRED |  |
| 0906T | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm   | AUTH REQUIRED |  |
| 0907T | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 0908T | Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed  | AUTH REQUIRED |  |
| 0909T | Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed  | AUTH REQUIRED |  |
| 0910T | Removal of integrated neurostimulation system, vagus nerve  | AUTH REQUIRED |  |
| 0911T | Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional  | AUTH REQUIRED |  |
| 0912T | Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional  | AUTH REQUIRED |  |
| 0913T | Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch | AUTH REQUIRED |  |
| 0915T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)  | AUTH REQUIRED |  |
| 0916T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only   | AUTH REQUIRED |  |
| 0917T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only  | AUTH REQUIRED |  |
| 0918T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 0919T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only   | AUTH REQUIRED |  |
| 0920T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only  | AUTH REQUIRED |  |
| 0921T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only  | AUTH REQUIRED |  |
| 0922T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only  | AUTH REQUIRED |  |
| 0923T | Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only  | AUTH REQUIRED |  |
| 0925T | Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator  | AUTH REQUIRED |  |
| 0926T | 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-defibrillation system   | AUTH REQUIRED |  |
| 0927T | Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system   | AUTH REQUIRED |  |
| 0928T | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional   | AUTH REQUIRED |  |
| 0929T | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results   | AUTH REQUIRED |  |
| 0930T | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator    | AUTH REQUIRED |  |
| 0931T | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator | AUTH REQUIRED |  |
| 0932T | Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional  | AUTH REQUIRED |  |
| 0933T | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation  | AUTH REQUIRED |  |

|       |  |  |  |
|-------|--|--|--|
| 0934T | Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional | AUTH REQUIRED                          |  |
| 0935T | Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral  | AUTH REQUIRED                          |  |
| 0936T | Photobiomodulation therapy of retina, single session   | AUTH REQUIRED                          |  |
| 0937T | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional  | AUTH REQUIRED                          |  |
| 0938T | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)  | AUTH REQUIRED                          |  |
| 0939T | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report   | AUTH REQUIRED                          |  |
| 0940T | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional  | AUTH REQUIRED                          |  |
| 0941T | Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization  | AUTH REQUIRED                          |  |
| 0942T | Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold   | AUTH REQUIRED                          |  |
| 0943T | Cystourethroscopy, flexible; with removal of prostatic urethral scaffold   | AUTH REQUIRED                          |  |
| 0944T | 3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation   | AUTH REQUIRED                          |  |
| 0945T | Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)  | AUTH REQUIRED                          |  |
| 0946T | Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 0947T | Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed   | AUTH REQUIRED                          |  |
| 11004 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |

|       |   |               |  |
|-------|---|---------------|--|
| 11005 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                         | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 11960 | Insertion of tissue expander(s) for other than breast, including subsequent expansion   | AUTH REQUIRED |  |
| 12034 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm  | AUTH REQUIRED |  |
| 14040 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less  | AUTH REQUIRED |  |
| 15011 | Harvest of skin for skin cell suspension autograft; first 25 sq cm or less  | AUTH REQUIRED |  |
| 15013 | Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin   | AUTH REQUIRED |  |
| 15015 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less   | AUTH REQUIRED |  |
| 15017 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less | AUTH REQUIRED |  |
| 15756 | Free muscle or myocutaneous flap with microvascular anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 15757 | Free skin flap with microvascular anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 15758 | Free fascial flap with microvascular anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 15760 | Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area   | AUTH REQUIRED |  |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)   | AUTH REQUIRED |  |
| 15770 | Graft; derma-fat-fascia   | AUTH REQUIRED |  |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate  | AUTH REQUIRED |  |
| 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 |  |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts   | AUTH REQUIRED |  |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts  | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)   | AUTH REQUIRED |  |
| 15781 | Dermabrasion; segmental, face  | AUTH REQUIRED |  |
| 15782 | Dermabrasion; regional, other than face  | AUTH REQUIRED |  |
| 15783 | Dermabrasion; superficial, any site (eg, tattoo removal)   | AUTH REQUIRED |  |
| 15786 | Abrasion; single lesion (eg, keratosis, scar)  | AUTH REQUIRED |  |
| 15788 | Chemical peel, facial; epidermal   | AUTH REQUIRED |  |
| 15789 | Chemical peel, facial; dermal  | AUTH REQUIRED |  |
| 15792 | Chemical peel, nonfacial; epidermal  | AUTH REQUIRED |  |
| 15793 | Chemical peel, nonfacial; dermal   | AUTH REQUIRED |  |
| 15820 | Blepharoplasty, lower eyelid;  | AUTH REQUIRED |  |
| 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad   | AUTH REQUIRED |  |
| 15822 | Blepharoplasty, upper eyelid;  | AUTH REQUIRED |  |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid   | AUTH REQUIRED |  |
| 15824 | Rhytidectomy; forehead   | AUTH REQUIRED |  |
| 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)  | AUTH REQUIRED |  |
| 15826 | Rhytidectomy; glabellar frown lines  | AUTH REQUIRED |  |
| 15828 | Rhytidectomy; cheek, chin, and neck  | AUTH REQUIRED |  |
| 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap  | AUTH REQUIRED |  |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy  | AUTH REQUIRED |  |
| 15832 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh   | AUTH REQUIRED |  |
| 15833 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg   | AUTH REQUIRED |  |
| 15834 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip   | AUTH REQUIRED |  |
| 15835 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock   | AUTH REQUIRED |  |
| 15836 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm   | AUTH REQUIRED |  |
| 15837 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand   | AUTH REQUIRED |  |
| 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad   | AUTH REQUIRED |  |
| 15839 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area  | AUTH REQUIRED |  |
| 15876 | Suction assisted lipectomy; head and neck  | AUTH REQUIRED |  |
| 15877 | Suction assisted lipectomy; trunk  | AUTH REQUIRED |  |
| 15878 | Suction assisted lipectomy; upper extremity  | AUTH REQUIRED |  |
| 15879 | Suction assisted lipectomy; lower extremity  | AUTH REQUIRED |  |
| 15999 | Unlisted procedure, excision pressure ulcer  | AUTH REQUIRED |  |
| 16036 | Escharotomy; each additional incision (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue  | AUTH REQUIRED |  |
| 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 | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 19300 | Mastectomy for gynecomastia  | AUTH REQUIRED |  |
| 19305 | Mastectomy, radical, including pectoral muscles, axillary lymph nodes  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19306 | Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19316 | Mastopexy  | AUTH REQUIRED |  |
| 19318 | Breast reduction   | AUTH REQUIRED |  |
| 19325 | Breast augmentation with implant   | AUTH REQUIRED |  |
| 19328 | Removal of intact breast implant   | AUTH REQUIRED |  |
| 19350 | Nipple/areola reconstruction   | AUTH REQUIRED |  |
| 19355 | Correction of inverted nipples   | AUTH REQUIRED |  |
| 19361 | Breast reconstruction; with latissimus dorsi flap  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19364 | Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19367 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19368 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19369 | Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 19370 | Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy   | AUTH REQUIRED |  |
| 19371 | Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents   | AUTH REQUIRED |  |
| 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 |  |
| 19396 | Preparation of moulage for custom breast implant   | AUTH REQUIRED |  |
| 19499 | Unlisted procedure, breast   | AUTH REQUIRED |  |
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s)   | 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. |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles  | 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. |
| 20661 | Application of halo, including removal; cranial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 20664 | Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 20802 | Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20805 | Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20808 | Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20816 | Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20824 | Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20827 | Replantation, thumb (includes distal tip to MP joint), complete amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20838 | Replantation, foot, complete amputation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20955 | Bone graft with microvascular anastomosis; fibula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20956 | Bone graft with microvascular anastomosis; iliac crest  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20957 | Bone graft with microvascular anastomosis; metatarsal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20962 | Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20969 | Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe                             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20970 | Free osteocutaneous flap with microvascular anastomosis; iliac crest  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 20999 | Unlisted procedure, musculoskeletal system, general   | AUTH REQUIRED |  |
| 21045 | Excision of malignant tumor of mandible; radical resection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21089 | Unlisted maxillofacial prosthetic procedure   | AUTH REQUIRED |  |
| 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal                        | AUTH REQUIRED |  |
| 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material)   | AUTH REQUIRED |  |
| 21121 | Genioplasty; sliding osteotomy, single piece  | AUTH REQUIRED |  |
| 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)             | AUTH REQUIRED |  |
| 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)                                   | AUTH REQUIRED |  |
| 21125 | Augmentation, mandibular body or angle; prosthetic material   | AUTH REQUIRED |  |
| 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)                      | AUTH REQUIRED |  |
| 21137 | Reduction forehead; contouring only   | AUTH REQUIRED |  |
| 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)                    | AUTH REQUIRED |  |
| 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall   | AUTH REQUIRED |  |
| 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft    | AUTH REQUIRED |  |
| 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft                                     | AUTH REQUIRED |  |
| 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft                             | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)   | AUTH REQUIRED |  |
| 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)   | AUTH REQUIRED |  |
| 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 |  |
| 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21181 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial   | AUTH REQUIRED |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)                        | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft                                      | AUTH REQUIRED |  |
| 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)              | AUTH REQUIRED |  |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation                                      | AUTH REQUIRED |  |
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation   | AUTH REQUIRED |  |
| 21198 | Osteotomy, mandible, segmental;   | AUTH REQUIRED |  |
| 21199 | Osteotomy, mandible, segmental; with genioglossus advancement   | AUTH REQUIRED |  |
| 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)   | AUTH REQUIRED |  |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)   | AUTH REQUIRED |  |
| 21209 | Osteoplasty, facial bones; reduction  | AUTH REQUIRED |  |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)   | AUTH REQUIRED |  |
| 21215 | Graft, bone; mandible (includes obtaining graft)  | AUTH REQUIRED |  |
| 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)   | AUTH REQUIRED |  |
| 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)   | AUTH REQUIRED |  |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)   | AUTH REQUIRED |  |
| 21242 | Arthroplasty, temporomandibular joint, with allograft   | AUTH REQUIRED |  |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement  | AUTH REQUIRED |  |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)                               | AUTH REQUIRED |  |
| 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial   | AUTH REQUIRED |  |
| 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete  | AUTH REQUIRED |  |
| 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial   | AUTH REQUIRED |  |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete  | AUTH REQUIRED |  |
| 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)                          | AUTH REQUIRED |  |
| 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia) | AUTH REQUIRED |  |
| 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach  | AUTH REQUIRED |  |
| 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach                      | AUTH REQUIRED |  |
| 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement                                      | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach  | AUTH REQUIRED |  |
| 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21270 | Malar augmentation, prosthetic material  | AUTH REQUIRED |  |
| 21275 | Secondary revision of orbitocraniofacial reconstruction  | AUTH REQUIRED |  |
| 21280 | Medial canthopexy (separate procedure)   | AUTH REQUIRED |  |
| 21282 | Lateral canthopexy   | AUTH REQUIRED |  |
| 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach   | AUTH REQUIRED |  |
| 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach   | AUTH REQUIRED |  |
| 21299 | Unlisted craniofacial and maxillofacial procedure  | AUTH REQUIRED |  |
| 21343 | Open treatment of depressed frontal sinus fracture   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21344 | Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21348 | Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21423 | Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21431 | Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21432 | Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21433 | Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches                                  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21436 | Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)                     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21497 | Interdental wiring, for condition other than fracture  | AUTH REQUIRED |  |
| 21499 | Unlisted musculoskeletal procedure, head   | AUTH REQUIRED |  |
| 21510 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21602 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21603 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21615 | Excision first and/or cervical rib;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21616 | Excision first and/or cervical rib; with sympathectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21620 | Ostectomy of sternum, partial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21627 | Sternal debridement  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 21630 | Radical resection of sternum  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21705 | Division of scalenus anticus; with resection of cervical rib  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21740 | Reconstructive repair of pectus excavatum or carinatum; open  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy   | AUTH REQUIRED |  |
| 21750 | Closure of median sternotomy separation with or without debridement (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21825 | Open treatment of sternum fracture with or without skeletal fixation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 21899 | Unlisted procedure, neck or thorax  | AUTH REQUIRED |  |
| 22010 | Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22015 | Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22110 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22112 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22114 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22206 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)              | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22212 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22325 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22326 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22327 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level  | AUTH REQUIRED |  |
| 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)   | AUTH REQUIRED |  |
| 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22548 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22590 | Arthrodesis, posterior technique, craniocervical (occiput-C2)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22600 | Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22610 | Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22830 | Exploration of spinal fusion  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22849 | Reinsertion of spinal fixation device   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22852 | Removal of posterior segmental instrumentation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22855 | Removal of anterior instrumentation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 22899 | Unlisted procedure, spine  | AUTH REQUIRED |  |
| 22999 | Unlisted procedure, abdomen, musculoskeletal system  | AUTH REQUIRED |  |
| 23073 | Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater   | AUTH REQUIRED |  |
| 23200 | Radical resection of tumor; clavicle   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23210 | Radical resection of tumor; scapula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23220 | Radical resection of tumor, proximal humerus   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23335 | Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23430 | Tenodesis of long tendon of biceps   | AUTH REQUIRED |  |
| 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))   | AUTH REQUIRED |  |
| 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23615 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;   | AUTH REQUIRED |  |
| 23650 | Closed treatment of shoulder dislocation, with manipulation; without anesthesia  | AUTH REQUIRED |  |
| 23900 | Interthoracoscapular amputation (forequarter)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23920 | Disarticulation of shoulder;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 23929 | Unlisted procedure, shoulder   | AUTH REQUIRED |  |
| 24071 | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater   | AUTH REQUIRED |  |
| 24400 | Osteotomy, humerus, with or without internal fixation  | AUTH REQUIRED |  |
| 24685 | Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed   | AUTH REQUIRED |  |
| 24900 | Amputation, arm through humerus; with primary closure  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 24920 | Amputation, arm through humerus; open, circular (guillotine)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 24930 | Amputation, arm through humerus; re-amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 24931 | Amputation, arm through humerus; with implant   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 24940 | Cineplasty, upper extremity, complete procedure   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 24999 | Unlisted procedure, humerus or elbow  | AUTH REQUIRED |  |
| 25071 | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater  | AUTH REQUIRED |  |
| 25111 | Excision of ganglion, wrist (dorsal or volar); primary  | AUTH REQUIRED |  |
| 25215 | Carpectomy; all bones of proximal row   | AUTH REQUIRED |  |
| 25390 | Osteoplasty, radius OR ulna; shortening   | AUTH REQUIRED |  |
| 25391 | Osteoplasty, radius OR ulna; lengthening with autograft   | AUTH REQUIRED |  |
| 25392 | Osteoplasty, radius AND ulna; shortening (excluding 64876)  | AUTH REQUIRED |  |
| 25393 | Osteoplasty, radius AND ulna; lengthening with autograft  | AUTH REQUIRED |  |
| 25394 | Osteoplasty, carpal bone, shortening  | AUTH REQUIRED |  |
| 25448 | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed   | AUTH REQUIRED |  |
| 25575 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna  | AUTH REQUIRED |  |
| 25900 | Amputation, forearm, through radius and ulna;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 25905 | Amputation, forearm, through radius and ulna; open, circular (guillotine)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 25915 | Krukenberg procedure  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 25920 | Disarticulation through wrist;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 25924 | Disarticulation through wrist; re-amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 25927 | Transmetacarpal amputation;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 25999 | Unlisted procedure, forearm or wrist  | AUTH REQUIRED |  |
| 26055 | Tendon sheath incision (eg, for trigger finger)   | AUTH REQUIRED |  |
| 26551 | Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 26553 | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 26554 | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 26556 | Transfer, free toe joint, with microvascular anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 26989 | Unlisted procedure, hands or fingers  | AUTH REQUIRED |  |
| 26992 | Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27005 | Tenotomy, hip flexor(s), open (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27025 | Fasciotomy, hip or thigh, any type  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27030 | Arthrotomy, hip, with drainage (eg, infection)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27054 | Arthrotomy with synovectomy, hip joint  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 27070 | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial                        | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27071 | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27075 | Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27076 | Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27077 | Radical resection of tumor; innominate bone, total   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27078 | Radical resection of tumor; ischial tuberosity and greater trochanter of femur   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27090 | Removal of hip prosthesis; (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27091 | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27120 | Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27122 | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft  | AUTH REQUIRED |  |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27140 | Osteotomy and transfer of greater trochanter of femur (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27146 | Osteotomy, iliac, acetabular or innominate bone;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27147 | Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27151 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27156 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27158 | Osteotomy, pelvis, bilateral (eg, congenital malformation)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27161 | Osteotomy, femoral neck (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27165 | Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27170 | Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27175 | Treatment of slipped femoral epiphysis; by traction, without reduction   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27176 | Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27177 | Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 27178 | Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27181 | Open treatment of slipped femoral epiphysis; osteotomy and internal fixation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27185 | Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27187 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED |  |
| 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)   | AUTH REQUIRED |  |
| 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)                                 | AUTH REQUIRED |  |
| 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)                                       | AUTH REQUIRED |  |
| 27222 | Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27226 | Open treatment of posterior or anterior acetabular wall fracture, with internal fixation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27227 | Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27232 | Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27236 | Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27240 | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27244 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27245 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27248 | Open treatment of greater trochanteric fracture, includes internal fixation, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27253 | Open treatment of hip dislocation, traumatic, without internal fixation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 27254 | Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27258 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27268 | Closed treatment of femoral fracture, proximal end, head; with manipulation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27269 | Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device | AUTH REQUIRED |  |
| 27280 | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27282 | Arthrodesis, symphysis pubis (including obtaining graft)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27284 | Arthrodesis, hip joint (including obtaining graft);   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27286 | Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27290 | Interpelviabdominal amputation (hindquarter amputation)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27295 | Disarticulation of hip  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27299 | Unlisted procedure, pelvis or hip joint   | AUTH REQUIRED |  |
| 27303 | Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27365 | Radical resection of tumor, femur or knee   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27412 | Autologous chondrocyte implantation, knee   | AUTH REQUIRED |  |
| 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)  | AUTH REQUIRED |  |
| 27448 | Osteotomy, femur, shaft or supracondylar; without fixation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27450 | Osteotomy, femur, shaft or supracondylar; with fixation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27454 | Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27455 | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure                                      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27457 | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure                                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27465 | Osteoplasty, femur; shortening (excluding 64876)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27466 | Osteoplasty, femur; lengthening   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27468 | Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 27470 | Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27472 | Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)                                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27486 | Revision of total knee arthroplasty, with or without allograft; 1 component   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27488 | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27495 | Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27507 | Open treatment of femoral shaft fracture with plate/screws, with or without cerclage  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27511 | Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed                         | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27513 | Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed                            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27514 | Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27519 | Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27535 | Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27536 | Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27540 | Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27556 | Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction                     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27557 | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27558 | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction                     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)  | AUTH REQUIRED |  |
| 27580 | Arthrodesis, knee, any technique  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27590 | Amputation, thigh, through femur, any level;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27591 | Amputation, thigh, through femur, any level; immediate fitting technique including first cast   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27592 | Amputation, thigh, through femur, any level; open, circular (guillotine)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 27596 | Amputation, thigh, through femur, any level; re-amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27598 | Disarticulation at knee   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27599 | Unlisted procedure, femur or knee   | AUTH REQUIRED |  |
| 27606 | Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia  | AUTH REQUIRED |  |
| 27645 | Radical resection of tumor; tibia   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27646 | Radical resection of tumor; fibula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27703 | Arthroplasty, ankle; revision, total ankle  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27712 | Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27715 | Osteoplasty, tibia and fibula, lengthening or shortening  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27724 | Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27725 | Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27727 | Repair of congenital pseudarthrosis, tibia  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27792 | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed   | AUTH REQUIRED |  |
| 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 | AUTH REQUIRED |  |
| 27822 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip                                   | AUTH REQUIRED |  |
| 27829 | Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed  | AUTH REQUIRED |  |
| 27860 | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)   | AUTH REQUIRED |  |
| 27870 | Arthrodesis, ankle, open  | AUTH REQUIRED |  |
| 27880 | Amputation, leg, through tibia and fibula;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27881 | Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27882 | Amputation, leg, through tibia and fibula; open, circular (guillotine)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27886 | Amputation, leg, through tibia and fibula; re-amputation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27888 | Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 27899 | Unlisted procedure, leg or ankle  | AUTH REQUIRED |  |
| 28010 | Tenotomy, percutaneous, toe; single tendon  | AUTH REQUIRED |  |
| 28022 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint   | AUTH REQUIRED |  |
| 28039 | Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater  | AUTH REQUIRED |  |
| 28122 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus                     | AUTH REQUIRED |  |
| 28285 | Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 28288 | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head  | AUTH REQUIRED |  |
| 28296 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method   | AUTH REQUIRED |  |
| 28299 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method  | AUTH REQUIRED |  |
| 28308 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each   | AUTH REQUIRED |  |
| 28485 | Open treatment of metatarsal fracture, includes internal fixation, when performed, each   | AUTH REQUIRED |  |
| 28715 | Arthrodesis; triple   | AUTH REQUIRED |  |
| 28730 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;  | AUTH REQUIRED |  |
| 28750 | Arthrodesis, great toe; metatarsophalangeal joint   | AUTH REQUIRED |  |
| 28800 | Amputation, foot; midtarsal (eg, Chopart type procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 28805 | Amputation, foot; transmetatarsal   | AUTH REQUIRED |  |
| 28899 | Unlisted procedure, foot or toes  | AUTH REQUIRED |  |
| 29799 | Unlisted procedure, casting or strapping  | AUTH REQUIRED |  |
| 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]) | AUTH REQUIRED |  |
| 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)  | AUTH REQUIRED |  |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair   | AUTH REQUIRED |  |
| 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis   | AUTH REQUIRED |  |
| 29848 | Endoscopy, wrist, surgical, with release of transverse carpal ligament  | AUTH REQUIRED |  |
| 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage   | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 29891 | Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect  | AUTH REQUIRED |  |
| 29999 | Unlisted procedure, arthroscopy   | AUTH REQUIRED |  |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip   | AUTH REQUIRED |  |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip   | AUTH REQUIRED |  |
| 30420 | Rhinoplasty, primary; including major septal repair   | AUTH REQUIRED |  |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work)   | AUTH REQUIRED |  |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)  | AUTH REQUIRED |  |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)   | AUTH REQUIRED |  |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | AUTH REQUIRED |  |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)  | AUTH REQUIRED |  |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)   | AUTH REQUIRED |  |
| 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling              | AUTH REQUIRED |  |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft                                 | AUTH REQUIRED |  |
| 30540 | Repair choanal atresia; intranasal  | AUTH REQUIRED |  |
| 30545 | Repair choanal atresia; transpalatine   | AUTH REQUIRED |  |
| 30999 | Unlisted procedure, nose  | AUTH REQUIRED |  |
| 31225 | Maxillectomy; without orbital exenteration  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31230 | Maxillectomy; with orbital exenteration (en bloc)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31242 | Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve   | AUTH REQUIRED |  |
| 31243 | Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve  | AUTH REQUIRED |  |
| 31290 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31291 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31299 | Unlisted procedure, accessory sinuses   | AUTH REQUIRED |  |
| 31360 | Laryngectomy; total, without radical neck dissection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31365 | Laryngectomy; total, with radical neck dissection   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31367 | Laryngectomy; subtotal supraglottic, without radical neck dissection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31368 | Laryngectomy; subtotal supraglottic, with radical neck dissection   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31370 | Partial laryngectomy (hemilaryngectomy); horizontal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31375 | Partial laryngectomy (hemilaryngectomy); laterovertical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31380 | Partial laryngectomy (hemilaryngectomy); anterovertical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31382 | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31390 | Pharyngolaryngectomy, with radical neck dissection; without reconstruction  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31395 | Pharyngolaryngectomy, with radical neck dissection; with reconstruction   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31551 | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age                         | AUTH REQUIRED |  |
| 31553 | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age                            | AUTH REQUIRED |  |
| 31599 | Unlisted procedure, larynx  | AUTH REQUIRED |  |
| 31725 | Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31760 | Tracheoplasty; intrathoracic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31766 | Carinal reconstruction  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31770 | Bronchoplasty; graft repair   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31775 | Bronchoplasty; excision stenosis and anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 31780 | Excision tracheal stenosis and anastomosis; cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31781 | Excision tracheal stenosis and anastomosis; cervicothoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31786 | Excision of tracheal tumor or carcinoma; thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31800 | Suture of tracheal wound or injury; cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31805 | Suture of tracheal wound or injury; intrathoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 31899 | Unlisted procedure, trachea, bronchi  | AUTH REQUIRED |  |
| 32035 | Thoracostomy; with rib resection for empyema  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32036 | Thoracostomy; with open flap drainage for empyema   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32096 | Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32097 | Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32098 | Thoracotomy, with biopsy(ies) of pleura   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32100 | Thoracotomy; with exploration   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32110 | Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32120 | Thoracotomy; for postoperative complications  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32124 | Thoracotomy; with open intrapleural pneumonolysis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32140 | Thoracotomy; with cyst(s) removal, includes pleural procedure when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32141 | Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32150 | Thoracotomy; with removal of intrapleural foreign body or fibrin deposit  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32151 | Thoracotomy; with removal of intrapulmonary foreign body  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32160 | Thoracotomy; with cardiac massage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32200 | Pneumonostomy, with open drainage of abscess or cyst  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32215 | Pleural scarification for repeat pneumothorax   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32220 | Decortication, pulmonary (separate procedure); total  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32225 | Decortication, pulmonary (separate procedure); partial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32310 | Pleurectomy, parietal (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32320 | Decortication and parietal pleurectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32440 | Removal of lung, pneumonectomy;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32442 | Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)                          | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32445 | Removal of lung, pneumonectomy; extrapleural  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32480 | Removal of lung, other than pneumonectomy; single lobe (lobectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32482 | Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32484 | Removal of lung, other than pneumonectomy; single segment (segmentectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32486 | Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32488 | Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)                 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32505 | Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32506 | Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32507 | Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32540 | Extrapleural enucleation of empyema (empyemectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32650 | Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32651 | Thoracoscopy, surgical; with partial pulmonary decortication   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32652 | Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumolysis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32653 | Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32654 | Thoracoscopy, surgical; with control of traumatic hemorrhage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32655 | Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32656 | Thoracoscopy, surgical; with parietal pleurectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32658 | Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32659 | Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32661 | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32662 | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32663 | Thoracoscopy, surgical; with lobectomy (single lobe)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32664 | Thoracoscopy, surgical; with thoracic sympathectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32665 | Thoracoscopy, surgical; with esophagomyotomy (Heller type)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32666 | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 32667 | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 32668 | Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32669 | Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32670 | Thoracoscopy, surgical; with removal of two lobes (bilobectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32671 | Thoracoscopy, surgical; with removal of lung (pneumonectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32673 | Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32674 | Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32800 | Repair lung hernia through chest wall  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32810 | Closure of chest wall following open flap drainage for empyema (Clagett type procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32815 | Open closure of major bronchial fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32820 | Major reconstruction, chest wall (posttraumatic)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32850 | Donor pneumonectomy(s) (including cold preservation), from cadaver donor   | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 32851 | Lung transplant, single; without cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32852 | Lung transplant, single; with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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 | Procedure is on Medicare's Inpatient Only List   |
| 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 | Procedure is on Medicare's Inpatient Only List   |
| 32900 | Resection of ribs, extrapleural, all stages  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32905 | Thoracoplasty, Schede type or extrapleural (all stages);   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32906 | Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 32940 | Pneumonolysis, extraperiosteal, including filling or packing procedures  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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 |  |
| 32997 | Total lung lavage (unilateral)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |

|       |   |               |  |
|-------|---|---------------|--|
| 32999 | Unlisted procedure, lungs and pleura  | AUTH REQUIRED |  |
| 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                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33019 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33020 | Pericardiotomy for removal of clot or foreign body (primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33025 | Creation of pericardial window or partial resection for drainage  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33030 | Pericardiectomy, subtotal or complete; without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33031 | Pericardiectomy, subtotal or complete; with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33050 | Resection of pericardial cyst or tumor  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33120 | Excision of intracardiac tumor, resection with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33130 | Resection of external cardiac tumor   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33140 | Transmyocardial laser revascularization, by thoracotomy; (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33202 | Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33203 | Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33236 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33237 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33238 | Removal of permanent transvenous electrode(s) by thoracotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33243 | Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33254 | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33255 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33256 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33261 | Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33265 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33266 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33267 | Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 33269 | Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33276 | Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed                                  | AUTH REQUIRED |  |
| 33277 | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 33278 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)   | AUTH REQUIRED |  |
| 33279 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only   | AUTH REQUIRED |  |
| 33280 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only  | AUTH REQUIRED |  |
| 33281 | Repositioning of phrenic nerve stimulator transvenous lead(s)   | AUTH REQUIRED |  |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming   | AUTH REQUIRED |  |
| 33287 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 33288 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)  | AUTH REQUIRED |  |
| 33300 | Repair of cardiac wound; without bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33305 | Repair of cardiac wound; with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33310 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33315 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33320 | Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33321 | Suture repair of aorta or great vessels; with shunt bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33322 | Suture repair of aorta or great vessels; with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33330 | Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33335 | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                          | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 33390 | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33391 | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33404 | Construction of apical-aortic conduit   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33405 | Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33406 | Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33410 | Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33411 | Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33412 | Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33413 | Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33414 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33415 | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33416 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33417 | Aortoplasty (gusset) for supraaortic stenosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33418 | Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33420 | Valvotomy, mitral valve; closed heart   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33422 | Valvotomy, mitral valve; open heart, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33425 | Valvuloplasty, mitral valve, with cardiopulmonary bypass;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33426 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33427 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33430 | Replacement, mitral valve, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33460 | Valvectomy, tricuspid valve, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33463 | Valvuloplasty, tricuspid valve; without ring insertion  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33464 | Valvuloplasty, tricuspid valve; with ring insertion   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33465 | Replacement, tricuspid valve, with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33468 | Tricuspid valve repositioning and plication for Ebstein anomaly   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 33474 | Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33475 | Replacement, pulmonary valve   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33476 | Right ventricular resection for infundibular stenosis, with or without commissurotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed               | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33478 | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33496 | Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33500 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33501 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33502 | Repair of anomalous coronary artery from pulmonary artery origin; by ligation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33503 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33504 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33505 | Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)           | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33506 | Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta                                  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33507 | Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33509 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33510 | Coronary artery bypass, vein only; single coronary venous graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33511 | Coronary artery bypass, vein only; 2 coronary venous grafts  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33512 | Coronary artery bypass, vein only; 3 coronary venous grafts  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33513 | Coronary artery bypass, vein only; 4 coronary venous grafts  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33514 | Coronary artery bypass, vein only; 5 coronary venous grafts  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33516 | Coronary artery bypass, vein only; 6 or more coronary venous grafts  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33517 | Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33518 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33519 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33521 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33522 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33534 | Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33535 | Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33536 | Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33542 | Myocardial resection (eg, ventricular aneurysmectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33545 | Repair of postinfarction ventricular septal defect, with or without myocardial resection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33548 | Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33600 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33602 | Closure of semilunar valve (aortic or pulmonary) by suture or patch   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33606 | Anastomosis of pulmonary artery to aorta (Damas-Kaye-Stansel procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33610 | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33611 | Repair of double outlet right ventricle with intraventricular tunnel repair;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33612 | Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33617 | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33619 | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33620 | Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33621 | Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33641 | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33645 | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33647 | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33660 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33665 | Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33670 | Repair of complete atrioventricular canal, with or without prosthetic valve   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33675 | Closure of multiple ventricular septal defects;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33676 | Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33677 | Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33681 | Closure of single ventricular septal defect, with or without patch;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33684 | Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33688 | Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33690 | Banding of pulmonary artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33692 | Complete repair tetralogy of Fallot without pulmonary atresia;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33694 | Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33702 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33710 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33720 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33724 | Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33726 | Repair of pulmonary venous stenosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33730 | Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33732 | Repair of cor triatriatum or supra-avalvular mitral ring by resection of left atrial membrane   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 33735 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33736 | Atrial septectomy or septostomy; open heart with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33750 | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33755 | Shunt; ascending aorta to pulmonary artery (Waterston type operation)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33762 | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33764 | Shunt; central, with prosthetic graft   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33766 | Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33767 | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33768 | Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33770 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33771 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33774 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33775 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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        | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33777 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction           | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33778 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33779 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33780 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect                                 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33781 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction                                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33782 | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation                            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33783 | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33786 | Total repair, truncus arteriosus (Rastelli type operation)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33788 | Reimplantation of an anomalous pulmonary artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33800 | Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33802 | Division of aberrant vessel (vascular ring);   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33803 | Division of aberrant vessel (vascular ring); with reanastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33814 | Obliteration of aortopulmonary septal defect, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33820 | Repair of patent ductus arteriosus; by ligation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33822 | Repair of patent ductus arteriosus; by division, younger than 18 years   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33824 | Repair of patent ductus arteriosus; by division, 18 years and older  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33840 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33845 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33852 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33853 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33858 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 33859 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33863 | Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33864 | Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33875 | Descending thoracic aorta graft, with or without bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33877 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                               | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33886 | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33889 | Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33891 | Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33894 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 33895 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33897 | Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33900 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral  | AUTH REQUIRED |  |
| 33901 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral   | AUTH REQUIRED |  |
| 33902 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral   | AUTH REQUIRED |  |
| 33903 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral  | AUTH REQUIRED |  |
| 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 |  |
| 33910 | Pulmonary artery embolectomy; with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33915 | Pulmonary artery embolectomy; without cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33916 | Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33917 | Repair of pulmonary artery stenosis by reconstruction with patch or graft   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33920 | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33922 | Transection of pulmonary artery with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33925 | Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33926 | Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33928 | Removal and replacement of total replacement heart system (artificial heart)  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33930 | Donor cardiectomy-pneumonectomy (including cold preservation)   | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List   |

|       |  |               |  |
|-------|--|---------------|--|
| 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33940 | Donor cardiectomy (including cold preservation)  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List   |
| 33945 | Heart transplant, with or without recipient cardiectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33946 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33947 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33948 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 33949 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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)          | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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)                     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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)            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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)                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |

|       |   |               |  |
|-------|---|---------------|--|
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33967 | Insertion of intra-aortic balloon assist device, percutaneous   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33968 | Removal of intra-aortic balloon assist device, percutaneous   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33970 | Insertion of intra-aortic balloon assist device through the femoral artery, open approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33971 | Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33973 | Insertion of intra-aortic balloon assist device through the ascending aorta   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33974 | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33976 | Insertion of ventricular assist device; extracorporeal, biventricular   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33977 | Removal of ventricular assist device; extracorporeal, single ventricle  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33978 | Removal of ventricular assist device; extracorporeal, biventricular   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33979 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33980 | Removal of ventricular assist device, implantable intracorporeal, single ventricle  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)               | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33988 | Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33989 | Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33990 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33991 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture           | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33992 | Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion                                     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33993 | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33997 | Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 33999 | Unlisted procedure, cardiac surgery   | AUTH REQUIRED |  |
| 34001 | Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34051 | Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34151 | Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34401 | Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34451 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 34502 | Reconstruction of vena cava, any method  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 34712 | Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34808 | Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34812 | Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34813 | Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34830 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34831 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 34832 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 34834 | Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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])   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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])   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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])  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)        | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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]) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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])        | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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]) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35082 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35112 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)           | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35152 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35182 | Repair, congenital arteriovenous fistula; thorax and abdomen  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35189 | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 35211 | Repair blood vessel, direct; intrathoracic, with bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35216 | Repair blood vessel, direct; intrathoracic, without bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35221 | Repair blood vessel, direct; intra-abdominal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35241 | Repair blood vessel with vein graft; intrathoracic, with bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35246 | Repair blood vessel with vein graft; intrathoracic, without bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35251 | Repair blood vessel with vein graft; intra-abdominal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35271 | Repair blood vessel with graft other than vein; intrathoracic, with bypass  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35276 | Repair blood vessel with graft other than vein; intrathoracic, without bypass   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35281 | Repair blood vessel with graft other than vein; intra-abdominal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35301 | Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35302 | Thromboendarterectomy, including patch graft, if performed; superficial femoral artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35303 | Thromboendarterectomy, including patch graft, if performed; popliteal artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35304 | Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35305 | Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35306 | Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35311 | Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35331 | Thromboendarterectomy, including patch graft, if performed; abdominal aorta   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35341 | Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35351 | Thromboendarterectomy, including patch graft, if performed; iliac   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35355 | Thromboendarterectomy, including patch graft, if performed; iliofemoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35361 | Thromboendarterectomy, including patch graft, if performed; combined aortoiliac   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35363 | Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35371 | Thromboendarterectomy, including patch graft, if performed; common femoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35372 | Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35390 | Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)               | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35400 | Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)                            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35501 | Bypass graft, with vein; common carotid-ipsilateral internal carotid  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35506 | Bypass graft, with vein; carotid-subclavian or subclavian-carotid   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35508 | Bypass graft, with vein; carotid-vertebral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35509 | Bypass graft, with vein; carotid-contralateral carotid  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35510 | Bypass graft, with vein; carotid-brachial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 35511 | Bypass graft, with vein; subclavian-subclavian  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35512 | Bypass graft, with vein; subclavian-brachial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35515 | Bypass graft, with vein; subclavian-vertebral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35516 | Bypass graft, with vein; subclavian-axillary  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35518 | Bypass graft, with vein; axillary-axillary  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35521 | Bypass graft, with vein; axillary-femoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35522 | Bypass graft, with vein; axillary-brachial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35523 | Bypass graft, with vein; brachial-ulnar or -radial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35525 | Bypass graft, with vein; brachial-brachial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35526 | Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid                                  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35531 | Bypass graft, with vein; aortoceliac or aortomesenteric   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35533 | Bypass graft, with vein; axillary-femoral-femoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35535 | Bypass graft, with vein; hepatorenal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35536 | Bypass graft, with vein; splenorenal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35537 | Bypass graft, with vein; aortoiliac   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35538 | Bypass graft, with vein; aortobi-iliac  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35539 | Bypass graft, with vein; aortofemoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35540 | Bypass graft, with vein; aortobifemoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35556 | Bypass graft, with vein; femoral-popliteal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35558 | Bypass graft, with vein; femoral-femoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35560 | Bypass graft, with vein; aortorenal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35563 | Bypass graft, with vein; ilioiliac  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35565 | Bypass graft, with vein; iliofemoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35566 | Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35570 | Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35571 | Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels                         | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35583 | In-situ vein bypass; femoral-popliteal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35585 | In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery                          | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35587 | In-situ vein bypass; popliteal-tibial, peroneal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35600 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35601 | Bypass graft, with other than vein; common carotid-ipsilateral internal carotid                             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35606 | Bypass graft, with other than vein; carotid-subclavian  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35612 | Bypass graft, with other than vein; subclavian-subclavian   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35616 | Bypass graft, with other than vein; subclavian-axillary   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35621 | Bypass graft, with other than vein; axillary-femoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35623 | Bypass graft, with other than vein; axillary-popliteal or -tibial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35626 | Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35631 | Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal                                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35632 | Bypass graft, with other than vein; ilio-celiac   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35633 | Bypass graft, with other than vein; ilio-mesenteric   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 35634 | Bypass graft, with other than vein; iliorenal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35636 | Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35637 | Bypass graft, with other than vein; aortoiliac  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35638 | Bypass graft, with other than vein; aortobi-iliac   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35642 | Bypass graft, with other than vein; carotid-vertebral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35645 | Bypass graft, with other than vein; subclavian-vertebral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35646 | Bypass graft, with other than vein; aortobifemoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35647 | Bypass graft, with other than vein; aortofemoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35650 | Bypass graft, with other than vein; axillary-axillary   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35654 | Bypass graft, with other than vein; axillary-femoral-femoral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35656 | Bypass graft, with other than vein; femoral-popliteal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35661 | Bypass graft, with other than vein; femoral-femoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35663 | Bypass graft, with other than vein; ilioiliac   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35665 | Bypass graft, with other than vein; iliofemoral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35666 | Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35671 | Bypass graft, with other than vein; popliteal-tibial or -peroneal artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35681 | Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35682 | Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35691 | Transposition and/or reimplantation; vertebral to carotid artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35693 | Transposition and/or reimplantation; vertebral to subclavian artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35694 | Transposition and/or reimplantation; subclavian to carotid artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35695 | Transposition and/or reimplantation; carotid to subclavian artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35697 | Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35701 | Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35702 | Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35703 | Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35800 | Exploration for postoperative hemorrhage, thrombosis or infection; neck   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35820 | Exploration for postoperative hemorrhage, thrombosis or infection; chest  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35840 | Exploration for postoperative hemorrhage, thrombosis or infection; abdomen  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35870 | Repair of graft-enteric fistula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35901 | Excision of infected graft; neck  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 35905 | Excision of infected graft; thorax  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 35907 | Excision of infected graft; abdomen   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 36299 | Unlisted procedure, vascular injection  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated   | AUTH REQUIRED |  |
| 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 |  |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated  | AUTH REQUIRED |  |
| 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 |  |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 36555 | Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age   | AUTH REQUIRED |  |
| 36557 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age  | AUTH REQUIRED |  |
| 36560 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age  | AUTH REQUIRED |  |
| 36568 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age   | AUTH REQUIRED |  |
| 36570 | Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 36660 | Catheterization, umbilical artery, newborn, for diagnosis or therapy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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 |  |
| 37140 | Venous anastomosis, open; portocaval  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37145 | Venous anastomosis, open; renoportal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37160 | Venous anastomosis, open; caval-mesenteric  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37180 | Venous anastomosis, open; splenorenal, proximal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37181 | Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 37224 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 37228 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty   | AUTH REQUIRED |  |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)  | AUTH REQUIRED |  |
| 37501 | Unlisted vascular endoscopy procedure   | AUTH REQUIRED |  |
| 37616 | Ligation, major artery (eg, post-traumatic, rupture); chest   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37617 | Ligation, major artery (eg, post-traumatic, rupture); abdomen   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37618 | Ligation, major artery (eg, post-traumatic, rupture); extremity   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37660 | Ligation of common iliac vein   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions  | AUTH REQUIRED |  |
| 37718 | Ligation, division, and stripping, short saphenous vein   | AUTH REQUIRED |  |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below   | AUTH REQUIRED |  |
| 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 |  |
| 37760 | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg  | AUTH REQUIRED |  |
| 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg  | AUTH REQUIRED |  |
| 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions   | AUTH REQUIRED |  |
| 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)   | AUTH REQUIRED |  |
| 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg  | AUTH REQUIRED |  |
| 37788 | Penile revascularization, artery, with or without vein graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 37799 | Unlisted procedure, vascular surgery  | AUTH REQUIRED |  |
| 38100 | Splenectomy; total (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38101 | Splenectomy; partial (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38102 | Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)                             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38115 | Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38129 | Unlisted laparoscopy procedure, spleen  | AUTH REQUIRED |  |
| 38207 | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage  | AUTH REQUIRED |  |
| 38208 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor  | AUTH REQUIRED |  |
| 38209 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor   | AUTH REQUIRED |  |
| 38210 | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion  | AUTH REQUIRED |  |
| 38211 | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion  | AUTH REQUIRED |  |
| 38212 | Transplant preparation of hematopoietic progenitor cells; red blood cell removal  | AUTH REQUIRED |  |
| 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion  | AUTH REQUIRED |  |
| 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion   | AUTH REQUIRED |  |
| 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer  | AUTH REQUIRED |  |
| 38225 | 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 | AUTH REQUIRED |  |
| 38226 | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)                     | AUTH REQUIRED |  |
| 38227 | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration   | AUTH REQUIRED |  |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous   | AUTH REQUIRED |  |
| 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor   | AUTH REQUIRED |  |
| 38241 | Hematopoietic progenitor cell (HPC); autologous transplantation   | AUTH REQUIRED |  |
| 38380 | Suture and/or ligation of thoracic duct; cervical approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38381 | Suture and/or ligation of thoracic duct; thoracic approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38382 | Suture and/or ligation of thoracic duct; abdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38562 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 38564 | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38589 | Unlisted laparoscopy procedure, lymphatic system   | AUTH REQUIRED |  |
| 38724 | Cervical lymphadenectomy (modified radical neck dissection)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38746 | Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38765 | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)                              | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38770 | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38780 | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 38999 | Unlisted procedure, hemic or lymphatic system  | AUTH REQUIRED |  |
| 39000 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39010 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39200 | Resection of mediastinal cyst  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39220 | Resection of mediastinal tumor   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39499 | Unlisted procedure, mediastinum  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39501 | Repair, laceration of diaphragm, any approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39503 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39540 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39541 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39545 | Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39560 | Resection, diaphragm; with simple repair (eg, primary suture)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39561 | Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 39599 | Unlisted procedure, diaphragm  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral  | AUTH REQUIRED |  |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure  | AUTH REQUIRED |  |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages  | AUTH REQUIRED |  |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure  | AUTH REQUIRED |  |
| 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle  | AUTH REQUIRED |  |
| 40799 | Unlisted procedure, lips   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 40819 | Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)   | AUTH REQUIRED |  |
| 40899 | Unlisted procedure, vestibule of mouth  | AUTH REQUIRED |  |
| 41010 | Incision of lingual frenum (frenotomy)  | AUTH REQUIRED |  |
| 41130 | Glossectomy; hemiglossectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41135 | Glossectomy; partial, with unilateral radical neck dissection   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41140 | Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection                                     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41145 | Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection                             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41150 | Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection          | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41153 | Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41155 | Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 41599 | Unlisted procedure, tongue, floor of mouth  | AUTH REQUIRED |  |
| 41820 | Gingivectomy, excision gingiva, each quadrant   | AUTH REQUIRED |  |
| 41821 | Operculectomy, excision pericoronar tissues   | AUTH REQUIRED |  |
| 41870 | Periodontal mucosal grafting  | AUTH REQUIRED |  |
| 41872 | Gingivoplasty, each quadrant (specify)  | AUTH REQUIRED |  |
| 41874 | Alveoloplasty, each quadrant (specify)  | AUTH REQUIRED |  |
| 41899 | Unlisted procedure, dentoalveolar structures  | AUTH REQUIRED |  |
| 42200 | Palatoplasty for cleft palate, soft and/or hard palate only   | AUTH REQUIRED |  |
| 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only   | AUTH REQUIRED |  |
| 42210 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)       | AUTH REQUIRED |  |
| 42215 | Palatoplasty for cleft palate; major revision   | AUTH REQUIRED |  |
| 42220 | Palatoplasty for cleft palate; secondary lengthening procedure  | AUTH REQUIRED |  |
| 42225 | Palatoplasty for cleft palate; attachment pharyngeal flap   | AUTH REQUIRED |  |
| 42226 | Lengthening of palate, and pharyngeal flap  | AUTH REQUIRED |  |
| 42227 | Lengthening of palate, with island flap   | AUTH REQUIRED |  |
| 42235 | Repair of anterior palate, including vomer flap   | AUTH REQUIRED |  |
| 42260 | Repair of nasolabial fistula  | AUTH REQUIRED |  |
| 42281 | Insertion of pin-retained palatal prosthesis  | AUTH REQUIRED |  |
| 42299 | Unlisted procedure, palate, uvula   | AUTH REQUIRED |  |
| 42426 | Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 42699 | Unlisted procedure, salivary glands or ducts  | AUTH REQUIRED |  |
| 42810 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues   | AUTH REQUIRED |  |
| 42815 | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx                    | AUTH REQUIRED |  |
| 42820 | Tonsillectomy and adenoidectomy; younger than age 12  | AUTH REQUIRED |  |
| 42825 | Tonsillectomy, primary or secondary; younger than age 12  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 42830 | Adenoidectomy, primary; younger than age 12  | AUTH REQUIRED |  |
| 42835 | Adenoidectomy, secondary; younger than age 12  | AUTH REQUIRED |  |
| 42845 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 42894 | Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 42953 | Pharyngoesophageal repair  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 42961 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 42971 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 42999 | Unlisted procedure, pharynx, adenoids, or tonsils  | AUTH REQUIRED |  |
| 43045 | Esophagotomy, thoracic approach, with removal of foreign body  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43100 | Excision of lesion, esophagus, with primary repair; cervical approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43101 | Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43107 | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43108 | Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43112 | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43113 | Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43116 | Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43117 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43121 | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43122 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43124 | Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43135 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43279 | Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43283 | Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                         | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43289 | Unlisted laparoscopy procedure, esophagus   | AUTH REQUIRED |  |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon  | AUTH REQUIRED |  |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)  | AUTH REQUIRED |  |
| 43300 | Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43305 | Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43310 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43312 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43313 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 43314 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43320 | Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43325 | Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43327 | Esophagogastric fundoplasty partial or complete; laparotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43328 | Esophagogastric fundoplasty partial or complete; thoracotomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43330 | Esophagomyotomy (Heller type); abdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43331 | Esophagomyotomy (Heller type); thoracic approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43332 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43333 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43334 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43335 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43336 | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43337 | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43338 | Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43340 | Esophagojejunostomy (without total gastrectomy); abdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43341 | Esophagojejunostomy (without total gastrectomy); thoracic approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43351 | Esophagostomy, fistulization of esophagus, external; thoracic approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43352 | Esophagostomy, fistulization of esophagus, external; cervical approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43360 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43400 | Ligation, direct, esophageal varices   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43405 | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43410 | Suture of esophageal wound or injury; cervical approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43415 | Suture of esophageal wound or injury; transthoracic or transabdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 43425 | Closure of esophagostomy or fistula; transthoracic or transabdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43460 | Esophagogastric tamponade, with balloon (Sengstaken type)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43496 | Free jejunum transfer with microvascular anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43499 | Unlisted procedure, esophagus  | AUTH REQUIRED |  |
| 43500 | Gastrotomy; with exploration or foreign body removal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43501 | Gastrotomy; with suture repair of bleeding ulcer   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43502 | Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43520 | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43605 | Biopsy of stomach, by laparotomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43610 | Excision, local; ulcer or benign tumor of stomach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43611 | Excision, local; malignant tumor of stomach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43620 | Gastrectomy, total; with esophagoenterostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43621 | Gastrectomy, total; with Roux-en-Y reconstruction  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43622 | Gastrectomy, total; with formation of intestinal pouch, any type   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43631 | Gastrectomy, partial, distal; with gastroduodenostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43632 | Gastrectomy, partial, distal; with gastrojejunostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43633 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43634 | Gastrectomy, partial, distal; with formation of intestinal pouch   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43635 | Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)                                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43640 | Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43641 | Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)                         | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption                             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum   | AUTH REQUIRED |  |
| 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum   | AUTH REQUIRED |  |
| 43659 | Unlisted laparoscopy procedure, stomach  | AUTH REQUIRED |  |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) | AUTH REQUIRED |  |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only                                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only  | AUTH REQUIRED |  |
| 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only                        | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components  | AUTH REQUIRED |  |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43800 | Pyloroplasty   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43810 | Gastroduodenostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43820 | Gastrojejunostomy; without vagotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43825 | Gastrojejunostomy; with vagotomy, any type   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43832 | Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43840 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty  | AUTH REQUIRED |  |
| 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43880 | Closure of gastrocolic fistula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43882 | Revision or removal of gastric neurostimulator electrodes, antrum, open  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only  | AUTH REQUIRED |  |
| 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only   | AUTH REQUIRED |  |
| 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only   | AUTH REQUIRED |  |
| 43999 | Unlisted procedure, stomach  | AUTH REQUIRED |  |
| 44005 | Enterolysis (freeing of intestinal adhesion) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44010 | Duodenotomy, for exploration, biopsy(s), or foreign body removal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 44015 | Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44020 | Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44021 | Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44025 | Colotomy, for exploration, biopsy(s), or foreign body removal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44050 | Reduction of volvulus, intussusception, internal hernia, by laparotomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44055 | Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44110 | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44111 | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44120 | Enterectomy, resection of small intestine; single resection and anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44121 | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44125 | Enterectomy, resection of small intestine; with enterostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44126 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44127 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44130 | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44132 | Donor enterectomy (including cold preservation), open; from cadaver donor  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 44133 | Donor enterectomy (including cold preservation), open; partial, from living donor  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 44135 | Intestinal allotransplantation; from cadaver donor   | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 44136 | Intestinal allotransplantation; from living donor  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 44137 | Removal of transplanted intestinal allograft, complete   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44139 | Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44140 | Colectomy, partial; with anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 44141 | Colectomy, partial; with skin level cecostomy or colostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |

|       |   |               |  |
|-------|---|---------------|--|
| 44143 | Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44144 | Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44145 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44146 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44147 | Colectomy, partial; abdominal and transanal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44150 | Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44151 | Colectomy, total, abdominal, without proctectomy; with continent ileostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44155 | Colectomy, total, abdominal, with proctectomy; with ileostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44156 | Colectomy, total, abdominal, with proctectomy; with continent ileostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44157 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44158 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed                         | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44160 | Colectomy, partial, with removal of terminal ileum with ileocolostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44188 | Laparoscopy, surgical, colostomy or skin level cecostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44202 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44203 | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44204 | Laparoscopy, surgical; colectomy, partial, with anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44205 | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44206 | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44207 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44208 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44210 | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44212 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44213 | Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 44227 | Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44238 | Unlisted laparoscopy procedure, intestine (except rectum)  | AUTH REQUIRED |  |
| 44300 | Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44310 | Ileostomy or jejunostomy, non-tube   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44314 | Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44316 | Continent ileostomy (Kock procedure) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44320 | Colostomy or skin level cecostomy;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44322 | Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44345 | Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44346 | Revision of colostomy; with repair of paracolostomy hernia (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44602 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44603 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44604 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy                                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44605 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44615 | Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44620 | Closure of enterostomy, large or small intestine;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44625 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44626 | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44640 | Closure of intestinal cutaneous fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44650 | Closure of enteroenteric or enterocolic fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44660 | Closure of enterovesical fistula; without intestinal or bladder resection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44661 | Closure of enterovesical fistula; with intestine and/or bladder resection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44680 | Intestinal plication (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44700 | Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 44720 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44721 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 44799 | Unlisted procedure, small intestine   | AUTH REQUIRED |  |
| 44800 | Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44820 | Excision of lesion of mesentery (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44850 | Suture of mesentery (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44899 | Unlisted procedure, Meckel's diverticulum and the mesentery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44900 | Incision and drainage of appendiceal abscess, open  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44960 | Appendectomy; for ruptured appendix with abscess or generalized peritonitis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 44979 | Unlisted laparoscopy procedure, appendix  | AUTH REQUIRED |  |
| 45110 | Proctectomy; complete, combined abdominoperineal, with colostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45111 | Proctectomy; partial resection of rectum, transabdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45112 | Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45113 | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45114 | Proctectomy, partial, with anastomosis; abdominal and transsacral approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45116 | Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45119 | Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45120 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45121 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45123 | Proctectomy, partial, without anastomosis, perineal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45130 | Excision of rectal procidentia, with anastomosis; perineal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45135 | Excision of rectal procidentia, with anastomosis; abdominal and perineal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45136 | Excision of ileoanal reservoir with ileostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45399 | Unlisted procedure, colon   | AUTH REQUIRED |  |
| 45400 | Laparoscopy, surgical; proctopexy (for prolapse)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45402 | Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45499 | Unlisted laparoscopy procedure, rectum  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 45540 | Proctopexy (eg, for prolapse); abdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45550 | Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45562 | Exploration, repair, and presacral drainage for rectal injury;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45563 | Exploration, repair, and presacral drainage for rectal injury; with colostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45800 | Closure of rectovesical fistula;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45805 | Closure of rectovesical fistula; with colostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45820 | Closure of rectourethral fistula;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45825 | Closure of rectourethral fistula; with colostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 45999 | Unlisted procedure, rectum  | AUTH REQUIRED |  |
| 46070 | Incision, anal septum (infant)  | AUTH REQUIRED |  |
| 46705 | Anoplasty, plastic operation for stricture; infant  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46710 | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46712 | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46715 | Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46716 | Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46730 | Repair of high imperforate anus without fistula; perineal or sacroperineal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46735 | Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46740 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46742 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46744 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46746 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46748 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46751 | Sphincteroplasty, anal, for incontinence or prolapse; child   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 46999 | Unlisted procedure, anus  | AUTH REQUIRED |  |
| 47010 | Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47015 | Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47100 | Biopsy of liver, wedge  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47120 | Hepatectomy, resection of liver; partial lobectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47122 | Hepatectomy, resection of liver; trisegmentectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47125 | Hepatectomy, resection of liver; total left lobectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47130 | Hepatectomy, resection of liver; total right lobectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47133 | Donor hepatectomy (including cold preservation), from cadaver donor   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 47135 | Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47140 | Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47141 | Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47142 | Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 47146 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47147 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47300 | Marsupialization of cyst or abscess of liver  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47350 | Management of liver hemorrhage; simple suture of liver wound or injury  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47360 | Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47361 | Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47362 | Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47379 | Unlisted laparoscopic procedure, liver  | AUTH REQUIRED |  |
| 47380 | Ablation, open, of 1 or more liver tumor(s); radiofrequency   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47381 | Ablation, open, of 1 or more liver tumor(s); cryosurgical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47382 | Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency  | AUTH REQUIRED |  |
| 47399 | Unlisted procedure, liver   | AUTH REQUIRED |  |
| 47400 | Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 47420 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47425 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47460 | Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47480 | Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47570 | Laparoscopy, surgical; cholecystoenterostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47579 | Unlisted laparoscopy procedure, biliary tract  | AUTH REQUIRED |  |
| 47600 | Cholecystectomy;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47605 | Cholecystectomy; with cholangiography  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47610 | Cholecystectomy with exploration of common duct;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47612 | Cholecystectomy with exploration of common duct; with choledochoenterostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47620 | Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47700 | Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47701 | Portoenterostomy (eg, Kasai procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47711 | Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47712 | Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47715 | Excision of choledochal cyst   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47720 | Cholecystoenterostomy; direct  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47721 | Cholecystoenterostomy; with gastroenterostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47740 | Cholecystoenterostomy; Roux-en-Y   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47741 | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47760 | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47765 | Anastomosis, of intrahepatic ducts and gastrointestinal tract  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47780 | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47785 | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47800 | Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47801 | Placement of choledochal stent   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47900 | Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 47999 | Unlisted procedure, biliary tract  | AUTH REQUIRED |  |
| 48000 | Placement of drains, peripancreatic, for acute pancreatitis;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 48001 | Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48020 | Removal of pancreatic calculus   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48100 | Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48105 | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48120 | Excision of lesion of pancreas (eg, cyst, adenoma)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48140 | Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48145 | Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48146 | Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48148 | Excision of ampulla of Vater   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48150 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48152 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48153 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48154 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48155 | Pancreatectomy, total  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells   | AUTH REQUIRED |  |
| 48400 | Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48500 | Marsupialization of pancreatic cyst  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48510 | External drainage, pseudocyst of pancreas, open  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48520 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48540 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48545 | Pancreatorrhaphy for injury  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48547 | Duodenal exclusion with gastrojejunostomy for pancreatic injury  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48548 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48550 | Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation   | AUTH REQUIRED | Paid for by recipient's plan.                  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 | Procedure is on Medicare's Inpatient Only List |
| 48552 | Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48554 | Transplantation of pancreatic allograft   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48556 | Removal of transplanted pancreatic allograft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 48999 | Unlisted procedure, pancreas  | AUTH REQUIRED |  |
| 49000 | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49002 | Reopening of recent laparotomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49010 | Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49013 | Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49014 | Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49020 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49040 | Drainage of subdiaphragmatic or subphrenic abscess, open  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49060 | Drainage of retroperitoneal abscess, open   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49062 | Drainage of extraperitoneal lymphocele to peritoneal cavity, open   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49186 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49187 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49188 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49189 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49190 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49215 | Excision of presacral or sacrococcygeal tumor   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49255 | Omentectomy, epiploectomy, resection of omentum (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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)                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49425 | Insertion of peritoneal-venous shunt  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49428 | Ligation of peritoneal-venous shunt   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 49500 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible   | AUTH REQUIRED |  |
| 49501 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 | Procedure is on Medicare's Inpatient Only List |
| 49600 | Repair of small omphalocele, with primary closure   | AUTH REQUIRED |  |
| 49605 | Repair of large omphalocele or gastroschisis; with or without prosthesis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49606 | Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49610 | Repair of omphalocele (Gross type operation); first stage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 49611 | Repair of omphalocele (Gross type operation); second stage  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy   | AUTH REQUIRED |  |
| 49900 | Suture, secondary, of abdominal wall for evisceration or dehiscence   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 49904 | Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 49905 | Omental flap, intra-abdominal (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 49906 | Free omental flap with microvascular anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 49999 | Unlisted procedure, abdomen, peritoneum and omentum   | AUTH REQUIRED |  |
| 50010 | Renal exploration, not necessitating other specific procedures  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50040 | Nephrostomy, nephrotomy with drainage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50045 | Nephrotomy, with exploration  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50060 | Nephrolithotomy; removal of calculus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50065 | Nephrolithotomy; secondary surgical operation for calculus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50070 | Nephrolithotomy; complicated by congenital kidney abnormality   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50075 | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)                                      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50100 | Transection or repositioning of aberrant renal vessels (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50120 | Pyelotomy; with exploration   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50125 | Pyelotomy; with drainage, pyelostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50130 | Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50205 | Renal biopsy; by surgical exposure of kidney  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50220 | Nephrectomy, including partial ureterectomy, any open approach including rib resection;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50225 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50230 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50234 | Nephrectomy with total ureterectomy and bladder cuff; through same incision   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50236 | Nephrectomy with total ureterectomy and bladder cuff; through separate incision   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50240 | Nephrectomy, partial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50250 | Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50280 | Excision or unroofing of cyst(s) of kidney  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50290 | Excision of perinephric cyst  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List   |
| 50300 | Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |
| 50320 | Donor nephrectomy (including cold preservation); open, from living donor  | AUTH REQUIRED | Paid for by recipient's plan.<br>---<br>Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 50327 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50328 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50329 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50340 | Recipient nephrectomy (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50360 | Renal allotransplantation, implantation of graft; without recipient nephrectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50365 | Renal allotransplantation, implantation of graft; with recipient nephrectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50370 | Removal of transplanted renal allograft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50380 | Renal autotransplantation, reimplantation of kidney  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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, calycolasty)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50500 | Nephrorrhaphy, suture of kidney wound or injury  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50520 | Closure of nephrocutaneous or pyelocutaneous fistula   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50525 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50526 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50540 | Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50545 | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50546 | Laparoscopy, surgical; nephrectomy, including partial ureterectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50547 | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50548 | Laparoscopy, surgical; nephrectomy with total ureterectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50549 | Unlisted laparoscopy procedure, renal  | AUTH REQUIRED |  |
| 50600 | Ureterotomy with exploration or drainage (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50605 | Ureterotomy for insertion of indwelling stent, all types   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 50610 | Ureterolithotomy; upper one-third of ureter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50620 | Ureterolithotomy; middle one-third of ureter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50630 | Ureterolithotomy; lower one-third of ureter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50650 | Ureterectomy, with bladder cuff (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50660 | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50700 | Ureteroplasty, plastic operation on ureter (eg, stricture)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50715 | Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50722 | Ureterolysis for ovarian vein syndrome   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50725 | Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50728 | Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50740 | Ureteropyelostomy, anastomosis of ureter and renal pelvis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50750 | Ureterocalycostomy, anastomosis of ureter to renal calyx   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50760 | Ureteroureterostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50770 | Transureteroureterostomy, anastomosis of ureter to contralateral ureter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50780 | Ureteroneocystostomy; anastomosis of single ureter to bladder  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50782 | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50783 | Ureteroneocystostomy; with extensive ureteral tailoring  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50785 | Ureteroneocystostomy; with vesico-psoas hitch or bladder flap  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50800 | Ureteroenterostomy, direct anastomosis of ureter to intestine  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50810 | Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis               | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50815 | Ureterocolon conduit, including intestine anastomosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50820 | Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50825 | Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)             | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50830 | Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50840 | Replacement of all or part of ureter by intestine segment, including intestine anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50845 | Cutaneous appendico-vesicostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50860 | Ureterostomy, transplantation of ureter to skin  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50900 | Ureterorrhaphy, suture of ureter (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50920 | Closure of ureterocutaneous fistula  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50930 | Closure of ureterovisceral fistula (including visceral repair)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50940 | Deligation of ureter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 50949 | Unlisted laparoscopy procedure, ureter   | AUTH REQUIRED |  |
| 51525 | Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51530 | Cystotomy; for excision of bladder tumor   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 51550 | Cystectomy, partial; simple   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51555 | Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51565 | Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51570 | Cystectomy, complete; (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51575 | Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51580 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51585 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51590 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51595 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51596 | Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51820 | Cystourethroplasty with unilateral or bilateral ureteroneocystostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51840 | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51841 | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51865 | Cystorrhaphy, suture of bladder wound, injury or rupture; complicated   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51900 | Closure of vesicovaginal fistula, abdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51920 | Closure of vesicouterine fistula;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51925 | Closure of vesicouterine fistula; with hysterectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51940 | Closure, exstrophy of bladder   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51960 | Enterocystoplasty, including intestinal anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51980 | Cutaneous vesicostomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 51999 | Unlisted laparoscopy procedure, bladder   | AUTH REQUIRED |  |
| 52284 | Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed   | AUTH REQUIRED |  |
| 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 53025 | Meatotomy, cutting of meatus (separate procedure); infant   | AUTH REQUIRED |  |
| 53415 | Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance  | AUTH REQUIRED |  |
| 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance   | AUTH REQUIRED |  |
| 53453 | Periurethral transperineal adjustable balloon continence device; removal, each balloon  | AUTH REQUIRED |  |
| 53865 | Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate   | AUTH REQUIRED |  |
| 53899 | Unlisted procedure, urinary system  | AUTH REQUIRED |  |
| 54000 | Slitting of prepuce, dorsal or lateral (separate procedure); newborn  | AUTH REQUIRED |  |
| 54001 | Slitting of prepuce, dorsal or lateral (separate procedure); except newborn   | AUTH REQUIRED |  |
| 54120 | Amputation of penis; partial  | AUTH REQUIRED |  |
| 54125 | Amputation of penis; complete   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 54130 | Amputation of penis, radical; with bilateral inguino-femoral lymphadenectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 54135 | Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age   | AUTH REQUIRED |  |
| 54300 | Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra  | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 54308 | Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm   | AUTH REQUIRED |  |
| 54312 | Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm  | AUTH REQUIRED |  |
| 54316 | Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia  | AUTH REQUIRED |  |
| 54318 | Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)   | AUTH REQUIRED |  |
| 54322 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)   | AUTH REQUIRED |  |
| 54324 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 54326 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra  | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 54336 | 1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap   | AUTH REQUIRED |  |
| 54340 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple   | AUTH REQUIRED |  |
| 54344 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft   | AUTH REQUIRED |  |
| 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)   | AUTH REQUIRED |  |
| 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 | AUTH REQUIRED |  |
| 54380 | Plastic operation on penis for epispadias distal to external sphincter;  | AUTH REQUIRED |  |
| 54385 | Plastic operation on penis for epispadias distal to external sphincter; with incontinence  | AUTH REQUIRED |  |
| 54390 | Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 54401 | Insertion of penile prosthesis; inflatable (self-contained)  | AUTH REQUIRED |  |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir  | AUTH REQUIRED |  |
| 54430 | Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 54660 | Insertion of testicular prosthesis (separate procedure)  | AUTH REQUIRED |  |
| 54699 | Unlisted laparoscopy procedure, testis   | AUTH REQUIRED |  |
| 55559 | Unlisted laparoscopy procedure, spermatic cord   | AUTH REQUIRED |  |
| 55605 | Vesiculotomy; complicated  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55650 | Vesiculectomy, any approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55801 | Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55810 | Prostatectomy, perineal radical;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55812 | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55815 | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 55821 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55831 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55840 | Prostatectomy, retropubic radical, with or without nerve sparing;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55842 | Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55845 | Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55862 | Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 55865 | Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 |  |
| 55874 | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed   | AUTH REQUIRED |  |
| 55881 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;   | AUTH REQUIRED |  |
| 55882 | Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed | AUTH REQUIRED |  |
| 55899 | Unlisted procedure, male genital system  | AUTH REQUIRED |  |
| 55970 | Intersex surgery; male to female   | AUTH REQUIRED |  |
| 55980 | Intersex surgery; female to male   | AUTH REQUIRED |  |
| 56630 | Vulvectomy, radical, partial;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56631 | Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56632 | Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56633 | Vulvectomy, radical, complete;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56634 | Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56637 | Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56640 | Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 56805 | Clitoroplasty for intersex state   | AUTH REQUIRED |  |
| 57110 | Vaginectomy, complete removal of vaginal wall;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 57111 | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57270 | Repair of enterocele, abdominal approach (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57280 | Colpopexy, abdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57296 | Revision (including removal) of prosthetic vaginal graft; open abdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57305 | Closure of rectovaginal fistula; abdominal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57307 | Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57308 | Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57311 | Closure of urethrovaginal fistula; with bulbocavernosus transplant   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57335 | Vaginoplasty for intersex state  | AUTH REQUIRED |  |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57540 | Excision of cervical stump, abdominal approach;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 57545 | Excision of cervical stump, abdominal approach; with pelvic floor repair   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58152 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58180 | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 58267 | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 58275 | Vaginal hysterectomy, with total or partial vaginectomy;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58280 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58345 | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography  | AUTH REQUIRED |  |
| 58350 | Chromotubation of oviduct, including materials  | AUTH REQUIRED |  |
| 58400 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58410 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58520 | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58540 | Hysteroplasty, repair of uterine anomaly (Strassman type)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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            | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58575 | Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed                        | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58578 | Unlisted laparoscopy procedure, uterus  | AUTH REQUIRED |  |
| 58579 | Unlisted hysterectomy procedure, uterus   | AUTH REQUIRED |  |
| 58580 | Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency   | AUTH REQUIRED |  |
| 58605 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58672 | Laparoscopy, surgical; with fimbrioplasty   | AUTH REQUIRED |  |
| 58673 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy)  | AUTH REQUIRED |  |
| 58679 | Unlisted laparoscopy procedure, oviduct, ovary  | AUTH REQUIRED |  |
| 58700 | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58720 | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58740 | Lysis of adhesions (salpingolysis, ovariolysis)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58750 | Tubotubal anastomosis   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58752 | Tubouterine implantation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58760 | Fimbrioplasty   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58770 | Salpingostomy (salpingoneostomy)  | AUTH REQUIRED |  |
| 58822 | Drainage of ovarian abscess; abdominal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58825 | Transposition, ovary(s)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58940 | Oophorectomy, partial or total, unilateral or bilateral;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58950 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58953 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58954 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58956 | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 58970 | Follicle puncture for oocyte retrieval, any method  | AUTH REQUIRED |  |
| 58976 | Gamete, zygote, or embryo intrafallopian transfer, any method   | AUTH REQUIRED |  |
| 58999 | Unlisted procedure, female genital system (nonobstetrical)  | AUTH REQUIRED |  |
| 59070 | Transabdominal amnioinfusion, including ultrasound guidance   | AUTH REQUIRED |  |
| 59072 | Fetal umbilical cord occlusion, including ultrasound guidance   | AUTH REQUIRED |  |
| 59074 | Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance   | AUTH REQUIRED |  |
| 59076 | Fetal shunt placement, including ultrasound guidance  | AUTH REQUIRED |  |
| 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59121 | Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59130 | Surgical treatment of ectopic pregnancy; abdominal pregnancy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59136 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59140 | Surgical treatment of ectopic pregnancy; cervical, with evacuation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 59325 | Cerclage of cervix, during pregnancy; abdominal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59350 | Hysterorrhaphy of ruptured uterus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59514 | Cesarean delivery only;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59525 | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59830 | Treatment of septic abortion, completed surgically   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 59840 | Induced abortion, by dilation and curettage  | AUTH REQUIRED |  |
| 59841 | Induced abortion, by dilation and evacuation   | AUTH REQUIRED |  |
| 59850 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 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 | Procedure is on Medicare's Inpatient Only List |
| 59866 | Multifetal pregnancy reduction(s) (MPR)  | AUTH REQUIRED |  |
| 59897 | Unlisted fetal invasive procedure, including ultrasound guidance, when performed   | AUTH REQUIRED |  |
| 59898 | Unlisted laparoscopy procedure, maternity care and delivery  | AUTH REQUIRED |  |
| 59899 | Unlisted procedure, maternity care and delivery  | AUTH REQUIRED |  |
| 60254 | Thyroidectomy, total or subtotal for malignancy; with radical neck dissection  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60270 | Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60505 | Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60521 | Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60522 | Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 60540 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60600 | Excision of carotid body tumor; without excision of carotid artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60605 | Excision of carotid body tumor; with excision of carotid artery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60650 | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 60659 | Unlisted laparoscopy procedure, endocrine system   | AUTH REQUIRED |  |
| 60660 | Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency   | AUTH REQUIRED |  |
| 60699 | Unlisted procedure, endocrine system   | AUTH REQUIRED |  |
| 61105 | Twist drill hole for subdural or ventricular puncture  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61107 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device                 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61108 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61120 | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61140 | Burr hole(s) or trephine; with biopsy of brain or intracranial lesion  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61150 | Burr hole(s) or trephine; with drainage of brain abscess or cyst   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61151 | Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61154 | Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61156 | Burr hole(s); with aspiration of hematoma or cyst, intracerebral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61210 | Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)                                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61250 | Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61253 | Burr hole(s) or trephine, infratentorial, unilateral or bilateral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61304 | Craniectomy or craniotomy, exploratory; supratentorial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61305 | Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61312 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61313 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61314 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61315 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 61316 | Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61320 | Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61321 | Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61322 | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61323 | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61333 | Exploration of orbit (transcranial approach); with removal of lesion  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61340 | Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61343 | Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)                                  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61345 | Other cranial decompression, posterior fossa  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61450 | Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61458 | Craniectomy, suboccipital; for exploration or decompression of cranial nerves   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61460 | Craniectomy, suboccipital; for section of 1 or more cranial nerves  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61500 | Craniectomy; with excision of tumor or other bone lesion of skull   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61501 | Craniectomy; for osteomyelitis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61510 | Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61512 | Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61514 | Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61516 | Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61517 | Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61518 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull                                  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61519 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61520 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61521 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61522 | Craniectomy, infratentorial or posterior fossa; for excision of brain abscess   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 61524 | Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61526 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61530 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61531 | Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61533 | Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61534 | Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61535 | Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61536 | Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61537 | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61538 | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61539 | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61540 | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61541 | Craniotomy with elevation of bone flap; for transection of corpus callosum   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61543 | Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61544 | Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61545 | Craniotomy with elevation of bone flap; for excision of craniopharyngioma  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61546 | Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61548 | Hypophysectomy or excision of pituitary tumor, transnasal or transeptal approach, nonstereotactic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61550 | Craniectomy for craniostylosis; single cranial suture  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61552 | Craniectomy for craniostylosis; multiple cranial sutures   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61556 | Craniotomy for craniostylosis; frontal or parietal bone flap   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61557 | Craniotomy for craniostylosis; bifrontal bone flap   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61558 | Extensive craniectomy for multiple cranial suture craniostylosis (eg, cloverleaf skull); not requiring bone grafts   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61559 | Extensive craniectomy for multiple cranial suture craniostylosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 61563 | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61564 | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61566 | Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61567 | Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61570 | Craniectomy or craniotomy; with excision of foreign body from brain   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61571 | Craniectomy or craniotomy; with treatment of penetrating wound of brain   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61575 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61580 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61581 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61584 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61585 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61586 | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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                               | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61598 | Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61600 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61601 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61605 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61607 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61611 | Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61613 | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                                   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)     | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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)                 | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61640 | Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel   | AUTH REQUIRED |  |
| 61641 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)  | AUTH REQUIRED |  |
| 61642 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 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)                              | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61680 | Surgery of intracranial arteriovenous malformation; supratentorial, simple   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61682 | Surgery of intracranial arteriovenous malformation; supratentorial, complex  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61684 | Surgery of intracranial arteriovenous malformation; infratentorial, simple   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61686 | Surgery of intracranial arteriovenous malformation; infratentorial, complex  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61690 | Surgery of intracranial arteriovenous malformation; dural, simple  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61692 | Surgery of intracranial arteriovenous malformation; dural, complex   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61697 | Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61698 | Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61700 | Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61702 | Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61703 | Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 61705 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61708 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61710 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61711 | Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61715 | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed  | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61750 | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61751 | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61760 | Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61850 | Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array   | AUTH REQUIRED |  |
| 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 |  |
| 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)   | AUTH REQUIRED |  |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed   | AUTH REQUIRED |  |
| 62005 | Elevation of depressed skull fracture; compound or comminuted, extradural  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62010 | Elevation of depressed skull fracture; with repair of dura and/or debridement of brain   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62100 | Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62115 | Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62117 | Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62120 | Repair of encephalocele, skull vault, including cranioplasty   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62121 | Craniotomy for repair of encephalocele, skull base   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62140 | Cranioplasty for skull defect; up to 5 cm diameter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62141 | Cranioplasty for skull defect; larger than 5 cm diameter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62142 | Removal of bone flap or prosthetic plate of skull  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62143 | Replacement of bone flap or prosthetic plate of skull  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62145 | Cranioplasty for skull defect with reparative brain surgery  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62146 | Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 62147 | Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62148 | Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62161 | Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62162 | Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62164 | Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62165 | Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62180 | Ventriculocisternostomy (Torkildsen type operation)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62190 | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62192 | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62200 | Ventriculocisternostomy, third ventricle;  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62201 | Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62220 | Creation of shunt; ventriculo-atrial, -jugular, -auricular   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62223 | Creation of shunt; ventriculo-peritoneal, -pleural, other terminus   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62256 | Removal of complete cerebrospinal fluid shunt system; without replacement  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 62258 | Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir  | AUTH REQUIRED |  |
| 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump  | AUTH REQUIRED |  |
| 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming   | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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  | AUTH REQUIRED |  |
| 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)                      | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |  |               |  |
|-------|--|---------------|--|
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63172 | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63173 | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63190 | Laminectomy with rhizotomy; more than 2 segments   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63191 | Laminectomy with section of spinal accessory nerve   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63197 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63200 | Laminectomy, with release of tethered spinal cord, lumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63250 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63251 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63252 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63271 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63273 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63275 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63276 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63277 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63278 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |

|       |   |               |  |
|-------|---|---------------|--|
| 63280 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63281 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63282 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63283 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63285 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63286 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63287 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63290 | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63295 | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach                                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach                                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach                                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach                                    | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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       | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural   | AUTH REQUIRED |  |
| 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed   | AUTH REQUIRED |  |
| 63662 | Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed  | AUTH REQUIRED |  |
| 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed                                 | AUTH REQUIRED |  |
| 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed  | AUTH REQUIRED |  |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | AUTH REQUIRED |  |
| 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array   | AUTH REQUIRED |  |
| 63700 | Repair of meningocele; less than 5 cm diameter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63702 | Repair of meningocele; larger than 5 cm diameter   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63704 | Repair of myelomeningocele; less than 5 cm diameter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63706 | Repair of myelomeningocele; larger than 5 cm diameter  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63707 | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63709 | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63710 | Dural graft, spinal  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 63740 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level                             | AUTH REQUIRED |  |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve  | AUTH REQUIRED |  |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)   | AUTH REQUIRED |  |
| 64561 | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed                                     | AUTH REQUIRED |  |
| 64568 | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator   | AUTH REQUIRED |  |
| 64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator                                     | AUTH REQUIRED |  |
| 64570 | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator   | AUTH REQUIRED |  |
| 64575 | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)   | AUTH REQUIRED |  |
| 64580 | Open implantation of neurostimulator electrode array; neuromuscular  | AUTH REQUIRED |  |
| 64581 | Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array   | AUTH REQUIRED |  |
| 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 |  |
| 64584 | Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array   | AUTH REQUIRED |  |
| 64590 | Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver                  | AUTH REQUIRED |  |
| 64595 | Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array  | AUTH REQUIRED |  |
| 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array  | AUTH REQUIRED |  |
| 64598 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator   | AUTH REQUIRED |  |
| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint  | AUTH REQUIRED |  |
| 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) | AUTH REQUIRED |  |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow  | AUTH REQUIRED |  |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel   | AUTH REQUIRED |  |
| 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)                                | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64760 | Transection or avulsion of; vagus nerve (vagotomy), abdominal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64809 | Sympathectomy, thoracolumbar  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64818 | Sympathectomy, lumbar   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64866 | Anastomosis; facial-spinal accessory  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64868 | Anastomosis; facial-hypoglossal   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 64999 | Unlisted procedure, nervous system  | AUTH REQUIRED |  |
| 65273 | Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 65760 | Keratomileusis  | AUTH REQUIRED |  |
| 65765 | Keratophakia  | AUTH REQUIRED |  |
| 65767 | Epikeratoplasty   | AUTH REQUIRED |  |
| 65771 | Radial keratotomy   | AUTH REQUIRED |  |
| 65772 | Corneal relaxing incision for correction of surgically induced astigmatism  | AUTH REQUIRED |  |
| 65775 | Corneal wedge resection for correction of surgically induced astigmatism  | AUTH REQUIRED |  |
| 66999 | Unlisted procedure, anterior segment of eye   | AUTH REQUIRED |  |
| 67299 | Unlisted procedure, posterior segment   | AUTH REQUIRED |  |
| 67399 | Unlisted procedure, extraocular muscle  | AUTH REQUIRED |  |
| 67599 | Unlisted procedure, orbit   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)  | AUTH REQUIRED |  |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)  | AUTH REQUIRED |  |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)  | AUTH REQUIRED |  |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach   | AUTH REQUIRED |  |
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach   | AUTH REQUIRED |  |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)  | AUTH REQUIRED |  |
| 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)   | AUTH REQUIRED |  |
| 67909 | Reduction of overcorrection of ptosis   | AUTH REQUIRED |  |
| 67950 | Canthoplasty (reconstruction of canthus)  | AUTH REQUIRED |  |
| 67999 | Unlisted procedure, eyelids   | AUTH REQUIRED |  |
| 68399 | Unlisted procedure, conjunctiva   | AUTH REQUIRED |  |
| 68899 | Unlisted procedure, lacrimal system   | AUTH REQUIRED |  |
| 69090 | Ear piercing  | AUTH REQUIRED |  |
| 69155 | Radical excision external auditory canal lesion; with neck dissection   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 69399 | Unlisted procedure, external ear  | AUTH REQUIRED |  |
| 69535 | Resection temporal bone, external approach  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 69554 | Excision aural glomus tumor; extended (extratemporal)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 69710 | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone  | AUTH REQUIRED |  |
| 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor   | AUTH REQUIRED |  |
| 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 |  |
| 69717 | Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor   | AUTH REQUIRED |  |
| 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 |  |
| 69726 | Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor   | AUTH REQUIRED |  |
| 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 |  |

|       |  |  |  |
|-------|--|--|--|
| 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                          |  |
| 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                          |  |
| 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                          |  |
| 69799 | Unlisted procedure, middle ear   | AUTH REQUIRED                          |  |
| 69930 | Cochlear device implantation, with or without mastoidectomy  | AUTH REQUIRED                          |  |
| 69949 | Unlisted procedure, inner ear  | AUTH REQUIRED                          |  |
| 69950 | Vestibular nerve section, transcranial approach  | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 69979 | Unlisted procedure, temporal bone, middle fossa approach   | AUTH REQUIRED                          |  |
| 70030 | Radiologic examination, eye, for detection of foreign body   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70100 | Radiologic examination, mandible; partial, less than 4 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70110 | Radiologic examination, mandible; complete, minimum of 4 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70120 | Radiologic examination, mastoids; less than 3 views per side   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70130 | Radiologic examination, mastoids; complete, minimum of 3 views per side  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70134 | Radiologic examination, internal auditory meati, complete  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70140 | Radiologic examination, facial bones; less than 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70150 | Radiologic examination, facial bones; complete, minimum of 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70160 | Radiologic examination, nasal bones, complete, minimum of 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70190 | Radiologic examination; optic foramina   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70200 | Radiologic examination; orbits, complete, minimum of 4 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70210 | Radiologic examination, sinuses, paranasal, less than 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70220 | Radiologic examination, sinuses, paranasal, complete, minimum of 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70240 | Radiologic examination, sella turcica  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |  |  |  |
|-------|--|--|--|
| 70250 | Radiological examination, skull; less than 4 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70260 | Radiologic examination, skull; complete, minimum of 4 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70300 | Radiologic examination, teeth; single view   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70310 | Radiologic examination, teeth; partial examination, less than full mouth   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70320 | Radiologic examination, teeth; complete, full mouth  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70328 | Radiologic examination, temporomandibular joint, open and closed mouth; unilateral   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70330 | Radiologic examination, temporomandibular joint, open and closed mouth; bilateral  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)  | AUTH REQUIRED                          |  |
| 70350 | Cephalogram, orthodontic   | AUTH REQUIRED                          |  |
| 70355 | Orthopantomogram (eg, panoramic x-ray)   | AUTH REQUIRED                          |  |
| 70360 | Radiologic examination; neck, soft tissue  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70380 | Radiologic examination, salivary gland for calculus  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70450 | Computed tomography, head or brain; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70460 | Computed tomography, head or brain; with contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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 | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70486 | Computed tomography, maxillofacial area; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70487 | Computed tomography, maxillofacial area; with contrast material(s)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70490 | Computed tomography, soft tissue neck; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70491 | Computed tomography, soft tissue neck; with contrast material(s)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |   |  |  |
|-------|---|--|--|
| 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  | AUTH REQUIRED                          |  |
| 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing   | AUTH REQUIRED                          |  |
| 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing   | AUTH REQUIRED                          |  |
| 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)   | AUTH REQUIRED                          |  |
| 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)  | AUTH REQUIRED                          |  |
| 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences   | AUTH REQUIRED                          |  |
| 70544 | Magnetic resonance angiography, head; without contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70545 | Magnetic resonance angiography, head; with contrast material(s)   | AUTH REQUIRED                          |  |
| 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences  | AUTH REQUIRED                          |  |
| 70547 | Magnetic resonance angiography, neck; without contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70548 | Magnetic resonance angiography, neck; with contrast material(s)   | AUTH REQUIRED                          |  |
| 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences  | AUTH REQUIRED                          |  |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)  | AUTH REQUIRED                          |  |
| 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences  | AUTH REQUIRED                          |  |
| 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                          |  |
| 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing   | AUTH REQUIRED                          |  |
| 71045 | Radiologic examination, chest; single view  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71046 | Radiologic examination, chest; 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71047 | Radiologic examination, chest; 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71048 | Radiologic examination, chest; 4 or more views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71100 | Radiologic examination, ribs, unilateral; 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |  |  |  |
|-------|--|--|--|
| 71101 | Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71110 | Radiologic examination, ribs, bilateral; 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71111 | Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71120 | Radiologic examination; sternum, minimum of 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71130 | Radiologic examination; sternoclavicular joint or joints, minimum of 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71250 | Computed tomography, thorax, diagnostic; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71260 | Computed tomography, thorax, diagnostic; with contrast material(s)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing   | AUTH REQUIRED                          |  |
| 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)   | AUTH REQUIRED                          |  |
| 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)  | AUTH REQUIRED                          |  |
| 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 | AUTH REQUIRED                          |  |
| 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)   | AUTH REQUIRED                          |  |
| 72020 | Radiologic examination, spine, single view, specify level  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72040 | Radiologic examination, spine, cervical; 2 or 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72050 | Radiologic examination, spine, cervical; 4 or 5 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72052 | Radiologic examination, spine, cervical; 6 or more views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72070 | Radiologic examination, spine; thoracic, 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72072 | Radiologic examination, spine; thoracic, 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72074 | Radiologic examination, spine; thoracic, minimum of 4 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |   |  |  |
|-------|---|--|--|
| 72080 | Radiologic examination, spine; thoracolumbar junction, minimum of 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72081 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view           | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72082 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views       | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72083 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views       | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72084 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72100 | Radiologic examination, spine, lumbosacral; 2 or 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72110 | Radiologic examination, spine, lumbosacral; minimum of 4 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72114 | Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72120 | Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72125 | Computed tomography, cervical spine; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72126 | Computed tomography, cervical spine; with contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72128 | Computed tomography, thoracic spine; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72129 | Computed tomography, thoracic spine; with contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72131 | Computed tomography, lumbar spine; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72132 | Computed tomography, lumbar spine; with contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)   | AUTH REQUIRED                          |  |
| 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |   |  |  |
|-------|---|--|--|
| 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)   | AUTH REQUIRED                          |  |
| 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)   | AUTH REQUIRED                          |  |
| 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | AUTH REQUIRED                          |  |
| 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | AUTH REQUIRED                          |  |
| 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar   | AUTH REQUIRED                          |  |
| 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)   | AUTH REQUIRED                          |  |
| 72170 | Radiologic examination, pelvis; 1 or 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72190 | Radiologic examination, pelvis; complete, minimum of 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing                       | AUTH REQUIRED                          |  |
| 72192 | Computed tomography, pelvis; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72193 | Computed tomography, pelvis; with contrast material(s)  | AUTH REQUIRED                          |  |
| 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections   | AUTH REQUIRED                          |  |
| 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)   | AUTH REQUIRED                          |  |
| 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)  | AUTH REQUIRED                          |  |
| 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences                           | AUTH REQUIRED                          |  |
| 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s)  | AUTH REQUIRED                          |  |
| 72200 | Radiologic examination, sacroiliac joints; less than 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72202 | Radiologic examination, sacroiliac joints; 3 or more views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 72220 | Radiologic examination, sacrum and coccyx, minimum of 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73000 | Radiologic examination; clavicle, complete  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73010 | Radiologic examination; scapula, complete   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |  |  |  |
|-------|--|--|--|
| 73020 | Radiologic examination, shoulder; 1 view   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73030 | Radiologic examination, shoulder; complete, minimum of 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73040 | Radiologic examination, shoulder, arthrography, radiological supervision and interpretation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73050 | Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73060 | Radiologic examination; humerus, minimum of 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73070 | Radiologic examination, elbow; 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73080 | Radiologic examination, elbow; complete, minimum of 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73085 | Radiologic examination, elbow, arthrography, radiological supervision and interpretation   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73090 | Radiologic examination; forearm, 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73092 | Radiologic examination; upper extremity, infant, minimum of 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73100 | Radiologic examination, wrist; 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73110 | Radiologic examination, wrist; complete, minimum of 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73115 | Radiologic examination, wrist, arthrography, radiological supervision and interpretation   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73120 | Radiologic examination, hand; 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73130 | Radiologic examination, hand; minimum of 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73140 | Radiologic examination, finger(s), minimum of 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73200 | Computed tomography, upper extremity; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73201 | Computed tomography, upper extremity; with contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections                             | AUTH REQUIRED                          |  |
| 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH REQUIRED                          |  |
| 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)   | AUTH REQUIRED                          |  |
| 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)  | AUTH REQUIRED                          |  |

|       |  |  |  |
|-------|--|--|--|
| 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | AUTH REQUIRED                          |  |
| 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)   | AUTH REQUIRED                          |  |
| 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences      | AUTH REQUIRED                          |  |
| 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s)  | AUTH REQUIRED                          |  |
| 73501 | Radiologic examination, hip, unilateral, with pelvis when performed; 1 view  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73502 | Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73503 | Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73521 | Radiologic examination, hips, bilateral, with pelvis when performed; 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73522 | Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73523 | Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73525 | Radiologic examination, hip, arthrography, radiological supervision and interpretation   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73551 | Radiologic examination, femur; 1 view  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73552 | Radiologic examination, femur; minimum 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73560 | Radiologic examination, knee; 1 or 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73562 | Radiologic examination, knee; 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73564 | Radiologic examination, knee; complete, 4 or more views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73565 | Radiologic examination, knee; both knees, standing, anteroposterior  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73580 | Radiologic examination, knee, arthrography, radiological supervision and interpretation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73590 | Radiologic examination; tibia and fibula, 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73592 | Radiologic examination; lower extremity, infant, minimum of 2 views  | AUTH REQUIRED                          |  |
| 73600 | Radiologic examination, ankle; 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |   |  |  |
|-------|---|--|--|
| 73610 | Radiologic examination, ankle; complete, minimum of 3 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73615 | Radiologic examination, ankle, arthrography, radiological supervision and interpretation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73620 | Radiologic examination, foot; 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73630 | Radiologic examination, foot; complete, minimum of 3 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73650 | Radiologic examination; calcaneus, minimum of 2 views   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73660 | Radiologic examination; toe(s), minimum of 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73700 | Computed tomography, lower extremity; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73701 | Computed tomography, lower extremity; with contrast material(s)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing              | AUTH REQUIRED                          |  |
| 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)   | AUTH REQUIRED                          |  |
| 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)  | AUTH REQUIRED                          |  |
| 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | AUTH REQUIRED                          |  |
| 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)  | AUTH REQUIRED                          |  |
| 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences     | AUTH REQUIRED                          |  |
| 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s)   | AUTH REQUIRED                          |  |
| 74018 | Radiologic examination, abdomen; 1 view   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74019 | Radiologic examination, abdomen; 2 views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74021 | Radiologic examination, abdomen; 3 or more views  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |   |  |  |
|-------|---|--|--|
| 74022 | Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74150 | Computed tomography, abdomen; without contrast material   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74160 | Computed tomography, abdomen; with contrast material(s)   | AUTH REQUIRED                          |  |
| 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections  | AUTH REQUIRED                          |  |
| 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing  | AUTH REQUIRED                          |  |
| 74176 | Computed tomography, abdomen and pelvis; without contrast material  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74177 | Computed tomography, abdomen and pelvis; with contrast material(s)  | AUTH REQUIRED                          |  |
| 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   | AUTH REQUIRED                          |  |
| 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)   | AUTH REQUIRED                          |  |
| 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences   | AUTH REQUIRED                          |  |
| 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s)   | AUTH REQUIRED                          |  |
| 74220 | Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74240 | Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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 | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74250 | Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material   | AUTH REQUIRED                          |  |

|       |  |  |  |
|-------|--|--|--|
| 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed  | AUTH REQUIRED                          |  |
| 74270 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation  | AUTH REQUIRED                          |  |
| 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                          |  |
| 74740 | Hysterosalpingography, radiological supervision and interpretation   | AUTH REQUIRED                          |  |
| 74742 | Transcervical catheterization of fallopian tube, radiological supervision and interpretation   | AUTH REQUIRED                          |  |
| 74775 | Perineogram (eg, vaginogram, for sex determination or extent of anomalies)   | AUTH REQUIRED                          |  |
| 75580 | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional  | AUTH REQUIRED                          |  |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing  | AUTH REQUIRED                          |  |
| 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     | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 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 | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 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   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 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  | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 76010 | Radiologic examination from nose to rectum for foreign body, single view, child  | AUTH REQUIRED                          |  |

|       |   |  |  |
|-------|---|--|--|
| 76145 | Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report  | AUTH REQUIRED                          |  |
| 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 | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76390 | Magnetic resonance spectroscopy   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76391 | Magnetic resonance (eg, vibration) elastography   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76496 | Unlisted fluoroscopic procedure (eg, diagnostic, interventional)  | AUTH REQUIRED                          |  |
| 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional)   | AUTH REQUIRED                          |  |
| 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional)  | AUTH REQUIRED                          |  |
| 76499 | Unlisted diagnostic radiographic procedure  | AUTH REQUIRED                          |  |
| 76536 | Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76700 | Ultrasound, abdominal, real time with image documentation; complete   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76705 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76706 | Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76770 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76775 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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)               | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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)    | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |

|       |  |  |  |
|-------|--|--|--|
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76819 | Fetal biophysical profile; without non-stress testing  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76830 | Ultrasound, transvaginal   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76870 | Ultrasound, scrotum and contents   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76881 | Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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 | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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                          |  |
| 76885 | Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)  | AUTH REQUIRED                          |  |
| 76886 | Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)  | AUTH REQUIRED                          |  |
| 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76981 | Ultrasound, elastography; parenchyma (eg, organ)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 76984 | Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic  | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 76987 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 76988 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only  | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 76989 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 76999 | Unlisted ultrasound procedure (eg, diagnostic, interventional)   | AUTH REQUIRED                          |  |

|       |   |  |  |
|-------|---|--|--|
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral  | AUTH REQUIRED                          |  |
| 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 | AUTH REQUIRED                          |  |
| 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  | AUTH REQUIRED                          |  |
| 77061 | Diagnostic digital breast tomosynthesis; unilateral   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | MAY USE G0279 INSTEAD  |
| 77062 | Diagnostic digital breast tomosynthesis; bilateral  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | MAY USE G0279 INSTEAD  |
| 77065 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77066 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77072 | Bone age studies  | AUTH REQUIRED                          |  |
| 77074 | Radiologic examination, osseous survey; limited (eg, for metastases)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77075 | Radiologic examination, osseous survey; complete (axial and appendicular skeleton)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77076 | Radiologic examination, osseous survey, infant  | AUTH REQUIRED                          |  |
| 77080 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77085 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77299 | Unlisted procedure, therapeutic radiology clinical treatment planning   | AUTH REQUIRED                          |  |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple   | AUTH REQUIRED                          |  |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex  | AUTH REQUIRED                          |  |
| 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services  | AUTH REQUIRED                          |  |
| 77407 | Radiation treatment delivery, => 1 MeV; intermediate  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 77499 | Unlisted procedure, therapeutic radiology treatment management  | AUTH REQUIRED                          |  |
| 77799 | Unlisted procedure, clinical brachytherapy  | AUTH REQUIRED                          |  |
| 78013 | Thyroid imaging (including vascular flow, when performed);  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78014 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)                               | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78018 | Thyroid carcinoma metastases imaging; whole body  | AUTH REQUIRED                          |  |

|       |  |  |  |
|-------|--|--|--|
| 78070 | Parathyroid planar imaging (including subtraction, when performed);  | AUTH REQUIRED                          |  |
| 78099 | Unlisted endocrine procedure, diagnostic nuclear medicine  | AUTH REQUIRED                          |  |
| 78199 | Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine   | AUTH REQUIRED                          |  |
| 78215 | Liver and spleen imaging; static only  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78227 | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed  | AUTH REQUIRED                          |  |
| 78264 | Gastric emptying imaging study (eg, solid, liquid, or both);   | AUTH REQUIRED                          |  |
| 78265 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit  | AUTH REQUIRED                          |  |
| 78266 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days   | AUTH REQUIRED                          |  |
| 78290 | Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)  | AUTH REQUIRED                          |  |
| 78299 | Unlisted gastrointestinal procedure, diagnostic nuclear medicine   | AUTH REQUIRED                          |  |
| 78306 | Bone and/or joint imaging; whole body  | AUTH REQUIRED                          |  |
| 78315 | Bone and/or joint imaging; 3 phase study   | AUTH REQUIRED                          |  |
| 78350 | Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78351 | Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78399 | Unlisted musculoskeletal procedure, diagnostic nuclear medicine  | AUTH REQUIRED                          |  |
| 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                          |  |
| 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                          |  |
| 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                          |  |
| 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                          |  |
| 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                          |  |

|       |  |  |  |
|-------|--|--|--|
| 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                          |  |
| 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  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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                          |  |
| 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                          |  |
| 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine   | AUTH REQUIRED                          |  |
| 78582 | Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging   | AUTH REQUIRED                          |  |
| 78599 | Unlisted respiratory procedure, diagnostic nuclear medicine  | AUTH REQUIRED                          |  |
| 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation  | AUTH REQUIRED                          |  |
| 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT |  |
| 78699 | Unlisted nervous system procedure, diagnostic nuclear medicine   | AUTH REQUIRED                          |  |
| 78707 | Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78708 | Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)  | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 78799 | Unlisted genitourinary procedure, diagnostic nuclear medicine  | AUTH REQUIRED                          |  |
| 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   | AUTH REQUIRED                          |  |
| 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 | AUTH REQUIRED                          |  |
| 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  | AUTH REQUIRED                          |  |
| 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                                 | AUTH REQUIRED                          |  |

|       |   |  |  |
|-------|---|--|--|
| 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   | AUTH REQUIRED                          |  |
| 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)  | AUTH REQUIRED                          |  |
| 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh  | AUTH REQUIRED                          |  |
| 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body   | AUTH REQUIRED                          |  |
| 78999 | Unlisted miscellaneous procedure, diagnostic nuclear medicine   | AUTH REQUIRED                          |  |
| 79005 | Radiopharmaceutical therapy, by oral administration   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 79999 | Radiopharmaceutical therapy, unlisted procedure   | AUTH REQUIRED                          |  |
| 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) | AUTH REQUIRED                          |  |
| 80320 | Alcohols  | AUTH REQUIRED                          |  |
| 80321 | Alcohol biomarkers; 1 or 2  | AUTH REQUIRED                          |  |
| 80322 | Alcohol biomarkers; 3 or more   | AUTH REQUIRED                          |  |
| 80323 | Alkaloids, not otherwise specified  | AUTH REQUIRED                          |  |
| 80324 | Amphetamines; 1 or 2  | AUTH REQUIRED                          |  |
| 80325 | Amphetamines; 3 or 4  | AUTH REQUIRED                          |  |
| 80326 | Amphetamines; 5 or more   | AUTH REQUIRED                          |  |
| 80327 | Anabolic steroids; 1 or 2   | AUTH REQUIRED                          |  |
| 80328 | Anabolic steroids; 3 or more  | AUTH REQUIRED                          |  |
| 80329 | Analgesics, non-opioid; 1 or 2  | AUTH REQUIRED                          |  |
| 80330 | Analgesics, non-opioid; 3-5   | AUTH REQUIRED                          |  |
| 80331 | Analgesics, non-opioid; 6 or more   | AUTH REQUIRED                          |  |
| 80332 | Antidepressants, serotonergic class; 1 or 2   | AUTH REQUIRED                          |  |
| 80333 | Antidepressants, serotonergic class; 3-5  | AUTH REQUIRED                          |  |
| 80334 | Antidepressants, serotonergic class; 6 or more  | AUTH REQUIRED                          |  |
| 80335 | Antidepressants, tricyclic and other cyclical; 1 or 2   | AUTH REQUIRED                          |  |
| 80336 | Antidepressants, tricyclic and other cyclical; 3-5  | AUTH REQUIRED                          |  |
| 80337 | Antidepressants, tricyclic and other cyclical; 6 or more  | AUTH REQUIRED                          |  |
| 80338 | Antidepressants, not otherwise specified  | AUTH REQUIRED                          |  |
| 80339 | Antiepileptics, not otherwise specified; 1-3  | AUTH REQUIRED                          |  |
| 80340 | Antiepileptics, not otherwise specified; 4-6  | AUTH REQUIRED                          |  |
| 80341 | Antiepileptics, not otherwise specified; 7 or more  | AUTH REQUIRED                          |  |

|       |   |               |  |
|-------|---|---------------|--|
| 80342 | Antipsychotics, not otherwise specified; 1-3  | AUTH REQUIRED |  |
| 80343 | Antipsychotics, not otherwise specified; 4-6  | AUTH REQUIRED |  |
| 80344 | Antipsychotics, not otherwise specified; 7 or more  | AUTH REQUIRED |  |
| 80345 | Barbiturates  | AUTH REQUIRED |  |
| 80346 | Benzodiazepines; 1-12   | AUTH REQUIRED |  |
| 80347 | Benzodiazepines; 13 or more   | AUTH REQUIRED |  |
| 80348 | Buprenorphine   | AUTH REQUIRED |  |
| 80349 | Cannabinoids, natural   | AUTH REQUIRED |  |
| 80350 | Cannabinoids, synthetic; 1-3  | AUTH REQUIRED |  |
| 80351 | Cannabinoids, synthetic; 4-6  | AUTH REQUIRED |  |
| 80352 | Cannabinoids, synthetic; 7 or more  | AUTH REQUIRED |  |
| 80353 | Cocaine   | AUTH REQUIRED |  |
| 80354 | Fentanyl  | AUTH REQUIRED |  |
| 80355 | Gabapentin, non-blood   | AUTH REQUIRED |  |
| 80356 | Heroin metabolite   | AUTH REQUIRED |  |
| 80357 | Ketamine and norketamine  | AUTH REQUIRED |  |
| 80358 | Methadone   | AUTH REQUIRED |  |
| 80359 | Methylenedioxyamphetamines (MDA, MDEA, MDMA)  | AUTH REQUIRED |  |
| 80360 | Methylphenidate   | AUTH REQUIRED |  |
| 80361 | Opiates, 1 or more  | AUTH REQUIRED |  |
| 80362 | Opioids and opiate analogs; 1 or 2  | AUTH REQUIRED |  |
| 80363 | Opioids and opiate analogs; 3 or 4  | AUTH REQUIRED |  |
| 80364 | Opioids and opiate analogs; 5 or more   | AUTH REQUIRED |  |
| 80365 | Oxycodone   | AUTH REQUIRED |  |
| 80366 | Pregabalin  | AUTH REQUIRED |  |
| 80367 | Propoxyphene  | AUTH REQUIRED |  |
| 80368 | Sedative hypnotics (non-benzodiazepines)  | AUTH REQUIRED |  |
| 80369 | Skeletal muscle relaxants; 1 or 2   | AUTH REQUIRED |  |
| 80370 | Skeletal muscle relaxants; 3 or more  | AUTH REQUIRED |  |
| 80371 | Stimulants, synthetic   | AUTH REQUIRED |  |
| 80372 | Tapentadol  | AUTH REQUIRED |  |
| 80373 | Tramadol  | AUTH REQUIRED |  |
| 80374 | Stereoisomer (enantiomer) analysis, single drug class   | AUTH REQUIRED |  |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3                      | AUTH REQUIRED |  |
| 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6                      | AUTH REQUIRED |  |
| 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more                | AUTH REQUIRED |  |
| 81099 | Unlisted urinalysis procedure   | AUTH REQUIRED |  |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)           | AUTH REQUIRED |  |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis   | AUTH REQUIRED |  |
| 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 |  |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 81172 | AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)   | AUTH REQUIRED |  |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 81194 | NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis  | AUTH REQUIRED |  |
| 81195 | Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)  | AUTH REQUIRED |  |
| 81201 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence  | AUTH REQUIRED |  |
| 81202 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants   | AUTH REQUIRED |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 81215 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant  | AUTH REQUIRED |  |
| 81217 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant  | AUTH REQUIRED |  |
| 81220 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)   | AUTH REQUIRED |  |
| 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants  | AUTH REQUIRED |  |
| 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 81236 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence  | AUTH REQUIRED |  |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence  | AUTH REQUIRED |  |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)   | AUTH REQUIRED |  |
| 81248 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)  | AUTH REQUIRED |  |
| 81249 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 81263 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 81274 | HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)   | AUTH REQUIRED |  |
| 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities  | AUTH REQUIRED |  |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)  | AUTH REQUIRED |  |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis   | AUTH REQUIRED |  |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants  | AUTH REQUIRED |  |
| 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 |  |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis   | AUTH REQUIRED |  |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)  | AUTH REQUIRED |  |
| 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 81308 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)   | AUTH REQUIRED |  |
| 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 |  |
| 81317 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis                                   | AUTH REQUIRED |  |
| 81318 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants                                  | AUTH REQUIRED |  |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)   | AUTH REQUIRED |  |
| 81321 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis  | AUTH REQUIRED |  |
| 81323 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant  | AUTH REQUIRED |  |
| 81324 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis                               | AUTH REQUIRED |  |
| 81325 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis                                      | AUTH REQUIRED |  |
| 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 |  |
| 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence  | AUTH REQUIRED |  |
| 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 |  |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence  | AUTH REQUIRED |  |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)   | AUTH REQUIRED |  |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant  | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)  | AUTH REQUIRED |  |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence   | AUTH REQUIRED |  |
| 81370 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1  | AUTH REQUIRED |  |
| 81371 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)   | AUTH REQUIRED |  |
| 81372 | HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)  | AUTH REQUIRED |  |
| 81378 | HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1   | AUTH REQUIRED |  |
| 81379 | HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)  | AUTH REQUIRED |  |
| 81404 | Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)  | AUTH REQUIRED |  |
| 81405 | Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)   | AUTH REQUIRED |  |
| 81406 | Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)  | AUTH REQUIRED |  |
| 81407 | Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)   | AUTH REQUIRED |  |
| 81408 | Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 81432 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants  | AUTH REQUIRED |  |
| 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 |  |
| 81435 | Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants  | AUTH REQUIRED |  |
| 81437 | Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 81443 | Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis 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 |  |
| 81445 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis  | AUTH REQUIRED |  |
| 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 |  |
| 81449 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis   | AUTH REQUIRED |  |
| 81450 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, 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 |  |
| 81451 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis  | AUTH REQUIRED |  |
| 81455 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, 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 |  |
| 81456 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis   | AUTH REQUIRED |  |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability  | AUTH REQUIRED |  |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability   | AUTH REQUIRED |  |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements  | AUTH REQUIRED |  |
| 81463 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability  | AUTH REQUIRED |  |
| 81464 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements  | AUTH REQUIRED |  |
| 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 81479 | Unlisted molecular pathology procedure   | AUTH REQUIRED |  |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 81558 | Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 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 |  |
| 81599 | Unlisted multianalyte assay with algorithmic analysis   | AUTH REQUIRED |  |
| 83992 | Phencyclidine (PCP)   | AUTH REQUIRED |  |
| 84999 | Unlisted chemistry procedure  | AUTH REQUIRED |  |
| 85999 | Unlisted hematology and coagulation procedure   | AUTH REQUIRED |  |
| 86486 | Skin test; unlisted antigen, each   | AUTH REQUIRED |  |
| 86849 | Unlisted immunology procedure   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 86910 | Blood typing, for paternity testing, per individual; ABO, Rh and MN   | AUTH REQUIRED |  |
| 86911 | Blood typing, for paternity testing, per individual; each additional antigen system   | AUTH REQUIRED |  |
| 86999 | Unlisted transfusion medicine procedure   | AUTH REQUIRED |  |
| 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 |  |
| 87999 | Unlisted microbiology procedure   | AUTH REQUIRED |  |
| 88000 | Necropsy (autopsy), gross examination only; without CNS   | AUTH REQUIRED |  |
| 88005 | Necropsy (autopsy), gross examination only; with brain  | AUTH REQUIRED |  |
| 88007 | Necropsy (autopsy), gross examination only; with brain and spinal cord  | AUTH REQUIRED |  |
| 88012 | Necropsy (autopsy), gross examination only; infant with brain   | AUTH REQUIRED |  |
| 88014 | Necropsy (autopsy), gross examination only; stillborn or newborn with brain   | AUTH REQUIRED |  |
| 88016 | Necropsy (autopsy), gross examination only; macerated stillborn   | AUTH REQUIRED |  |
| 88020 | Necropsy (autopsy), gross and microscopic; without CNS  | AUTH REQUIRED |  |
| 88025 | Necropsy (autopsy), gross and microscopic; with brain   | AUTH REQUIRED |  |
| 88027 | Necropsy (autopsy), gross and microscopic; with brain and spinal cord   | AUTH REQUIRED |  |
| 88028 | Necropsy (autopsy), gross and microscopic; infant with brain  | AUTH REQUIRED |  |
| 88029 | Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain  | AUTH REQUIRED |  |
| 88036 | Necropsy (autopsy), limited, gross and/or microscopic; regional   | AUTH REQUIRED |  |
| 88037 | Necropsy (autopsy), limited, gross and/or microscopic; single organ   | AUTH REQUIRED |  |
| 88040 | Necropsy (autopsy); forensic examination  | AUTH REQUIRED |  |
| 88045 | Necropsy (autopsy); coroner's call  | AUTH REQUIRED |  |
| 88099 | Unlisted necropsy (autopsy) procedure   | AUTH REQUIRED |  |
| 88199 | Unlisted cytopathology procedure  | AUTH REQUIRED |  |
| 88261 | Chromosome analysis; count 5 cells, 1 karyotype, with banding   | AUTH REQUIRED |  |
| 88299 | Unlisted cytogenetic study  | AUTH REQUIRED |  |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure                                      | AUTH REQUIRED |  |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure  | AUTH REQUIRED |  |
| 88399 | Unlisted surgical pathology procedure   | AUTH REQUIRED |  |
| 88749 | Unlisted in vivo (eg, transcutaneous) laboratory service  | AUTH REQUIRED |  |
| 89240 | Unlisted miscellaneous pathology test   | AUTH REQUIRED |  |
| 89250 | Culture of oocyte(s)/embryo(s), less than 4 days;   | AUTH REQUIRED |  |
| 89251 | Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos  | AUTH REQUIRED |  |
| 89253 | Assisted embryo hatching, microtechniques (any method)  | AUTH REQUIRED |  |
| 89254 | Oocyte identification from follicular fluid   | AUTH REQUIRED |  |
| 89255 | Preparation of embryo for transfer (any method)   | AUTH REQUIRED |  |
| 89257 | Sperm identification from aspiration (other than seminal fluid)   | AUTH REQUIRED |  |
| 89258 | Cryopreservation; embryo(s)   | AUTH REQUIRED |  |
| 89259 | Cryopreservation; sperm   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 89260 | Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis   | AUTH REQUIRED |  |
| 89261 | Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis  | AUTH REQUIRED |  |
| 89264 | Sperm identification from testis tissue, fresh or cryopreserved   | AUTH REQUIRED |  |
| 89268 | Insemination of oocytes   | AUTH REQUIRED |  |
| 89272 | Extended culture of oocyte(s)/embryo(s), 4-7 days   | AUTH REQUIRED |  |
| 89280 | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes   | AUTH REQUIRED |  |
| 89281 | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes  | AUTH REQUIRED |  |
| 89290 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos  | AUTH REQUIRED |  |
| 89291 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos   | AUTH REQUIRED |  |
| 89335 | Cryopreservation, reproductive tissue, testicular   | AUTH REQUIRED |  |
| 89337 | Cryopreservation, mature oocyte(s)  | AUTH REQUIRED |  |
| 89342 | Storage (per year); embryo(s)   | AUTH REQUIRED |  |
| 89343 | Storage (per year); sperm/semen   | AUTH REQUIRED |  |
| 89344 | Storage (per year); reproductive tissue, testicular/ovarian   | AUTH REQUIRED |  |
| 89346 | Storage (per year); oocyte(s)   | AUTH REQUIRED |  |
| 89352 | Thawing of cryopreserved; embryo(s)   | AUTH REQUIRED |  |
| 89353 | Thawing of cryopreserved; sperm/semen, each aliquot   | AUTH REQUIRED |  |
| 89354 | Thawing of cryopreserved; reproductive tissue, testicular/ovarian   | AUTH REQUIRED |  |
| 89356 | Thawing of cryopreserved; oocytes, each aliquot   | AUTH REQUIRED |  |
| 89398 | Unlisted reproductive medicine laboratory procedure   | AUTH REQUIRED |  |
| 90281 | Immune globulin (Ig), human, for intramuscular use  | AUTH REQUIRED |  |
| 90283 | Immune globulin (IgIV), human, for intravenous use  | AUTH REQUIRED |  |
| 90284 | Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each  | AUTH REQUIRED |  |
| 90378 | Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each   | AUTH REQUIRED |  |
| 90399 | Unlisted immune globulin  | AUTH REQUIRED |  |
| 90477 | Adenovirus vaccine, type 7, live, for oral use  | AUTH REQUIRED |  |
| 90584 | Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use   | AUTH REQUIRED |  |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use   | AUTH REQUIRED |  |
| 90589 | Chikungunya virus vaccine, live attenuated, for intramuscular use   | AUTH REQUIRED |  |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use   | AUTH REQUIRED |  |
| 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use  | AUTH REQUIRED |  |
| 90624 | Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use                              | AUTH REQUIRED |  |
| 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 | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use   | AUTH REQUIRED |  |
| 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use   | AUTH REQUIRED |  |
| 90683 | Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use  | AUTH REQUIRED |  |
| 90695 | Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use  | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |
| 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use   | AUTH REQUIRED |  |
| 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use   | AUTH REQUIRED |  |
| 90748 | Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use   | AUTH REQUIRED |  |
| 90749 | Unlisted vaccine/toxoid   | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 90882 | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions  | AUTH REQUIRED |  |
| 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 | AUTH REQUIRED |  |
| 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       | AUTH REQUIRED |  |
| 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          | AUTH REQUIRED |  |
| 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   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report  | AUTH REQUIRED |  |
| 91299 | Unlisted diagnostic gastroenterology procedure   | AUTH REQUIRED |  |
| 92015 | Determination of refractive state  | AUTH REQUIRED |  |
| 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                | AUTH REQUIRED |  |
| 92340 | Fitting of spectacles, except for aphakia; monofocal   | AUTH REQUIRED |  |
| 92341 | Fitting of spectacles, except for aphakia; bifocal   | AUTH REQUIRED |  |
| 92342 | Fitting of spectacles, except for aphakia; multifocal, other than bifocal  | AUTH REQUIRED |  |
| 92370 | Repair and refitting spectacles; except for aphakia  | AUTH REQUIRED |  |
| 92499 | Unlisted ophthalmological service or procedure   | AUTH REQUIRED |  |
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual   | AUTH REQUIRED | AUTH REQUIRED 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92521 | Evaluation of speech fluency (eg, stuttering, cluttering)  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92522 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92524 | Behavioral and qualitative analysis of voice and resonance   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92526 | Treatment of swallowing dysfunction and/or oral function for feeding   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92551 | Screening test, pure tone, air only  | AUTH REQUIRED |  |
| 92558 | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis  | AUTH REQUIRED |  |
| 92594 | Electroacoustic evaluation for hearing aid; monaural   | AUTH REQUIRED |  |
| 92595 | Electroacoustic evaluation for hearing aid; binaural   | AUTH REQUIRED |  |
| 92597 | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour   | AUTH REQUIRED | AUTH REQUIRED 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92609 | Therapeutic services for the use of speech-generating device, including programming and modification   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 92630 | Auditory rehabilitation; prelingual hearing loss   | AUTH REQUIRED |  |
| 92633 | Auditory rehabilitation; postlingual hearing loss  | AUTH REQUIRED |  |
| 92650 | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis   | AUTH REQUIRED |  |
| 92700 | Unlisted otorhinolaryngological service or procedure   | AUTH REQUIRED |  |

|       |   |  |  |
|-------|---|--|--|
| 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 | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 92970 | Cardioassist-method of circulatory assist; internal   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 92971 | Cardioassist-method of circulatory assist; external   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 92975 | Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography   | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 93583 | Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed  | AUTH REQUIRED                          | Procedure is on Medicare's Inpatient Only List                                     |
| 93740 | Temperature gradient studies  | AUTH REQUIRED                          |  |
| 93799 | Unlisted cardiovascular service or procedure  | AUTH REQUIRED                          |  |
| 93895 | Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral  | AUTH REQUIRED                          |  |
| 93975 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study  | AUTH REQUIRED                          |  |
| 93980 | Duplex scan of arterial inflow and venous outflow of penile vessels; complete study   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 93998 | Unlisted noninvasive vascular diagnostic study  | AUTH REQUIRED                          |  |
| 94772 | Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant   | AUTH REQUIRED                          |  |
| 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             | AUTH REQUIRED                          |  |
| 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)   | AUTH REQUIRED                          |  |
| 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   | AUTH REQUIRED                          |  |
| 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  | AUTH REQUIRED                          |  |
| 94799 | Unlisted pulmonary service or procedure   | AUTH REQUIRED                          |  |
| 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   | AUTH REQUIRED                          |  |
| 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   | AUTH REQUIRED                          |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 | AUTH REQUIRED |  |
| 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     | AUTH REQUIRED |  |
| 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     | AUTH REQUIRED |  |
| 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     | AUTH REQUIRED |  |
| 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     | AUTH REQUIRED |  |
| 95199 | Unlisted allergy/clinical immunologic service or procedure  | AUTH REQUIRED |  |
| 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 |  |
| 95708 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 95711 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored  | AUTH REQUIRED |  |
| 95712 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance   | AUTH REQUIRED |  |
| 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 |  |
| 95714 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 95782 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist  | AUTH REQUIRED |  |
| 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  | AUTH REQUIRED |  |
| 95928 | Central motor evoked potential study (transcranial motor stimulation); upper limbs  | AUTH REQUIRED |  |
| 95929 | Central motor evoked potential study (transcranial motor stimulation); lower limbs  | AUTH REQUIRED |  |
| 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 |  |
| 95939 | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs   | AUTH REQUIRED |  |
| 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)  | AUTH REQUIRED |  |
| 95999 | Unlisted neurological or neuromuscular diagnostic procedure   | AUTH REQUIRED |  |
| 96110 | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument   | AUTH REQUIRED |  |
| 96170 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes  | AUTH REQUIRED |  |
| 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)  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 96379 | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion  | AUTH REQUIRED |  |
| 96547 | Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED |  |
| 96549 | Unlisted chemotherapy procedure  | AUTH REQUIRED |  |
| 96999 | Unlisted special dermatological service or procedure   | AUTH REQUIRED |  |
| 97012 | Application of a modality to 1 or more areas; traction, mechanical   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended)  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97016 | Application of a modality to 1 or more areas; vasopneumatic devices  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97018 | Application of a modality to 1 or more areas; paraffin bath  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97022 | Application of a modality to 1 or more areas; whirlpool  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave)  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97026 | Application of a modality to 1 or more areas; infrared   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97028 | Application of a modality to 1 or more areas; ultraviolet  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97037 | Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97039 | Unlisted modality (specify type and time if constant attendance)   | AUTH REQUIRED |  |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)   | AUTH REQUIRED | AUTH REQUIRED 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97139 | Unlisted therapeutic procedure (specify)   | AUTH REQUIRED |  |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97150 | Therapeutic procedure(s), group (2 or more individuals)  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |

|       |   |               |  |
|-------|---|---------------|--|
| 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 REQUIRED 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 REQUIRED 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS |

|       |  |               |  |
|-------|--|---------------|--|
| 97165 | <p>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.</p>  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97166 | <p>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.</p> | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |
| 97167 | <p>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.</p>               | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS |

|       |   |               |  |
|-------|---|---------------|--|
| 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 REQUIRED 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.   | AUTH REQUIRED |  |
| 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.   | AUTH REQUIRED |  |
| 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. | AUTH REQUIRED |  |
| 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.   | AUTH REQUIRED |  |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes  | AUTH REQUIRED | AUTH REQUIRED 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 REQUIRED 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 REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes  | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| 97545 | Work hardening/conditioning; initial 2 hours  | AUTH REQUIRED |  |
| 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)   | AUTH REQUIRED |  |
| 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes   | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure  | AUTH REQUIRED |  |
| 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. |
| 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with 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. |
| 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. |
| 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with 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. |

|       |  |   |  |
|-------|--|---|--|
| 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions   | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH |
| 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions   | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH |
| 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions   | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH |
| 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions  | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH |
| 99082 | Unusual travel (eg, transportation and escort of patient)  | AUTH REQUIRED                           |  |
| 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   | AUTH REQUIRED                           | Procedure is on Medicare's Inpatient Only List   |
| 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional   | AUTH REQUIRED                           |  |
| 99190 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour   | AUTH REQUIRED                           | Procedure is on Medicare's Inpatient Only List   |
| 99191 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes  | AUTH REQUIRED                           | Procedure is on Medicare's Inpatient Only List   |
| 99192 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes  | AUTH REQUIRED                           | Procedure is on Medicare's Inpatient Only List   |
| 99199 | Unlisted special service, procedure or report  | AUTH REQUIRED                           |  |
| 99358 | Prolonged evaluation and management service before and/or after direct patient care; first hour  | AUTH REQUIRED                           |  |
| 99360 | Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)  | AUTH REQUIRED                           |  |
| 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 | HOSPICE PAID FOR BY ORIGINAL MEDICARE   |  |

|       |   |                                       |  |
|-------|---|---------------------------------------|--|
| 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 | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| 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)  | AUTH REQUIRED                         |  |
| 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)   | AUTH REQUIRED                         |  |
| 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)   | AUTH REQUIRED                         |  |
| 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)  | AUTH REQUIRED                         |  |
| 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)   | AUTH REQUIRED                         |  |
| 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)  | AUTH REQUIRED                         |  |
| 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)  | AUTH REQUIRED                         |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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)                                       | AUTH REQUIRED |  |
| 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) | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 99429 | Unlisted preventive medicine service  | AUTH REQUIRED |  |
| 99462 | Subsequent hospital care, per day, for evaluation and management of normal newborn  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 99468 | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 99469 | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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)  | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 99480 | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| 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                                | AUTH REQUIRED |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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) | AUTH REQUIRED           |  |
| 99499 | Unlisted evaluation and management service   | AUTH REQUIRED           |  |
| 99500 | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring  | AUTH REQUIRED           |  |
| 99501 | Home visit for postnatal assessment and follow-up care   | AUTH REQUIRED           |  |
| 99502 | Home visit for newborn care and assessment   | AUTH REQUIRED           |  |
| 99600 | Unlisted home visit service or procedure   | AUTH REQUIRED           |  |
| 99601 | Home infusion/specialty drug administration, per visit (up to 2 hours);  | AUTH REQUIRED           |  |
| 99602 | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)   | AUTH REQUIRED           |  |
| A0021 | Ambulance service, outside state per mile, transport (Medicaid only)   | NOT COVERED BY MEDICARE |  |
| A0080 | Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest  | NOT COVERED BY MEDICARE |  |
| A0090 | Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest  | NOT COVERED BY MEDICARE |  |
| A0100 | Nonemergency transportation; taxi  | NOT COVERED BY MEDICARE |  |
| A0110 | Nonemergency transportation and bus, intra- or interstate carrier  | NOT COVERED BY MEDICARE |  |
| A0120 | Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems   | NOT COVERED BY MEDICARE |  |
| A0130 | Nonemergency transportation: wheelchair van  | NOT COVERED BY MEDICARE |  |
| A0140 | Nonemergency transportation and air travel (private or commercial) intra- or interstate  | NOT COVERED BY MEDICARE |  |
| A0160 | Nonemergency transportation: per mile - caseworker or social worker  | NOT COVERED BY MEDICARE |  |
| A0170 | Transportation ancillary: parking fees, tolls, other   | NOT COVERED BY MEDICARE |  |
| A0180 | Nonemergency transportation: ancillary: lodging-recipient  | NOT COVERED BY MEDICARE |  |
| A0190 | Nonemergency transportation: ancillary: meals, recipient   | NOT COVERED BY MEDICARE |  |
| A0200 | Nonemergency transportation: ancillary: lodging, escort  | NOT COVERED BY MEDICARE |  |
| A0210 | Nonemergency transportation: ancillary: meals, escort  | NOT COVERED BY MEDICARE |  |
| A0225 | Ambulance service, neonatal transport, base rate, emergency transport, one way   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| A0380 | BLS mileage (per mile)   | NOT COVERED BY MEDICARE |  |
| A0382 | BLS routine disposable supplies  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| A0390 | ALS mileage (per mile)   | NOT COVERED BY MEDICARE |  |
| A0392 | ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)                    | NOT COVERED BY MEDICARE |  |
| A0394 | ALS specialized service disposable supplies; IV drug therapy   | NOT COVERED BY MEDICARE |  |
| A0396 | ALS specialized service disposable supplies; esophageal intubation   | NOT COVERED BY MEDICARE |  |
| A0398 | ALS routine disposable supplies  | NOT COVERED BY MEDICARE |  |
| A0420 | Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments  | NOT COVERED BY MEDICARE |  |
| A0422 | Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation   | NOT COVERED BY MEDICARE |  |
| A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)  | NOT COVERED BY MEDICARE |  |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing)  | AUTH REQUIRED           |  |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing)   | AUTH REQUIRED           |  |
| A0435 | Fixed wing air mileage, per statute mile   | AUTH REQUIRED           |  |
| A0436 | Rotary wing air mileage, per statute mile  | AUTH REQUIRED           |  |
| A0888 | Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)  | NOT COVERED BY MEDICARE |  |
| A0998 | Ambulance response and treatment, no transport   | NOT COVERED BY MEDICARE |  |
| A0999 | Unlisted ambulance service   | AUTH REQUIRED           |  |
| A4210 | Needle-free injection device, each   | NOT COVERED BY MEDICARE |  |
| A4226 | Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week   | NOT COVERED BY MEDICARE |  |
| A4232 | Syringe with needle for external insulin pump, sterile, 3 cc   | NOT COVERED BY MEDICARE |  |
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips)  | NOT COVERED BY MEDICARE |  |
| A4252 | Blood ketone test or reagent strip, each   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| A4261 | Cervical cap for contraceptive use  | NOT COVERED BY MEDICARE |  |
| A4264 | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system  | NOT COVERED BY MEDICARE |  |
| A4266 | Diaphragm for contraceptive use   | NOT COVERED BY MEDICARE |  |
| A4267 | Contraceptive supply, condom, male, each  | NOT COVERED BY MEDICARE |  |
| A4268 | Contraceptive supply, condom, female, each  | NOT COVERED BY MEDICARE |  |
| A4269 | Contraceptive supply, spermicide (e.g., foam, gel), each  | NOT COVERED BY MEDICARE |  |
| A4342 | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each                  | AUTH REQUIRED           |  |
| A4457 | Enema tube, with or without adapter, any type, replacement only, each   | NOT COVERED BY MEDICARE |  |
| A4467 | Belt, strap, sleeve, garment, or covering, any type   | NOT COVERED BY MEDICARE |  |
| A4468 | Exsufflation belt, includes all supplies and accessories  | NOT COVERED BY MEDICARE |  |
| A4490 | Surgical stockings above knee length, each  | NOT COVERED BY MEDICARE |  |
| A4495 | Surgical stockings thigh length, each   | NOT COVERED BY MEDICARE |  |
| A4500 | Surgical stockings below knee length, each  | NOT COVERED BY MEDICARE |  |
| A4510 | Surgical stockings full-length, each  | NOT COVERED BY MEDICARE |  |
| A4520 | Incontinence garment, any type, (e.g., brief, diaper), each   | NOT COVERED BY MEDICARE |  |
| A4540 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm                              | NOT COVERED BY MEDICARE |  |
| A4542 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist                      | AUTH REQUIRED           |  |
| A4553 | Nondisposable underpads, all sizes  | NOT COVERED BY MEDICARE |  |
| A4554 | Disposable underpads, all sizes   | NOT COVERED BY MEDICARE |  |
| A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only                   | NOT COVERED BY MEDICARE |  |
| A4560 | Neuromuscular electrical stimulator (NMES), disposable, replacement only  | NOT COVERED BY MEDICARE |  |
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| A4566 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment | NOT COVERED BY MEDICARE |  |
| A4570 | Splint  | NOT COVERED BY MEDICARE |  |
| A4580 | Cast supplies (e.g., plaster)   | NOT COVERED BY MEDICARE |  |
| A4590 | Special casting material (e.g., fiberglass)   | NOT COVERED BY MEDICARE |  |
| A4594 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each                                       | AUTH REQUIRED           |  |
| A4611 | Battery, heavy-duty; replacement for patient-owned ventilator   | NOT COVERED BY MEDICARE |  |
| A4612 | Battery cables; replacement for patient-owned ventilator  | NOT COVERED BY MEDICARE |  |
| A4613 | Battery charger; replacement for patient-owned ventilator   | NOT COVERED BY MEDICARE |  |
| A4627 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler   | NOT COVERED BY MEDICARE |  |
| A4639 | Replacement pad for infrared heating pad system, each   | AUTH REQUIRED           |  |
| A4670 | Automatic blood pressure monitor  | NOT COVERED BY MEDICARE |  |
| A6000 | Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card                              | NOT COVERED BY MEDICARE |  |
| A6413 | Adhesive bandage, first aid type, any size, each  | NOT COVERED BY MEDICARE |  |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each  | AUTH REQUIRED           |  |
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each   | AUTH REQUIRED           |  |
| A6526 | Gradient compression garment, full leg and foot, padded, for nighttime use, each  | AUTH REQUIRED           |  |
| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each  | AUTH REQUIRED           |  |
| A6528 | Gradient compression garment, bra, for nighttime use, each  | AUTH REQUIRED           |  |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each  | AUTH REQUIRED           |  |
| A6544 | Gradient compression stocking, garter belt  | NOT COVERED BY MEDICARE |  |
| A6562 | Gradient compression stocking, waist length, 18-30 mm Hg, custom, each  | AUTH REQUIRED           |  |
| A6563 | Gradient compression stocking, waist length, 30-40 mm Hg, custom, each  | AUTH REQUIRED           |  |
| A6564 | Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each  | AUTH REQUIRED           |  |
| A6567 | Gradient compression garment, neck/head, custom, each   | AUTH REQUIRED           |  |
| A6569 | Gradient compression garment, torso/shoulder, custom, each  | AUTH REQUIRED           |  |
| A6571 | Gradient compression garment, genital region, custom, each  | AUTH REQUIRED           |  |
| A6586 | Gradient compression wrap with adjustable straps, full leg, each  | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| A7023 | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical   | NOT COVERED BY MEDICARE |  |
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each   | AUTH REQUIRED           |  |
| A7049 | Expiratory positive airway pressure intranasal resistance valve   | NOT COVERED BY MEDICARE |  |
| A9150 | Nonprescription drugs   | AUTH REQUIRED           |  |
| A9152 | Single vitamin/mineral/trace element, oral, per dose, not otherwise specified   | NOT COVERED BY MEDICARE |  |
| A9153 | Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified   | NOT COVERED BY MEDICARE |  |
| A9154 | Artificial saliva, 1 ml   | NOT COVERED BY MEDICARE |  |
| A9180 | Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker  | NOT COVERED BY MEDICARE |  |
| A9268 | Programmer for transient, orally ingested capsule   | NOT COVERED BY MEDICARE |  |
| A9269 | Programmable, transient, orally ingested capsule, for use with external programmer, per month   | NOT COVERED BY MEDICARE |  |
| A9270 | Noncovered item or service  | NOT COVERED BY MEDICARE |  |
| A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each  | AUTH REQUIRED           |  |
| A9273 | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type  | NOT COVERED BY MEDICARE |  |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories  | NOT COVERED BY MEDICARE |  |
| A9275 | Home glucose disposable monitor, includes test strips   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| A9277 | Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)  | NOT COVERED BY MEDICARE |  |
| A9278 | Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)   | NOT COVERED BY MEDICARE |  |
| A9279 | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified                                | NOT COVERED BY MEDICARE |  |
| A9280 | Alert or alarm device, not otherwise classified   | NOT COVERED BY MEDICARE |  |
| A9281 | Reaching/grabbing device, any type, any length, each  | NOT COVERED BY MEDICARE |  |
| A9282 | Wig, any type, each   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| A9283 | Foot pressure off loading/supportive device, any type, each   | NOT COVERED BY MEDICARE |  |
| A9284 | Spirometer, nonelectronic, includes all accessories   | AUTH REQUIRED           |  |
| A9286 | Hygienic item or device, disposable or nondisposable, any type, each  | NOT COVERED BY MEDICARE |  |
| A9300 | Exercise equipment  | NOT COVERED BY MEDICARE |  |
| A9542 | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi   | AUTH REQUIRED           |  |
| A9543 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi  | AUTH REQUIRED           |  |
| A9586 | Florbetapir F18, diagnostic, per study dose, up to 10 mCi   | AUTH REQUIRED           |  |
| A9592 | Copper Cu-64, dotatate, diagnostic, 1 mCi   | AUTH REQUIRED           |  |
| A9596 | Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi   | AUTH REQUIRED           |  |
| A9601 | Flortaucipir F-18 injection, diagnostic, 1 mCi  | AUTH REQUIRED           |  |
| A9604 | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi  | AUTH REQUIRED           |  |
| A9606 | Radium RA-223 dichloride, therapeutic, per UCI  | AUTH REQUIRED           |  |
| A9608 | Flotufolastat F-18, diagnostic, 1 mCi   | AUTH REQUIRED           |  |
| A9611 | Flurpiridaz F18, diagnostic, 1 mCi  | AUTH REQUIRED           |  |
| A9697 | Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose   | AUTH REQUIRED           |  |
| A9800 | Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi   | AUTH REQUIRED           |  |
| B4100 | Food thickener, administered orally, per oz   | NOT COVERED BY MEDICARE |  |
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit   | AUTH REQUIRED           |  |
| 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  | AUTH REQUIRED           |  |
| 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                                    | AUTH REQUIRED           |  |
| 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 | AUTH REQUIRED           |  |
| 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   | AUTH REQUIRED           |  |
| 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   | AUTH REQUIRED           |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| B9998 | NOC for enteral supplies   | AUTH REQUIRED |  |
| B9999 | NOC for parenteral supplies  | AUTH REQUIRED |  |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| C7506 | Arthrodesis, interphalangeal joints, with or without internal fixation   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| C7510 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| C7543 | Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| C7550 | Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent   | AUTH REQUIRED |  |
| C7551 | Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle   | AUTH REQUIRED |  |
| C7554 | Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent   | AUTH REQUIRED |  |
| C7555 | Thyroidectomy, total or complete with parathyroid autotransplantation  | AUTH REQUIRED |  |
| C7556 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| C7557 | 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 and 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               | AUTH REQUIRED |  |
| C7560 | Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(ies) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)  | AUTH REQUIRED |  |
| C7562 | 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 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 | AUTH REQUIRED |  |
| C7563 | 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 and all additional arteries   | AUTH REQUIRED |  |
| C7564 | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation  | AUTH REQUIRED |  |
| C7565 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total noninfected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair  | AUTH REQUIRED |  |
| C7903 | Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder 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  | AUTH REQUIRED |  |
| C8002 | Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| C8003 | Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)   | AUTH REQUIRED |  |
| C8004 | Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors   | AUTH REQUIRED |  |
| C9173 | Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg   | AUTH REQUIRED |  |
| C9257 | Injection, bevacizumab, 0.25 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Mvasi / Zirabev   |
| 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   | AUTH REQUIRED | Procedure is on Medicare's Inpatient Only List |
| C9727 | Insertion of implants into the soft palate; minimum of three implants  | AUTH REQUIRED |  |
| 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 |  |
| C9734 | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance  | AUTH REQUIRED |  |
| C9739 | Cystourethroscopy, with insertion of transprostatic implant; one to three implants   | AUTH REQUIRED |  |
| C9740 | Cystourethroscopy, with insertion of transprostatic implant; four or more implants   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| C9777 | Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy   | AUTH REQUIRED |  |
| C9778 | Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)  | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| C9783 | Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study   | AUTH REQUIRED |  |
| C9784 | Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components   | AUTH REQUIRED |  |
| C9785 | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components  | AUTH REQUIRED |  |
| C9789 | Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed  | AUTH REQUIRED |  |
| C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent   | AUTH REQUIRED |  |
| C9792 | Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study  | AUTH REQUIRED |  |
| C9793 | 3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report   | AUTH REQUIRED |  |
| C9796 | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])  | AUTH REQUIRED |  |
| C9797 | Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), 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 |  |
| E0144 | Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat  | AUTH REQUIRED |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E0152 | Walker, battery powered, wheeled, folding, adjustable or fixed height   | NOT COVERED BY MEDICARE |  |
| E0170 | Commode chair with integrated seat lift mechanism, electric, any type   | AUTH REQUIRED           |  |
| E0172 | Seat lift mechanism placed over or on top of toilet, any type   | NOT COVERED BY MEDICARE |  |
| E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty                                     | AUTH REQUIRED           |  |
| E0182 | Pump for alternating pressure pad, for replacement only   | AUTH REQUIRED           |  |
| E0183 | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty   | AUTH REQUIRED           |  |
| E0193 | Powered air flotation bed (low air loss therapy)  | AUTH REQUIRED           |  |
| E0194 | Air fluidized bed   | AUTH REQUIRED           |  |
| E0202 | Phototherapy (bilirubin) light with photometer  | AUTH REQUIRED           |  |
| E0203 | Therapeutic lightbox, minimum 10,000 lux, table top model   | NOT COVERED BY MEDICARE |  |
| E0217 | Water circulating heat pad with pump  | AUTH REQUIRED           |  |
| E0231 | Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover | NOT COVERED BY MEDICARE |  |
| E0232 | Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover                          | NOT COVERED BY MEDICARE |  |
| E0236 | Pump for water circulating pad  | AUTH REQUIRED           |  |
| E0239 | Hydrocollator unit, portable  | AUTH REQUIRED           |  |
| E0240 | Bath/shower chair, with or without wheels, any size   | NOT COVERED BY MEDICARE |  |
| E0241 | Bathtub wall rail, each   | NOT COVERED BY MEDICARE |  |
| E0242 | Bathtub rail, floor base  | NOT COVERED BY MEDICARE |  |
| E0243 | Toilet rail, each   | NOT COVERED BY MEDICARE |  |
| E0244 | Raised toilet seat  | NOT COVERED BY MEDICARE |  |
| E0245 | Tub stool or bench  | NOT COVERED BY MEDICARE |  |
| E0250 | Hospital bed, fixed height, with any type side rails, with mattress   | AUTH REQUIRED           |  |
| E0251 | Hospital bed, fixed height, with any type side rails, without mattress  | AUTH REQUIRED           |  |
| E0255 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress   | AUTH REQUIRED           |  |
| E0256 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress  | AUTH REQUIRED           |  |
| E0260 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress                                 | AUTH REQUIRED           |  |
| E0261 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress                              | AUTH REQUIRED           |  |
| E0265 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress                      | AUTH REQUIRED           |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| E0266 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress  | AUTH REQUIRED           |  |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress   | NOT COVERED BY MEDICARE |  |
| E0273 | Bed board  | NOT COVERED BY MEDICARE |  |
| E0274 | Over-bed table   | NOT COVERED BY MEDICARE |  |
| E0277 | Powered pressure-reducing air mattress   | AUTH REQUIRED           |  |
| E0290 | Hospital bed, fixed height, without side rails, with mattress  | AUTH REQUIRED           |  |
| E0291 | Hospital bed, fixed height, without side rails, without mattress   | AUTH REQUIRED           |  |
| E0292 | Hospital bed, variable height, hi-lo, without side rails, with mattress  | AUTH REQUIRED           |  |
| E0293 | Hospital bed, variable height, hi-lo, without side rails, without mattress   | AUTH REQUIRED           |  |
| E0294 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress  | AUTH REQUIRED           |  |
| E0295 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress   | AUTH REQUIRED           |  |
| E0296 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress   | AUTH REQUIRED           |  |
| E0297 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress  | AUTH REQUIRED           |  |
| E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure  | AUTH REQUIRED           |  |
| 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           |  |
| E0302 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress                                 | AUTH REQUIRED           |  |
| 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           |  |
| E0304 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress                                    | AUTH REQUIRED           |  |
| E0315 | Bed accessory: board, table, or support device, any type   | NOT COVERED BY MEDICARE |  |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type  | AUTH REQUIRED           |  |
| E0371 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width   | AUTH REQUIRED           |  |
| E0372 | Powered air overlay for mattress, standard mattress length and width   | AUTH REQUIRED           |  |
| E0373 | Nonpowered advanced pressure reducing mattress   | AUTH REQUIRED           |  |
| E0425 | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing  | AUTH REQUIRED           |  |
| E0430 | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing   | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E0435 | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor   | AUTH REQUIRED           |  |
| E0440 | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing  | AUTH REQUIRED           |  |
| E0455 | Oxygen tent, excluding croup or pediatric tents   | AUTH REQUIRED           |  |
| E0457 | Chest shell (cuirass)   | NOT COVERED BY MEDICARE |  |
| E0459 | Chest wrap  | NOT COVERED BY MEDICARE |  |
| E0462 | Rocking bed, with or without side rails   | AUTH REQUIRED           |  |
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)  | AUTH REQUIRED           |  |
| E0466 | Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)   | AUTH REQUIRED           |  |
| 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           |  |
| E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions  | AUTH REQUIRED           |  |
| E0469 | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device   | AUTH REQUIRED           |  |
| 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           |  |
| 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           |  |
| 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           |  |
| E0480 | Percussor, electric or pneumatic, home model  | AUTH REQUIRED           |  |
| E0481 | Intrapulmonary percussive ventilation system and related accessories  | NOT COVERED BY MEDICARE |  |
| E0482 | Cough stimulating device, alternating positive and negative airway pressure   | AUTH REQUIRED           |  |
| 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           |  |
| E0487 | Spirometer, electronic, includes all accessories  | AUTH REQUIRED           |  |
| E0490 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote  | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application  | NOT COVERED BY MEDICARE |  |
| E0493 | 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 BY MEDICARE |  |
| E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type   | AUTH REQUIRED           |  |
| E0550 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery   | AUTH REQUIRED           |  |
| E0565 | Compressor, air power source for equipment which is not self-contained or cylinder driven   | AUTH REQUIRED           |  |
| E0574 | Ultrasonic/electronic aerosol generator with small volume nebulizer   | AUTH REQUIRED           |  |
| E0575 | Nebulizer, ultrasonic, large volume   | AUTH REQUIRED           |  |
| E0600 | Respiratory suction pump, home model, portable or stationary, electric  | AUTH REQUIRED           |  |
| E0601 | Continuous positive airway pressure (CPAP) device   | AUTH REQUIRED           |  |
| E0615 | Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems  | AUTH REQUIRED           |  |
| E0617 | External defibrillator with integrated electrocardiogram analysis   | AUTH REQUIRED           |  |
| E0618 | Apnea monitor, without recording feature  | AUTH REQUIRED           |  |
| E0619 | Apnea monitor, with recording feature   | AUTH REQUIRED           |  |
| E0620 | Skin piercing device for collection of capillary blood, laser, each   | AUTH REQUIRED           |  |
| E0625 | Patient lift, bathroom or toilet, not otherwise classified  | NOT COVERED BY MEDICARE |  |
| E0630 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)  | AUTH REQUIRED           |  |
| E0635 | Patient lift, electric, with seat or sling  | AUTH REQUIRED           |  |
| E0636 | Multipositional patient support system, with integrated lift, patient accessible controls   | AUTH REQUIRED           |  |
| E0637 | Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels   | NOT COVERED BY MEDICARE |  |
| E0638 | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels  | NOT COVERED BY MEDICARE |  |
| E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories   | AUTH REQUIRED           |  |
| E0640 | Patient lift, fixed system, includes all components/accessories   | AUTH REQUIRED           |  |
| E0641 | Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels   | NOT COVERED BY MEDICARE |  |
| E0642 | Standing frame/table system, mobile (dynamic stander), any size including pediatric   | NOT COVERED BY MEDICARE |  |
| E0650 | Pneumatic compressor, nonsegmental home model   | AUTH REQUIRED           |  |
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure   | AUTH REQUIRED           |  |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure  | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk  | AUTH REQUIRED           |  |
| E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest  | AUTH REQUIRED           |  |
| E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm   | AUTH REQUIRED           |  |
| E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk  | AUTH REQUIRED           |  |
| E0671 | Segmental gradient pressure pneumatic appliance, full leg   | AUTH REQUIRED           |  |
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)   | AUTH REQUIRED           |  |
| E0677 | Nonpneumatic sequential compression garment, trunk  | AUTH REQUIRED           |  |
| E0678 | Nonpneumatic sequential compression garment, full leg   | AUTH REQUIRED           |  |
| E0679 | Nonpneumatic sequential compression garment, half leg   | AUTH REQUIRED           |  |
| E0680 | Nonpneumatic compression controller with sequential calibrated gradient pressure  | AUTH REQUIRED           |  |
| E0681 | Nonpneumatic compression controller without calibrated gradient pressure  | AUTH REQUIRED           |  |
| E0682 | Nonpneumatic sequential compression garment, full arm   | AUTH REQUIRED           |  |
| E0683 | Nonpneumatic, nonsequential, peristaltic wave compression pump  | AUTH REQUIRED           |  |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less  | AUTH REQUIRED           |  |
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel  | AUTH REQUIRED           |  |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel  | AUTH REQUIRED           |  |
| E0694 | Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection  | AUTH REQUIRED           |  |
| E0715 | Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises  | NOT COVERED BY MEDICARE |  |
| E0716 | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises   | NOT COVERED BY MEDICARE |  |
| E0732 | Cranial electrotherapy stimulation (CES) system, any type   | AUTH REQUIRED           |  |
| E0733 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve   | AUTH REQUIRED           |  |
| E0734 | External upper limb tremor stimulator of the peripheral nerves of the wrist   | AUTH REQUIRED           |  |
| E0735 | Noninvasive vagus nerve stimulator  | AUTH REQUIRED           |  |
| E0736 | Transcutaneous tibial nerve stimulator  | AUTH REQUIRED           |  |
| E0737 | Transcutaneous tibial nerve stimulator, controlled by phone application   | NOT COVERED BY MEDICARE |  |
| E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories                      | AUTH REQUIRED           |  |
| E0739 | Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | AUTH REQUIRED           |  |
| E0740 | Nonimplanted pelvic floor electrical stimulator, complete system  | AUTH REQUIRED           |  |
| E0743 | External lower extremity nerve stimulator for restless legs syndrome, each  | AUTH REQUIRED           |  |
| E0744 | Neuromuscular stimulator for scoliosis  | AUTH REQUIRED           |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| E0745 | Neuromuscular stimulator, electronic shock unit  | AUTH REQUIRED           |  |
| E0746 | Electromyography (EMG), biofeedback device   | AUTH REQUIRED           |  |
| E0747 | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications   | AUTH REQUIRED           |  |
| E0748 | Osteogenesis stimulator, electrical, noninvasive, spinal applications  | AUTH REQUIRED           |  |
| E0749 | Osteogenesis stimulator, electrical, surgically implanted  | AUTH REQUIRED           |  |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, noninvasive   | AUTH REQUIRED           |  |
| E0761 | Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device   | AUTH REQUIRED           |  |
| E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories  | AUTH REQUIRED           |  |
| 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           |  |
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type  | AUTH REQUIRED           |  |
| E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified   | AUTH REQUIRED           |  |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified   | AUTH REQUIRED           |  |
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient  | AUTH REQUIRED           |  |
| E0782 | Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)  | AUTH REQUIRED           |  |
| E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)  | AUTH REQUIRED           |  |
| E0784 | External ambulatory infusion pump, insulin   | AUTH REQUIRED           |  |
| E0785 | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement   | AUTH REQUIRED           |  |
| E0786 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)  | AUTH REQUIRED           |  |
| E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing  | NOT COVERED BY MEDICARE |  |
| E0791 | Parenteral infusion pump, stationary, single, or multichannel  | AUTH REQUIRED           |  |
| E0830 | Ambulatory traction device, all types, each  | AUTH REQUIRED           |  |
| E0849 | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible   | AUTH REQUIRED           |  |
| E0855 | Cervical traction equipment not requiring additional stand or frame  | AUTH REQUIRED           |  |
| E0910 | Trapeze bars, also known as Patient Helper, attached to bed, with grab bar   | AUTH REQUIRED           |  |
| E0911 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar   | AUTH REQUIRED           |  |
| E0912 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar   | AUTH REQUIRED           |  |
| E0920 | Fracture frame, attached to bed, includes weights  | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E0930 | Fracture frame, freestanding, includes weights  | AUTH REQUIRED           |  |
| E0936 | Continuous passive motion exercise device for use other than knee   | NOT COVERED BY MEDICARE |  |
| E0940 | Trapeze bar, freestanding, complete with grab bar   | AUTH REQUIRED           |  |
| E0941 | Gravity assisted traction device, any type  | AUTH REQUIRED           |  |
| E0946 | Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster)   | AUTH REQUIRED           |  |
| E0947 | Fracture frame, attachments for complex pelvic traction   | AUTH REQUIRED           |  |
| E0948 | Fracture frame, attachments for complex cervical traction   | AUTH REQUIRED           |  |
| E0955 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each  | AUTH REQUIRED           |  |
| E0958 | Manual wheelchair accessory, one-arm drive attachment, each   | AUTH REQUIRED           |  |
| E0970 | No. 2 footplates, except for elevating legrest  | NOT COVERED BY MEDICARE |  |
| E0983 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control                        | AUTH REQUIRED           |  |
| E0984 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control                          | AUTH REQUIRED           |  |
| E0985 | Wheelchair accessory, seat lift mechanism   | AUTH REQUIRED           |  |
| E0986 | Manual wheelchair accessory, push-rim activated power assist system   | AUTH REQUIRED           |  |
| E0988 | Manual wheelchair accessory, lever-activated, wheel drive, pair   | AUTH REQUIRED           |  |
| E1002 | Wheelchair accessory, power seating system, tilt only   | AUTH REQUIRED           |  |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction   | AUTH REQUIRED           |  |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction   | AUTH REQUIRED           |  |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction  | AUTH REQUIRED           |  |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction                                       | AUTH REQUIRED           |  |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction                               | AUTH REQUIRED           |  |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction                                    | AUTH REQUIRED           |  |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair                             | AUTH REQUIRED           |  |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | AUTH REQUIRED           |  |
| E1014 | Reclining back, addition to pediatric size wheelchair   | AUTH REQUIRED           |  |
| E1020 | Residual limb support system for wheelchair, any type   | AUTH REQUIRED           |  |
| E1022 | Wheelchair transportation securement system, any type, includes all components and accessories  | NOT COVERED BY MEDICARE |  |
| E1023 | Wheelchair transit securement system, includes all components and accessories   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E1028 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other   | AUTH REQUIRED           |  |
| E1029 | Wheelchair accessory, ventilator tray, fixed  | AUTH REQUIRED           |  |
| E1030 | Wheelchair accessory, ventilator tray, gimbaled   | AUTH REQUIRED           |  |
| E1031 | Rollabout chair, any and all types with castors 5 in or greater   | AUTH REQUIRED           |  |
| E1032 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface          | AUTH REQUIRED           |  |
| E1033 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type                            | AUTH REQUIRED           |  |
| E1034 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type                   | AUTH REQUIRED           |  |
| E1035 | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs     | AUTH REQUIRED           |  |
| E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | AUTH REQUIRED           |  |
| E1037 | Transport chair, pediatric size   | AUTH REQUIRED           |  |
| E1050 | Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests  | AUTH REQUIRED           |  |
| E1060 | Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests                                      | AUTH REQUIRED           |  |
| E1070 | Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest  | AUTH REQUIRED           |  |
| E1083 | Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest  | AUTH REQUIRED           |  |
| E1084 | Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests   | AUTH REQUIRED           |  |
| E1085 | Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests  | NOT COVERED BY MEDICARE |  |
| E1086 | Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests  | NOT COVERED BY MEDICARE |  |
| E1087 | High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests  | AUTH REQUIRED           |  |
| E1088 | High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests                             | AUTH REQUIRED           |  |
| E1089 | High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest   | NOT COVERED BY MEDICARE |  |
| E1090 | High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests                                     | NOT COVERED BY MEDICARE |  |
| E1092 | Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests                                    | AUTH REQUIRED           |  |
| E1093 | Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests  | AUTH REQUIRED           |  |
| E1100 | Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests   | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E1110 | Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest                                  | AUTH REQUIRED           |  |
| E1130 | Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests                               | NOT COVERED BY MEDICARE |  |
| E1140 | Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests                                   | NOT COVERED BY MEDICARE |  |
| E1150 | Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests                           | AUTH REQUIRED           |  |
| E1160 | Wheelchair, fixed full-length arms, swing-away detachable elevating legrests  | AUTH REQUIRED           |  |
| E1161 | Manual adult size wheelchair, includes tilt in space  | AUTH REQUIRED           |  |
| E1170 | Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests                                | AUTH REQUIRED           |  |
| E1171 | Amputee wheelchair, fixed full-length arms, without footrests or legrest  | AUTH REQUIRED           |  |
| E1172 | Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest                              | AUTH REQUIRED           |  |
| E1180 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests                           | AUTH REQUIRED           |  |
| E1190 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests                  | AUTH REQUIRED           |  |
| E1195 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests                             | AUTH REQUIRED           |  |
| E1200 | Amputee wheelchair, fixed full-length arms, swing-away detachable footrest  | AUTH REQUIRED           |  |
| E1220 | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification           | AUTH REQUIRED           |  |
| E1221 | Wheelchair with fixed arm, footrests  | AUTH REQUIRED           |  |
| E1222 | Wheelchair with fixed arm, elevating legrests   | AUTH REQUIRED           |  |
| E1223 | Wheelchair with detachable arms, footrests  | AUTH REQUIRED           |  |
| E1224 | Wheelchair with detachable arms, elevating legrests   | AUTH REQUIRED           |  |
| E1225 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each | AUTH REQUIRED           |  |
| E1228 | Special back height for wheelchair  | AUTH REQUIRED           |  |
| E1230 | Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number                       | AUTH REQUIRED           |  |
| E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system                                 | AUTH REQUIRED           |  |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system                                | AUTH REQUIRED           |  |
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system                              | AUTH REQUIRED           |  |
| E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating system  | AUTH REQUIRED           |  |
| E1236 | Wheelchair, pediatric size, folding, adjustable, with seating system  | AUTH REQUIRED           |  |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, without seating system   | AUTH REQUIRED           |  |
| E1238 | Wheelchair, pediatric size, folding, adjustable, without seating system   | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| E1240 | Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest   | AUTH REQUIRED           |  |
| E1250 | Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest  | NOT COVERED BY MEDICARE |  |
| E1260 | Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest  | NOT COVERED BY MEDICARE |  |
| E1270 | Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests  | AUTH REQUIRED           |  |
| E1280 | Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests   | AUTH REQUIRED           |  |
| E1285 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest   | NOT COVERED BY MEDICARE |  |
| E1290 | Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest   | NOT COVERED BY MEDICARE |  |
| E1295 | Heavy-duty wheelchair, fixed full-length arms, elevating legrest  | AUTH REQUIRED           |  |
| E1296 | Special wheelchair seat height from floor   | AUTH REQUIRED           |  |
| E1298 | Special wheelchair seat depth and/or width, by construction   | AUTH REQUIRED           |  |
| E1300 | Whirlpool, portable (overtub type)  | NOT COVERED BY MEDICARE |  |
| E1301 | Whirlpool tub, walk-in, portable  | NOT COVERED BY MEDICARE |  |
| E1310 | Whirlpool, nonportable (built-in type)  | AUTH REQUIRED           |  |
| E1500 | Centrifuge, for dialysis  | AUTH REQUIRED           |  |
| 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           |  |
| E1520 | Heparin infusion pump for hemodialysis  | AUTH REQUIRED           |  |
| E1530 | Air bubble detector for hemodialysis, each, replacement   | AUTH REQUIRED           |  |
| E1540 | Pressure alarm for hemodialysis, each, replacement  | AUTH REQUIRED           |  |
| E1550 | Bath conductivity meter for hemodialysis, each  | AUTH REQUIRED           |  |
| E1560 | Blood leak detector for hemodialysis, each, replacement   | AUTH REQUIRED           |  |
| E1570 | Adjustable chair, for ESRD patients   | AUTH REQUIRED           |  |
| E1575 | Transducer protectors/fluid barriers, for hemodialysis, any size, per 10  | AUTH REQUIRED           |  |
| E1580 | Unipuncture control system for hemodialysis   | AUTH REQUIRED           |  |
| E1590 | Hemodialysis machine  | AUTH REQUIRED           |  |
| E1592 | Automatic intermittent peritoneal dialysis system   | AUTH REQUIRED           |  |
| E1594 | Cycler dialysis machine for peritoneal dialysis   | AUTH REQUIRED           |  |
| E1600 | Delivery and/or installation charges for hemodialysis equipment   | AUTH REQUIRED           |  |
| E1610 | Reverse osmosis water purification system, for hemodialysis   | AUTH REQUIRED           |  |
| E1615 | Deionizer water purification system, for hemodialysis   | AUTH REQUIRED           |  |
| E1620 | Blood pump for hemodialysis, replacement  | AUTH REQUIRED           |  |
| E1625 | Water softening system, for hemodialysis  | AUTH REQUIRED           |  |
| E1632 | Wearable artificial kidney, each  | AUTH REQUIRED           |  |
| E1634 | Peritoneal dialysis clamps, each  | AUTH REQUIRED           |  |
| E1635 | Compact (portable) travel hemodialyzer system   | AUTH REQUIRED           |  |

|       |  |               |  |
|-------|--|---------------|--|
| E1636 | Sorbent cartridges, for hemodialysis, per 10   | AUTH REQUIRED |  |
| E1637 | Hemostats, each  | AUTH REQUIRED |  |
| E1639 | Scale, each  | AUTH REQUIRED |  |
| E1699 | Dialysis equipment, not otherwise specified  | AUTH REQUIRED |  |
| E1700 | Jaw motion rehabilitation system   | AUTH REQUIRED |  |
| E1800 | Dynamic adjustable elbow extension and flexion device, includes soft interface material  | AUTH REQUIRED |  |
| E1801 | Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED |  |
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material   | AUTH REQUIRED |  |
| E1803 | Dynamic adjustable elbow extension only device, includes soft interface material   | AUTH REQUIRED |  |
| E1804 | Dynamic adjustable elbow flexion only device, includes soft interface material   | AUTH REQUIRED |  |
| E1805 | Dynamic adjustable wrist extension and flexion device, includes soft interface material  | AUTH REQUIRED |  |
| E1806 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories                                   | AUTH REQUIRED |  |
| E1807 | Dynamic adjustable wrist extension only device, includes soft interface material   | AUTH REQUIRED |  |
| E1808 | Dynamic adjustable wrist flexion only device, includes soft interface material   | AUTH REQUIRED |  |
| E1810 | Dynamic adjustable knee extension and flexion device, includes soft interface material   | AUTH REQUIRED |  |
| E1811 | Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories  | AUTH REQUIRED |  |
| E1812 | Dynamic knee, extension/flexion device with active resistance control  | AUTH REQUIRED |  |
| E1813 | Dynamic adjustable knee extension only device, includes soft interface material  | AUTH REQUIRED |  |
| E1814 | Dynamic adjustable knee flexion only device, includes soft interface material  | AUTH REQUIRED |  |
| E1815 | Dynamic adjustable ankle extension and flexion device, includes soft interface material  | AUTH REQUIRED |  |
| E1816 | Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED |  |
| E1818 | Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories    | AUTH REQUIRED |  |
| E1822 | Dynamic adjustable ankle extension only device, includes soft interface material   | AUTH REQUIRED |  |
| E1823 | Dynamic adjustable ankle flexion only device, includes soft interface material   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| E1825 | Dynamic adjustable finger extension and flexion device, includes soft interface material   | AUTH REQUIRED |  |
| E1826 | Dynamic adjustable finger extension only device, includes soft interface material  | AUTH REQUIRED |  |
| E1827 | Dynamic adjustable finger flexion only device, includes soft interface material  | AUTH REQUIRED |  |
| E1828 | Dynamic adjustable toe extension only device, includes soft interface material   | AUTH REQUIRED |  |
| E1829 | Dynamic adjustable toe flexion only device, includes soft interface material   | AUTH REQUIRED |  |
| E1830 | Dynamic adjustable toe extension and flexion device, includes soft interface material  | AUTH REQUIRED |  |
| E1831 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories   | AUTH REQUIRED |  |
| E1832 | Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories  | AUTH REQUIRED |  |
| E1840 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material  | AUTH REQUIRED |  |
| E1841 | Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories  | AUTH REQUIRED |  |
| E1905 | Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software  | AUTH REQUIRED |  |
| E2000 | Gastric suction pump, home model, portable or stationary, electric   | AUTH REQUIRED |  |
| E2001 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system   | AUTH REQUIRED |  |
| E2100 | Blood glucose monitor with integrated voice synthesizer  | AUTH REQUIRED |  |
| E2120 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid   | AUTH REQUIRED |  |
| E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in   | AUTH REQUIRED |  |
| E2227 | Manual wheelchair accessory, gear reduction drive wheel, each  | AUTH REQUIRED |  |
| E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each   | AUTH REQUIRED |  |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware  | AUTH REQUIRED |  |
| E2313 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each   | AUTH REQUIRED |  |
| E2321 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware  | AUTH REQUIRED |  |
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware   | AUTH REQUIRED |  |
| E2325 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware  | AUTH REQUIRED |  |
| E2326 | Power wheelchair accessory, breath tube kit for sip and puff interface  | AUTH REQUIRED |  |
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware  | AUTH REQUIRED |  |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| E2340 | Power wheelchair accessory, nonstandard seat frame width, 20-23 in  | AUTH REQUIRED |  |
| E2341 | Power wheelchair accessory, nonstandard seat frame width, 24-27 in  | AUTH REQUIRED |  |
| E2342 | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in   | AUTH REQUIRED |  |
| E2343 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 in  | AUTH REQUIRED |  |
| E2351 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface   | AUTH REQUIRED |  |
| E2368 | Power wheelchair component, drive wheel motor, replacement only   | AUTH REQUIRED |  |
| E2369 | Power wheelchair component, drive wheel gear box, replacement only  | AUTH REQUIRED |  |
| E2370 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only   | AUTH REQUIRED |  |
| E2373 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware  | AUTH REQUIRED |  |
| 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 |  |
| E2375 | Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only   | AUTH REQUIRED |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only   | AUTH REQUIRED           |  |
| E2377 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue                          | AUTH REQUIRED           |  |
| E2378 | Power wheelchair component, actuator, replacement only   | AUTH REQUIRED           |  |
| E2397 | Power wheelchair accessory, lithium-based battery, each  | AUTH REQUIRED           |  |
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable  | AUTH REQUIRED           |  |
| E2500 | Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time   | AUTH REQUIRED           |  |
| 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           |  |
| 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           |  |
| E2506 | Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time   | AUTH REQUIRED           |  |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device                                 | AUTH REQUIRED           |  |
| E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access                                 | AUTH REQUIRED           |  |
| E2513 | Accessory for speech generating device, electromyographic sensor   | AUTH REQUIRED           |  |
| E2599 | Accessory for speech generating device, not otherwise classified   | AUTH REQUIRED           |  |
| E2614 | Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware   | AUTH REQUIRED           |  |
| E2616 | Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware                                       | AUTH REQUIRED           |  |
| E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware                       | AUTH REQUIRED           |  |
| E2626 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable  | AUTH REQUIRED           |  |
| E2627 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type  | AUTH REQUIRED           |  |
| E2628 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining   | AUTH REQUIRED           |  |
| E2629 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)     | AUTH REQUIRED           |  |
| 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           |  |
| E3000 | Speech volume modulation system, any type, including all components and accessories  | AUTH REQUIRED           |  |
| E8000 | Gait trainer, pediatric size, posterior support, includes all accessories and components   | NOT COVERED BY MEDICARE |  |
| E8001 | Gait trainer, pediatric size, upright support, includes all accessories and components   | NOT COVERED BY MEDICARE |  |

|       |   |                                       |  |
|-------|---|---------------------------------------|--|
| E8002 | Gait trainer, pediatric size, anterior support, includes all accessories and components   | NOT COVERED BY MEDICARE               |  |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes   | AUTH REQUIRED                         | AUTH REQUIRED AFTER INITIAL 10 HOURS (20 UNITS) LIFETIME LIMIT |
| G0109 | Diabetes outpatient self-management training services, group session (two or more), per 30 minutes  | AUTH REQUIRED                         | AUTH REQUIRED AFTER INITIAL 10 HOURS (20 UNITS) LIFETIME LIMIT |
| 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            |
| 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            |
| 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            |
| 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            |
| 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            |
| 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            |
| 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            |
| 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            |
| 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            |
| 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            |
| 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 | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| G0219 | PET imaging whole body; melanoma for noncovered indications   | NOT COVERED BY MEDICARE               |  |
| G0235 | PET imaging, any site, not otherwise specified  | NOT COVERED BY MEDICARE               |  |

|       |  |  |  |
|-------|--|--|--|
| 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 BY MEDICARE                |  |
| G0255 | Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve   | NOT COVERED BY MEDICARE                |  |
| 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                          |  |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)   | AUTH MAY BE REQUIRED/<br>POS DEPENDENT | No Auth Required at Free-Standing Facility<br>Auth Required at Outpatient Hospital |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| G0282 | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281   | NOT COVERED BY MEDICARE                |  |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS   |
| G0294 | Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day  | AUTH REQUIRED                          |  |
| G0295 | Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses  | NOT COVERED BY MEDICARE                |  |
| 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<br>CERTIFICATION PERIOD                             |
| 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<br>CERTIFICATION PERIOD                             |
| 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 BY MEDICARE                |  |
| 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 BY MEDICARE                |  |
| 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 BY MEDICARE                |  |
| 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 BY MEDICARE                |  |
| 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 BY MEDICARE                |  |

|       |   |                         |   |
|-------|---|-------------------------|---|
| 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 BY MEDICARE |   |
| 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 REQUIRED AFTER 12 VISITS IN 90 DAYS            |
| 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           |   |
| G0341 | Percutaneous islet cell transplant, includes portal vein catheterization and infusion   | AUTH REQUIRED           | Procedure is on Medicare's Inpatient Only List      |
| G0342 | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion  | AUTH REQUIRED           | Procedure is on Medicare's Inpatient Only List      |
| G0343 | Laparotomy for islet cell transplant, includes portal vein catheterization and infusion   | AUTH REQUIRED           | Procedure is on Medicare's Inpatient Only List      |
| G0378 | Hospital observation service, per hour  | AUTH REQUIRED           | AUTH REQ only if > 48 HOURS                         |
| G0379 | Direct admission of patient for hospital observation care   | AUTH REQUIRED           | AUTH REQ only if > 48 HOURS                         |
| 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  | AUTH REQUIRED           | Procedure is on Medicare's Inpatient Only List      |
| 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)   | AUTH REQUIRED           | Procedure is on Medicare's Inpatient Only List      |
| 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)  | AUTH REQUIRED           | Procedure is on Medicare's Inpatient Only List      |
| G0428 | Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)   | NOT COVERED BY MEDICARE |   |
| 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 |
| 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 |
| 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 |

|       |   |                         |   |
|-------|---|-------------------------|---|
| 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 |
| 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 |
| 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 |
| 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           |   |
| G9012 | Other specified case management service not elsewhere classified  | AUTH REQUIRED           |   |
| G9013 | ESRD demo basic bundle Level I  | NOT COVERED BY MEDICARE |   |
| G9014 | ESRD demo expanded bundle including venous access and related services  | NOT COVERED BY MEDICARE |   |
| 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 BY MEDICARE |   |
| 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 BY MEDICARE |   |
| 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 BY MEDICARE |   |
| 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 BY MEDICARE |   |
| 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 BY MEDICARE |   |
| 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 BY MEDICARE |   |
| G9055 | Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)  | NOT COVERED BY MEDICARE |   |

|       |   |                         |  |
|-------|---|-------------------------|--|
| G9056 | Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| G9061 | Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)   | NOT COVERED BY MEDICARE |  |
| G9062 | Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| G9919 | Screening performed and positive and provision of recommendations   | NOT COVERED BY MEDICARE |  |
| G9920 | Screening performed and negative  | NOT COVERED BY MEDICARE |  |
| H0001 | Alcohol and/or drug assessment  | NOT COVERED BY MEDICARE |  |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program   | NOT COVERED BY MEDICARE |  |
| H0003 | Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs  | NOT COVERED BY MEDICARE |  |
| H0004 | Behavioral health counseling and therapy, per 15 minutes  | NOT COVERED BY MEDICARE |  |
| H0005 | Alcohol and/or drug services; group counseling by a clinician   | NOT COVERED BY MEDICARE |  |
| H0006 | Alcohol and/or drug services; case management   | NOT COVERED BY MEDICARE |  |
| H0007 | Alcohol and/or drug services; crisis intervention (outpatient)  | NOT COVERED BY MEDICARE |  |
| H0008 | Alcohol and/or drug services; subacute detoxification (hospital inpatient)  | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| H0009 | Alcohol and/or drug services; acute detoxification (hospital inpatient)   | NOT COVERED BY MEDICARE |  |
| H0010 | Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)   | NOT COVERED BY MEDICARE |  |
| H0011 | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)  | NOT COVERED BY MEDICARE |  |
| H0012 | Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)  | NOT COVERED BY MEDICARE |  |
| H0013 | Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)   | NOT COVERED BY MEDICARE |  |
| H0014 | Alcohol and/or drug services; ambulatory detoxification   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| H0016 | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)  | NOT COVERED BY MEDICARE |  |
| H0017 | Behavioral health; residential (hospital residential treatment program), without room and board, per diem   | NOT COVERED BY MEDICARE |  |
| H0018 | Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| H0020 | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)   | NOT COVERED BY MEDICARE |  |
| H0021 | Alcohol and/or drug training service (for staff and personnel not employed by providers)  | NOT COVERED BY MEDICARE |  |
| H0022 | Alcohol and/or drug intervention service (planned facilitation)   | NOT COVERED BY MEDICARE |  |
| H0023 | Behavioral health outreach service (planned approach to reach a targeted population)  | NOT COVERED BY MEDICARE |  |
| H0024 | Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)  | NOT COVERED BY MEDICARE |  |
| H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)  | NOT COVERED BY MEDICARE |  |
| H0026 | Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| H0030 | Behavioral health hotline service   | NOT COVERED BY MEDICARE |  |
| H0031 | Mental health assessment, by nonphysician   | NOT COVERED BY MEDICARE |  |
| H0032 | Mental health service plan development by nonphysician  | NOT COVERED BY MEDICARE |  |
| H0033 | Oral medication administration, direct observation  | NOT COVERED BY MEDICARE |  |
| H0034 | Medication training and support, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H0035 | Mental health partial hospitalization, treatment, less than 24 hours  | NOT COVERED BY MEDICARE |  |
| H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes  | NOT COVERED BY MEDICARE |  |
| H0037 | Community psychiatric supportive treatment program, per diem  | NOT COVERED BY MEDICARE |  |
| H0038 | Self-help/peer services, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H0039 | Assertive community treatment, face-to-face, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H0040 | Assertive community treatment program, per diem   | NOT COVERED BY MEDICARE |  |
| H0041 | Foster care, child, nontherapeutic, per diem  | NOT COVERED BY MEDICARE |  |
| H0042 | Foster care, child, nontherapeutic, per month   | NOT COVERED BY MEDICARE |  |
| H0043 | Supported housing, per diem   | NOT COVERED BY MEDICARE |  |
| H0044 | Supported housing, per month  | NOT COVERED BY MEDICARE |  |
| H0045 | Respite care services, not in the home, per diem  | NOT COVERED BY MEDICARE |  |
| H0046 | Mental health services, not otherwise specified   | NOT COVERED BY MEDICARE |  |
| H0047 | Alcohol and/or other drug abuse services, not otherwise specified   | NOT COVERED BY MEDICARE |  |
| H0048 | Alcohol and/or other drug testing: collection and handling only, specimens other than blood   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| H0049 | Alcohol and/or drug screening   | NOT COVERED BY MEDICARE |  |
| H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes                        | NOT COVERED BY MEDICARE |  |
| H0051 | Traditional healing service   | NOT COVERED BY MEDICARE |  |
| H0052 | Missing and murdered indigenous persons (MMIP) mental health and clinical care          | NOT COVERED BY MEDICARE |  |
| H0053 | Historical trauma (HT) mental health and clinical care for indigenous persons           | NOT COVERED BY MEDICARE |  |
| H1000 | Prenatal care, at-risk assessment   | NOT COVERED BY MEDICARE |  |
| H1001 | Prenatal care, at-risk enhanced service; antepartum management                          | NOT COVERED BY MEDICARE |  |
| H1002 | Prenatal care, at risk enhanced service; care coordination                              | NOT COVERED BY MEDICARE |  |
| H1003 | Prenatal care, at-risk enhanced service; education                                      | NOT COVERED BY MEDICARE |  |
| H1004 | Prenatal care, at-risk enhanced service; follow-up home visit                           | NOT COVERED BY MEDICARE |  |
| H1005 | Prenatal care, at-risk enhanced service package (includes H1001-H1004)                  | NOT COVERED BY MEDICARE |  |
| H1010 | Nonmedical family planning education, per session                                       | NOT COVERED BY MEDICARE |  |
| H1011 | Family assessment by licensed behavioral health professional for state defined purposes | NOT COVERED BY MEDICARE |  |
| H2000 | Comprehensive multidisciplinary evaluation  | NOT COVERED BY MEDICARE |  |
| H2001 | Rehabilitation program, per 1/2 day   | NOT COVERED BY MEDICARE |  |
| H2010 | Comprehensive medication services, per 15 minutes                                       | NOT COVERED BY MEDICARE |  |
| H2011 | Crisis intervention service, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H2012 | Behavioral health day treatment, per hour   | NOT COVERED BY MEDICARE |  |
| H2013 | Psychiatric health facility service, per diem   | NOT COVERED BY MEDICARE |  |
| H2014 | Skills training and development, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H2015 | Comprehensive community support services, per 15 minutes                                | NOT COVERED BY MEDICARE |  |
| H2016 | Comprehensive community support services, per diem                                      | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| H2017 | Psychosocial rehabilitation services, per 15 minutes                                 | NOT COVERED BY MEDICARE |  |
| H2018 | Psychosocial rehabilitation services, per diem                                       | NOT COVERED BY MEDICARE |  |
| H2019 | Therapeutic behavioral services, per 15 minutes                                      | NOT COVERED BY MEDICARE |  |
| H2020 | Therapeutic behavioral services, per diem  | NOT COVERED BY MEDICARE |  |
| H2021 | Community-based wrap-around services, per 15 minutes                                 | NOT COVERED BY MEDICARE |  |
| H2022 | Community-based wrap-around services, per diem                                       | NOT COVERED BY MEDICARE |  |
| H2023 | Supported employment, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H2024 | Supported employment, per diem   | NOT COVERED BY MEDICARE |  |
| H2025 | Ongoing support to maintain employment, per 15 minutes                               | NOT COVERED BY MEDICARE |  |
| H2026 | Ongoing support to maintain employment, per diem                                     | NOT COVERED BY MEDICARE |  |
| H2027 | Psychoeducational service, per 15 minutes  | NOT COVERED BY MEDICARE |  |
| H2028 | Sexual offender treatment service, per 15 minutes                                    | NOT COVERED BY MEDICARE |  |
| H2029 | Sexual offender treatment service, per diem  | NOT COVERED BY MEDICARE |  |
| H2030 | Mental health clubhouse services, per 15 minutes                                     | NOT COVERED BY MEDICARE |  |
| H2031 | Mental health clubhouse services, per diem   | NOT COVERED BY MEDICARE |  |
| H2032 | Activity therapy, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| H2033 | Multisystemic therapy for juveniles, per 15 minutes                                  | NOT COVERED BY MEDICARE |  |
| H2034 | Alcohol and/or drug abuse halfway house services, per diem                           | NOT COVERED BY MEDICARE |  |
| H2035 | Alcohol and/or other drug treatment program, per hour                                | NOT COVERED BY MEDICARE |  |
| H2036 | Alcohol and/or other drug treatment program, per diem                                | NOT COVERED BY MEDICARE |  |
| H2037 | Developmental delay prevention activities, dependent child of client, per 15 minutes | NOT COVERED BY MEDICARE |  |
| H2038 | Skills training and development, per diem  | NOT COVERED BY MEDICARE |  |

|       |   |                                       |  |
|-------|---|---------------------------------------|--|
| H2040 | Coordinated specialty care, team-based, for first episode psychosis, per month  | NOT COVERED BY MEDICARE               |  |
| H2041 | Coordinated specialty care, team-based, for first episode psychosis, per encounter  | NOT COVERED BY MEDICARE               |  |
| 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<br>Preferred = Simponi Aria / Entyvio  |
| J0177 | Injection, aflibercept HD, 1 mg   | AUTH REQUIRED                         | PREFERRED STATUS<br>Brand = Eylea HD<br>---<br>Step-therapy requires member to try Avastin prior to this drug.                                   |
| J0178 | Injection, aflibercept, 1 mg  | AUTH REQUIRED                         | PREFERRED STATUS<br>Brand = Eylea<br>---<br>Step-therapy requires member to try Avastin prior to this drug.                                      |
| J0179 | Injection, brolocizumab-dbl, 1 mg   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Avastin / Lucentis / Pavblu / Eylea / Eylea HD  |
| J0180 | Injection, agalsidase beta, 1 mg  | AUTH REQUIRED                         |  |
| J0202 | Injection, alemtuzumab, 1 mg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Ocrevus / Tyruko  |
| J0217 | Injection, velmanase alfa-tycv, 1 mg  | AUTH REQUIRED                         |  |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg  | AUTH REQUIRED                         |  |
| J0221 | Injection, alglucosidase alfa, (Lumizyme), 10 mg  | AUTH REQUIRED                         |  |
| J0224 | Injection, lumasiran, 0.5 mg  | AUTH REQUIRED                         |  |
| J0256 | Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg   | AUTH MAY BE REQUIRED/PRODUCT SPECIFIC | THIS J CODE IS USED FOR ARALAST, ZEMAIRA, AND PROLASTIN-C. ARALAST IS NON-PREFERRED (AUTH REQ). PROLASTIN-C/ZEMAIRA ARE PREFERRED (NO AUTH REQ). |
| J0257 | Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Prolastin-C/Zemaira   |
| 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                         |  |
| 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                         |  |
| J0480 | Injection, basiliximab, 20 mg   | AUTH REQUIRED                         |  |
| J0584 | Injection, burosumab-twza, 1 mg   | AUTH REQUIRED                         |  |
| J0585 | Injection, onabotulinumtoxinA, 1 unit   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Dysport / Xeomin  |
| J0587 | Injection, rimabotulinumtoxinB, 100 units   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Dysport / Xeomin  |

|       |  |   |  |
|-------|--|---|--|
| J0600 | Injection, edetate calcium disodium, up to 1,000 mg  | AUTH REQUIRED                               |  |
| J0630 | Injection, calcitonin salmon, up to 400 units  | AUTH REQUIRED                               |  |
| J0716 | Injection, Centruroides immune f(ab)2, up to 120 mg  | AUTH REQUIRED                               |  |
| 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<br>Preferred = Simponi Aria / Entyvio  |
| J0740 | Injection, cidofovir, 375 mg   | AUTH REQUIRED                               |  |
| J0801 | Injection, corticotropin (Acthar Gel), up to 40 units  | AUTH REQUIRED                               |  |
| J0802 | Injection, corticotropin (ANI), up to 40 units   | AUTH REQUIRED                               |  |
| J0840 | Injection, crotalidae polyvalent immune fab (ovine), up to 1 g   | AUTH REQUIRED                               |  |
| J0841 | Injection, crotalidae immune F(ab')2 (equine), 120 mg  | AUTH REQUIRED                               |  |
| J0850 | Injection, cytomegalovirus immune globulin intravenous (human), per vial   | AUTH REQUIRED                               |  |
| J0885 | Injection, epoetin alfa, (for non-ESRD use), 1000 units  | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Aranesp / Retacrit<br>no auth req when administered for dialysis patient at an outpatient dialysis center |
| J0887 | Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)   | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Aranesp / Retacrit  |
| J0888 | Injection, epoetin beta, 1 mcg, (for non-ESRD use)   | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Aranesp / Retacrit  |
| J0897 | Injection, denosumab, 1 mg   | AUTH MAY BE<br>REQUIRED/PRODUCT<br>SPECIFIC | THIS J CODE IS USED FOR XGEVA AND PROLIA.<br>XGEVA IS NON-PREFERRED (AUTH REQUIRED).<br>PROLIA IS PREFERRED (NO AUTH REQ).             |
| J1105 | Dexmedetomidine, oral, 1 mcg   | NOT COVERED BY MEDICARE                     |  |
| J1162 | Injection, digoxin immune fab (ovine), per vial  | AUTH REQUIRED                               |  |
| J1202 | Miglustat, oral, 65 mg   | NOT COVERED BY MEDICARE                     |  |
| J1212 | Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml  | AUTH REQUIRED                               |  |
| J1290 | Injection, ecallantide, 1 mg   | AUTH REQUIRED                               |  |
| J1303 | Injection, ravulizumab-cwvz, 10 mg   | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Bkernv / Vyvgart / Vyvgart Hytrulo  |
| J1307 | Injection, crovalimab-akkz, 10 mg  | AUTH REQUIRED                               |  |
| J1322 | Injection, elosulfase alfa, 1 mg   | AUTH REQUIRED                               |  |
| J1410 | Injection, estrogen conjugated, per 25 mg  | AUTH REQUIRED                               |  |
| J1430 | Injection, ethanolamine oleate, 100 mg   | AUTH REQUIRED                               |  |
| J1436 | Injection, etidronate disodium, per 300 mg   | AUTH REQUIRED                               |  |
| J1437 | Injection, ferric derisomaltose, 10 mg   | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric<br>Gluconate  |
| 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                               |  |

|       |   |               |  |
|-------|---|---------------|--|
| J1439 | Injection, ferric carboxymaltose, 1 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate |
| J1442 | Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg                                  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Zarxio  |
| J1447 | Injection, tbo-filgrastim, 1 mcg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Zarxio  |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg   | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Fulphila / Ziextenzo                                  |
| J1454 | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg                                    | AUTH REQUIRED |  |
| J1458 | Injection, galsulfase, 1 mg   | AUTH REQUIRED |  |
| J1551 | Injection, immune globulin (Cutaquig), 100 mg   | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Hizentra  |
| J1554 | Injection, immune globulin (Asceniv), 500 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen |
| J1555 | Injection, immune globulin (Cuvitru), 100 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Hizentra  |
| J1556 | Injection, immune globulin (Bivigam), 500 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen |
| J1557 | Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen |
| J1558 | Injection, immune globulin (xembify), 100 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Hizentra  |
| J1560 | Injection, gamma globulin, intramuscular, over 10 cc  | AUTH REQUIRED |  |
| J1569 | Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg      | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen |
| J1575 | Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin                             | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Hizentra  |
| J1576 | Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg   | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen |
| J1670 | Injection, tetanus immune globulin, human, up to 250 units                                  | AUTH REQUIRED |  |
| J1675 | Injection, histrelin acetate, 10 mcg  | AUTH REQUIRED |  |
| J1743 | Injection, idursulfase, 1 mg  | AUTH REQUIRED |  |
| J1745 | Injection, infliximab, excludes biosimilar, 10 mg   | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Inflectra/Renflexis                                   |
| J1823 | Injection, inebilizumab-cdon, 1 mg  | AUTH REQUIRED | NON-PREFERRED<br>Preferred = Soliris   |
| J1826 | Injection, interferon beta-1a, 30 mcg   | AUTH REQUIRED |  |

|       |   |                                       |   |
|-------|---|---------------------------------------|---|
| J1930 | Injection, lanreotide, 1 mg   | AUTH MAY BE REQUIRED/PRODUCT SPECIFIC | THIS J CODE IS USED FOR LANREOTIDE ACETATE AND SOMATULINE DEPOT. LANREOTIDE ACETATE IS NON-PREFERRED (AUTH REQ). SOMATULINE DEPOT IS PREFERRED (NO AUTH REQ). |
| J1950 | Injection, leuprolide acetate (for depot suspension), per 3.75 mg   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Eligard  |
| J1952 | Leuprolide injectable, camcevi, 1 mg                                | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Eligard  |
| J1954 | Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg  | AUTH REQUIRED                         |   |
| J2182 | Injection, mepolizumab, 1 mg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Fasentra / Xolair  |
| J2325 | Injection, nesiritide, 0.1 mg                                       | AUTH REQUIRED                         |   |
| J2326 | Injection, nusinersen, 0.1 mg                                       | AUTH REQUIRED                         |   |
| J2329 | Injection, ublituximab-xiyy, 1mg                                    | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Ocrevus / Tyruko   |
| J2351 | Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq                 | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Ocrevus / Tysabri  |
| J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Somatuline Depot   |
| J2502 | Injection, pasireotide long acting, 1 mg                            | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Somatuline Depot   |
| J2507 | Injection, pegloticase, 1 mg  | AUTH REQUIRED                         |   |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg                          | AUTH REQUIRED                         |   |
| J2690 | Injection, procainamide HCl, up to 1 g                              | AUTH REQUIRED                         |   |
| J2760 | Injection, phentolamine mesylate, up to 5 mg                        | AUTH REQUIRED                         |   |
| J2777 | Injection, faricimab-svoa, 0.1 mg                                   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Avastin / Lucentis / Pavblu / Eylea / Eylea HD   |
| J2778 | Injection, ranibizumab, 0.1 mg                                      | AUTH REQUIRED                         | PREFERRED STATUS<br>Brand = Lucentis<br>---<br>Step-therapy requires member to try Avastin prior to this drug.  |
| J2779 | Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Avastin / Lucentis / Pavblu / Eylea / Eylea HD   |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg                        | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Izervay  |
| J2783 | Injection, rasburicase, 0.5 mg                                      | AUTH REQUIRED                         |   |
| J2786 | Injection, reslizumab, 1 mg   | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Fasentra / Xolair  |
| J2797 | Injection, rolapitant, 0.5 mg                                       | AUTH REQUIRED                         |   |
| J2820 | Injection, sargramostim (GM-CSF), 50 mcg                            | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Zarxio   |

|       |   |                         |   |
|-------|---|-------------------------|---|
| J2840 | Injection, sebelipase alfa, 1 mg  | AUTH REQUIRED           |   |
| J2993 | Injection, reteplase, 18.1 mg   | AUTH REQUIRED           |   |
| J3110 | Injection, teriparatide, 10 mcg   | AUTH REQUIRED           |   |
| J3111 | Injection, romosozumab-aqqg, 1 mg   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Prolia / Zoledronic Acid |
| J3240 | Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial   | AUTH REQUIRED           |   |
| J3241 | Injection, teprotumumab-trbw, 10 mg   | AUTH REQUIRED           |   |
| J3245 | Injection, tildrakizumab, 1 mg  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Simponi Aria / Entyvio   |
| J3262 | Injection, tocilizumab, 1 mg  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Simponi Aria / Entyvio   |
| J3315 | Injection, triptorelin pamoate, 3.75 mg   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Eligard                  |
| J3316 | Injection, triptorelin, extended-release, 3.75 mg   | AUTH REQUIRED           |   |
| J3357 | Ustekinumab, for subcutaneous injection, 1 mg   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Simponi Aria / Entyvio   |
| J3358 | Ustekinumab, for intravenous injection, 1 mg  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Simponi Aria / Entyvio   |
| J3385 | Injection, velaglucerase alfa, 100 units  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Elelyso / Cerezyme       |
| J3398 | Injection, voretigene neparvec-rzyl, 1 billion vector genomes   | AUTH REQUIRED           |   |
| J3401 | Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> PFU/ml vector genomes, per 0.1 ml | AUTH REQUIRED           |   |
| J3520 | Edetate disodium, per 150 mg  | NOT COVERED BY MEDICARE |   |
| J3535 | Drug administered through a metered dose inhaler  | NOT COVERED BY MEDICARE |   |
| J3570 | Laetrile, amygdalin, vitamin B-17   | NOT COVERED BY MEDICARE |   |
| J7182 | Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Kovaltry / Afstyla       |
| J7185 | Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Kovaltry / Afstyla       |
| J7192 | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Kovaltry / Afstyla       |
| J7294 | Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea                             | NOT COVERED BY MEDICARE |   |
| J7295 | Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea                                     | NOT COVERED BY MEDICARE |   |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg  | NOT COVERED BY MEDICARE |   |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg   | NOT COVERED BY MEDICARE |   |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg  | NOT COVERED BY MEDICARE |   |

|       |  |                         |   |
|-------|--|-------------------------|---|
| J7300 | Intrauterine copper contraceptive  | NOT COVERED BY MEDICARE |   |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg                    | NOT COVERED BY MEDICARE |   |
| J7304 | Contraceptive supply, hormone containing patch, each   | NOT COVERED BY MEDICARE |   |
| J7306 | Levonorgestrel (contraceptive) implant system, including implants and supplies                 | NOT COVERED BY MEDICARE |   |
| J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies                    | NOT COVERED BY MEDICARE |   |
| J7308 | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)      | AUTH REQUIRED           |   |
| J7311 | Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg                    | AUTH REQUIRED           |   |
| J7312 | Injection, dexamethasone, intravitreal implant, 0.1 mg   | AUTH REQUIRED           |   |
| J7313 | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg                     | AUTH REQUIRED           |   |
| J7314 | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg                       | AUTH REQUIRED           |   |
| J7320 | Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg                     | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7321 | Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7322 | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg                         | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7324 | Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose                   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7326 | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose                     | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Durolane / Synvisc-One |
| J7327 | Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose                    | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Durolane / Synvisc-One |
| J7328 | Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg                      | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7329 | Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg                         | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7332 | Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg                        | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Euflexxa / Synvisc     |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml                                       | AUTH REQUIRED           |   |
| J7351 | Injection, bimatoprost, intracameral implant, 1 mcg  | AUTH REQUIRED           |   |
| J7352 | Afamelanotide implant, 1 mg  | AUTH REQUIRED           |   |
| J7354 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)             | AUTH REQUIRED           |   |
| J7504 | Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg                 | AUTH REQUIRED           |   |
| J7511 | Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg                  | AUTH REQUIRED           |   |
| J7525 | Tacrolimus, parenteral, 5 mg   | AUTH REQUIRED           |   |

|       |   |   |   |
|-------|---|---|---|
| J7686 | Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg | AUTH REQUIRED                                 |   |
| J7699 | NOC drugs, inhalation solution administered through DME   | AUTH REQUIRED                                 |   |
| J8498 | Antiemetic drug, rectal/suppository, not otherwise specified  | AUTH REQUIRED                                 |   |
| J8499 | Prescription drug, oral, nonchemotherapeutic, NOS   | NOT COVERED BY MEDICARE                       |   |
| J8515 | Cabergoline, oral, 0.25 mg  | NOT COVERED BY MEDICARE                       |   |
| J8655 | Netupitant 300 mg and palonosetron 0.5 mg, oral   | AUTH REQUIRED                                 |   |
| J8999 | Prescription drug, oral, chemotherapeutic, NOS  | AUTH REQUIRED                                 |   |
| J9015 | Injection, aldesleukin, per single use vial   | AUTH REQUIRED                                 |   |
| J9022 | Injection, atezolizumab, 10 mg  | AUTH REQUIRED                                 | NON-PREFERRED<br>Preferred = Libtayo  |
| J9026 | Injection, tarlatamab-dlle, 1 mg  | AUTH REQUIRED                                 |   |
| J9029 | Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose  | AUTH REQUIRED                                 |   |
| J9035 | Injection, bevacizumab, 10 mg   | AUTH MAY BE<br>REQUIRED/DIAGNOSIS<br>SPECIFIC | RETINAL/EYE: Bevacizumab (Avastin) claims with ARMD diagnosis will process without auth<br>PREFERRED STATUS/No Auth for Age-Related Macular Degeneration<br><br>CANCER: Bevacizumab (Avastin) for various cancers.<br>NON-PREFERRED/Auth Required for Cancer Preferred = Mvasi (colon, lung, renal, cervical, ovarian/fallopian/peritoneal, and glioblastoma) and Zirabev (colon, lung, renal, cervical, and glioblastoma).<br>*If for ovarian, fallopian tube or primary peritoneal, cannot use Zirabev. |
| J9041 | Injection, bortezomib, 0.1 mg   | AUTH MAY BE<br>REQUIRED/PRODUCT<br>SPECIFIC   | THIS J CODE IS USED FOR VELCADE AND BORTEZOMIB. VELCADE IS NON-PREFERRED (AUTH REQ). BORTEZOMIB IS PREFERRED (NO AUTH REQ).   |
| J9042 | Injection, brentuximab vedotin, 1 mg  | AUTH REQUIRED                                 |   |
| J9043 | Injection, cabazitaxel, 1 mg  | AUTH REQUIRED                                 |   |
| J9047 | Injection, carfilzomib, 1 mg  | AUTH REQUIRED                                 | NON-PREFERRED<br>Preferred = Bortezomib   |
| J9120 | Injection, dactinomycin, 0.5 mg   | AUTH REQUIRED                                 |   |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine  | AUTH REQUIRED                                 |   |
| J9173 | Injection, durvalumab, 10 mg  | AUTH REQUIRED                                 | NON-PREFERRED<br>Preferred = Libtayo  |
| J9176 | Injection, elotuzumab, 1 mg   | AUTH REQUIRED                                 | NON-PREFERRED<br>Preferred = Bortezomib   |
| J9200 | Injection, floxuridine, 500 mg  | AUTH REQUIRED                                 |   |

|       |   |   |  |
|-------|---|---|--|
| J9202 | Goserelin acetate implant, per 3.6 mg               | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Eligard   |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg            | AUTH REQUIRED                               |  |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg                 | AUTH REQUIRED                               |  |
| J9210 | Injection, emapalumab-lzsg, 1 mg                    | AUTH REQUIRED                               |  |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg   | AUTH MAY BE<br>REQUIRED/PRODUCT<br>SPECIFIC | THIS J CODE IS USED FOR LUPRON DEPOT AND<br>ELIGARD. LUPRON DEPOT IS NON-PREFERRED<br>(AUTH REQ). ELIGARD IS PREFERRED (NO AUTH<br>REQ). |
| J9223 | Injection, lurbinectedin, 0.1 mg                    | AUTH REQUIRED                               |  |
| J9226 | Histrelin implant (Supprelin LA), 50 mg             | AUTH REQUIRED                               |  |
| J9227 | Injection, isatuximab-irfc, 10 mg                   | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Bortezomib  |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg            | AUTH REQUIRED                               |  |
| J9248 | Injection, melphalan (Hepzato), 1 mg                | AUTH REQUIRED                               |  |
| J9264 | Injection, paclitaxel protein-bound particles, 1 mg | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Docetaxel / Paclitaxel  |
| J9266 | Injection, pegaspargase, per single dose vial       | AUTH REQUIRED                               |  |
| J9268 | Injection, pentostatin, 10 mg                       | AUTH REQUIRED                               |  |
| J9269 | Injection, tagraxofusp-erzs, 10 mcg                 | AUTH REQUIRED                               |  |
| J9271 | Injection, pembrolizumab, 1 mg                      | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Libtayo   |
| J9272 | Injection, dostarlimab-gxly, 10 mg                  | AUTH REQUIRED                               |  |
| J9274 | Injection, tebentafusp-tebn, 1 mcg                  | AUTH REQUIRED                               |  |
| J9281 | Mitomycin pyelocalyceal instillation, 1 mg          | AUTH REQUIRED                               |  |
| J9286 | Injection, glofitamab-gxbr, 2.5 mg                  | AUTH REQUIRED                               |  |
| J9299 | Injection, nivolumab, 1 mg                          | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Libtayo   |
| J9304 | Injection, pemetrexed (Pemfexy), 10 mg              | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Pemetrexed (J9294)  |
| J9305 | Injection, pemetrexed, NOS, 10 mg                   | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Pemetrexed (J9294)  |
| J9306 | Injection, pertuzumab, 1 mg                         | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Phesgo  |
| J9307 | Injection, pralatrexate, 1 mg                       | AUTH REQUIRED                               |  |
| J9311 | Injection, rituximab 10 mg and hyaluronidase        | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Ruxience / Truxima  |
| J9312 | Injection, rituximab, 10 mg                         | AUTH REQUIRED                               | NON-PREFERRED<br>Preferred = Ruxience / Truxima  |
| J9329 | Injection, tislelizumab-jsgr, 1mg                   | AUTH REQUIRED                               |  |
| J9340 | Injection, thiotepa, 15 mg                          | AUTH REQUIRED                               |  |
| J9348 | Injection, naxitamab-gqgk, 1 mg                     | AUTH REQUIRED                               |  |
| J9350 | Injection, mosunetuzumab-axgb, 1 mg                 | AUTH REQUIRED                               |  |
| J9352 | Injection, trabectedin, 0.1 mg                      | AUTH REQUIRED                               |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| J9355 | Injection, trastuzumab, excludes biosimilar, 10 mg   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Kanjinti / Ogivri / Trazimera |
| J9356 | Injection, trastuzumab, 10 mg and hyaluronidase-oysk   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Kanjinti / Ogivri / Trazimera |
| J9357 | Injection, valrubicin, intravesical, 200 mg  | AUTH REQUIRED           |  |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.075 mg   | AUTH REQUIRED           |  |
| J9600 | Injection, porfimer sodium, 75 mg  | AUTH REQUIRED           |  |
| K0002 | Standard hemi (low seat) wheelchair  | AUTH REQUIRED           |  |
| K0003 | Lightweight wheelchair   | AUTH REQUIRED           |  |
| K0004 | High strength, lightweight wheelchair  | AUTH REQUIRED           |  |
| K0005 | Ultralightweight wheelchair  | AUTH REQUIRED           |  |
| K0006 | Heavy-duty wheelchair  | AUTH REQUIRED           |  |
| K0007 | Extra heavy-duty wheelchair  | AUTH REQUIRED           |  |
| K0008 | Custom manual wheelchair/base  | AUTH REQUIRED           |  |
| K0009 | Other manual wheelchair/base   | AUTH REQUIRED           |  |
| K0010 | Standard-weight frame motorized/power wheelchair   | AUTH REQUIRED           |  |
| K0011 | Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | AUTH REQUIRED           |  |
| K0012 | Lightweight portable motorized/power wheelchair  | AUTH REQUIRED           |  |
| K0013 | Custom motorized/power wheelchair base   | AUTH REQUIRED           |  |
| K0015 | Detachable, nonadjustable height armrest, replacement only, each   | AUTH REQUIRED           |  |
| K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each   | AUTH REQUIRED           |  |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type   | AUTH REQUIRED           |  |
| K0607 | Replacement battery for automated external defibrillator, garment type only, each  | AUTH REQUIRED           |  |
| K0609 | Replacement electrodes for use with automated external defibrillator, garment type only, each  | AUTH REQUIRED           |  |
| K0730 | Controlled dose inhalation drug delivery system  | AUTH REQUIRED           |  |
| K0740 | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds   | AUTH REQUIRED           |  |
| K0801 | Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds  | AUTH REQUIRED           |  |
| K0802 | Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds   | AUTH REQUIRED           |  |
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds   | AUTH REQUIRED           |  |
| K0807 | Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds  | AUTH REQUIRED           |  |
| K0808 | Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds   | AUTH REQUIRED           |  |

|       |  |               |  |
|-------|--|---------------|--|
| K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds          | AUTH REQUIRED |  |
| K0814 | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds                    | AUTH REQUIRED |  |
| K0815 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds                    | AUTH REQUIRED |  |
| K0816 | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds                              | AUTH REQUIRED |  |
| K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds              | AUTH REQUIRED |  |
| K0821 | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds                    | AUTH REQUIRED |  |
| K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds                        | AUTH REQUIRED |  |
| K0823 | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds                              | AUTH REQUIRED |  |
| K0824 | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   | AUTH REQUIRED |  |
| K0825 | Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds   | AUTH REQUIRED |  |
| K0826 | Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                              | AUTH REQUIRED |  |
| K0827 | Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds                                    | AUTH REQUIRED |  |
| K0828 | Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more                            | AUTH REQUIRED |  |
| K0829 | Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more   | AUTH REQUIRED |  |
| K0835 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   | AUTH REQUIRED |  |
| K0836 | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds         | AUTH REQUIRED |  |
| K0837 | Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds              | AUTH REQUIRED |  |
| K0838 | Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds                    | AUTH REQUIRED |  |
| K0839 | Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds          | AUTH REQUIRED |  |
| K0840 | Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more       | AUTH REQUIRED |  |
| K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED |  |
| K0842 | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds       | AUTH REQUIRED |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| K0843 | Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds  | AUTH REQUIRED           |  |
| K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds  | AUTH REQUIRED           |  |
| K0849 | Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds  | AUTH REQUIRED           |  |
| K0850 | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds   | AUTH REQUIRED           |  |
| K0851 | Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds   | AUTH REQUIRED           |  |
| K0852 | Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds  | AUTH REQUIRED           |  |
| K0853 | Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds  | AUTH REQUIRED           |  |
| K0854 | Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more  | AUTH REQUIRED           |  |
| K0855 | Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more  | AUTH REQUIRED           |  |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   | AUTH REQUIRED           |  |
| K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds   | AUTH REQUIRED           |  |
| K0858 | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds   | AUTH REQUIRED           |  |
| K0859 | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds  | AUTH REQUIRED           |  |
| K0860 | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds   | AUTH REQUIRED           |  |
| K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   | AUTH REQUIRED           |  |
| K0862 | Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds  | AUTH REQUIRED           |  |
| K0863 | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds   | AUTH REQUIRED           |  |
| K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more   | AUTH REQUIRED           |  |
| K0900 | Customized durable medical equipment, other than wheelchair  | AUTH REQUIRED           |  |
| K1004 | Low frequency ultrasonic diathermy treatment device for home use   | NOT COVERED BY MEDICARE |  |
| 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           |  |
| K1036 | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month   | NOT COVERED BY MEDICARE |  |

|       |   |               |  |
|-------|---|---------------|--|
| L0112 | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated  | AUTH REQUIRED |  |
| L0170 | Cervical, collar, molded to patient model   | AUTH REQUIRED |  |
| L0190 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)  | AUTH REQUIRED |  |
| L0200 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| L0700 | Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)   | AUTH REQUIRED |  |
| L0710 | Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)  | AUTH REQUIRED |  |
| L0720 | Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  | AUTH REQUIRED |  |
| L0810 | Halo procedure, cervical halo incorporated into jacket vest   | AUTH REQUIRED |  |
| L0820 | Halo procedure, cervical halo incorporated into plaster body jacket   | AUTH REQUIRED |  |
| L0830 | Halo procedure, cervical halo incorporated into Milwaukee type orthotic   | AUTH REQUIRED |  |
| L0859 | Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material   | AUTH REQUIRED |  |
| L1000 | Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model   | AUTH REQUIRED |  |
| L1005 | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment  | AUTH REQUIRED |  |
| L1006 | Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise   | AUTH REQUIRED |  |
| L1200 | Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only   | AUTH REQUIRED |  |
| L1230 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure  | AUTH REQUIRED |  |
| L1300 | Other scoliosis procedure, body jacket molded to patient model  | AUTH REQUIRED |  |
| L1310 | Other scoliosis procedure, postoperative body jacket  | AUTH REQUIRED |  |
| L1640 | Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| L1681 | Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise  | AUTH REQUIRED |  |
| L1685 | Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated  | AUTH REQUIRED |  |
| L1686 | Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment   | AUTH REQUIRED |  |
| L1690 | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment   | AUTH REQUIRED |  |
| L1700 | Legg Perthes orthosis, (Toronto type), custom fabricated  | AUTH REQUIRED |  |
| L1710 | Legg Perthes orthosis, (Newington type), custom fabricated  | AUTH REQUIRED |  |
| L1720 | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated  | AUTH REQUIRED |  |
| L1730 | Legg Perthes orthosis, (Scottish Rite type), custom fabricated  | AUTH REQUIRED |  |
| L1755 | Legg Perthes orthosis, (Patten bottom type), custom fabricated  | AUTH REQUIRED |  |
| 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 |  |
| L1834 | Knee orthosis (KO), without knee joint, rigid, custom fabricated  | AUTH REQUIRED |  |
| L1840 | Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| L1848 | Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| L1860 | Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)   | AUTH REQUIRED |  |
| L1904 | Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated   | AUTH REQUIRED |  |
| L1907 | Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated  | AUTH REQUIRED |  |
| L1932 | Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise            | AUTH REQUIRED |  |
| L1933 | Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf  | AUTH REQUIRED |  |
| L1940 | Ankle-foot orthosis (AFO), plastic or other material, custom fabricated   | AUTH REQUIRED |  |
| L1945 | Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated   | AUTH REQUIRED |  |
| L1950 | Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated  | AUTH REQUIRED |  |
| L1951 | Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED |  |
| L1952 | Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated, off-the-shelf   | AUTH REQUIRED |  |
| L1960 | Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated  | AUTH REQUIRED |  |
| L1970 | Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated  | AUTH REQUIRED |  |
| L1971 | Ankle foot orthosis (AFO), plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment  | AUTH REQUIRED |  |
| L1990 | Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| L2038 | Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated  | AUTH REQUIRED |  |
| L2050 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated   | AUTH REQUIRED |  |
| L2060 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated   | AUTH REQUIRED |  |
| L2106 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated   | AUTH REQUIRED |  |
| L2108 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated  | AUTH REQUIRED |  |
| L2112 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment  | AUTH REQUIRED |  |
| L2114 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment  | AUTH REQUIRED |  |
| L2116 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment   | AUTH REQUIRED |  |
| L2126 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated  | AUTH REQUIRED |  |
| L2128 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated   | AUTH REQUIRED |  |
| L2132 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment  | AUTH REQUIRED |  |
| L2134 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment  | AUTH REQUIRED |  |
| L2136 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment   | AUTH REQUIRED |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| L2340 | Addition to lower extremity, pretibial shell, molded to patient model  | AUTH REQUIRED           |  |
| L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)                           | AUTH REQUIRED           |  |
| L2510 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model  | AUTH REQUIRED           |  |
| L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model                             | AUTH REQUIRED           |  |
| L2526 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted                                      | AUTH REQUIRED           |  |
| L2570 | Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each   | AUTH REQUIRED           |  |
| L2580 | Addition to lower extremity, pelvic control, pelvic sling  | AUTH REQUIRED           |  |
| L2627 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables                          | AUTH REQUIRED           |  |
| L2628 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables   | AUTH REQUIRED           |  |
| L2861 | Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | NOT COVERED BY MEDICARE |  |
| L3201 | Orthopedic shoe, Oxford with supinator or pronator, infant   | AUTH REQUIRED           |  |
| L3202 | Orthopedic shoe, Oxford with supinator or pronator, child  | AUTH REQUIRED           |  |
| L3203 | Orthopedic shoe, Oxford with supinator or pronator, junior   | AUTH REQUIRED           |  |
| L3204 | Orthopedic shoe, hightop with supinator or pronator, infant  | AUTH REQUIRED           |  |
| L3206 | Orthopedic shoe, hightop with supinator or pronator, child   | AUTH REQUIRED           |  |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, junior  | AUTH REQUIRED           |  |
| L3208 | Surgical boot, each, infant  | AUTH REQUIRED           |  |
| L3209 | Surgical boot, each, child   | AUTH REQUIRED           |  |
| L3212 | Benesch boot, pair, infant   | AUTH REQUIRED           |  |
| L3213 | Benesch boot, pair, child  | AUTH REQUIRED           |  |
| L3215 | Orthopedic footwear, ladies shoe, Oxford, each   | NOT COVERED BY MEDICARE |  |
| L3216 | Orthopedic footwear, ladies shoe, depth inlay, each  | NOT COVERED BY MEDICARE |  |
| L3217 | Orthopedic footwear, ladies shoe, hightop, depth inlay, each   | NOT COVERED BY MEDICARE |  |
| L3219 | Orthopedic footwear, mens shoe, Oxford, each   | NOT COVERED BY MEDICARE |  |
| L3221 | Orthopedic footwear, mens shoe, depth inlay, each  | NOT COVERED BY MEDICARE |  |
| L3222 | Orthopedic footwear, mens shoe, hightop, depth inlay, each   | NOT COVERED BY MEDICARE |  |
| L3230 | Orthopedic footwear, custom shoe, depth inlay, each  | AUTH REQUIRED           |  |
| L3250 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each   | AUTH REQUIRED           |  |
| L3251 | Foot, shoe molded to patient model, silicone shoe, each  | AUTH REQUIRED           |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| L3252 | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each  | AUTH REQUIRED           |  |
| L3253 | Foot, molded shoe, Plastazote (or similar), custom fitted, each   | AUTH REQUIRED           |  |
| L3254 | Nonstandard size or width   | AUTH REQUIRED           |  |
| L3255 | Nonstandard size or length  | AUTH REQUIRED           |  |
| L3257 | Orthopedic footwear, additional charge for split size   | AUTH REQUIRED           |  |
| L3320 | Lift, elevation, heel and sole, cork, per in  | AUTH REQUIRED           |  |
| L3330 | Lift, elevation, metal extension (skate)  | AUTH REQUIRED           |  |
| L3485 | Heel, pad, removable for spur   | AUTH REQUIRED           |  |
| L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified  | AUTH REQUIRED           |  |
| L3671 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment   | AUTH REQUIRED           |  |
| 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           |  |
| 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           |  |
| L3720 | Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated  | AUTH REQUIRED           |  |
| L3730 | Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated  | AUTH REQUIRED           |  |
| L3740 | Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated   | AUTH REQUIRED           |  |
| L3763 | Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment   | AUTH REQUIRED           |  |
| 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           |  |
| L3765 | Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment   | AUTH REQUIRED           |  |
| 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           |  |
| L3891 | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each   | NOT COVERED BY MEDICARE |  |
| L3900 | Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated   | AUTH REQUIRED           |  |
| L3901 | Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated   | AUTH REQUIRED           |  |
| L3904 | Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated  | AUTH REQUIRED           |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| L3960 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment   | AUTH REQUIRED |  |
| 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 |  |
| L3962 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| L4000 | Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or spinal orthosis SO)   | AUTH REQUIRED |  |
| L4010 | Replace trilateral socket brim   | AUTH REQUIRED |  |
| L4020 | Replace quadrilateral socket brim, molded to patient model   | AUTH REQUIRED |  |
| L4210 | Repair of orthotic device, repair or replace minor parts   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| L5010 | Partial foot, molded socket, ankle height, with toe filler   | AUTH REQUIRED |  |
| L5020 | Partial foot, molded socket, tibial tubercle height, with toe filler   | AUTH REQUIRED |  |
| L5050 | Ankle, Symes, molded socket, SACH foot   | AUTH REQUIRED |  |
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)  | AUTH REQUIRED |  |
| L5100 | Below knee (BK), molded socket, shin, SACH foot  | AUTH REQUIRED |  |
| L5105 | Below knee (BK), plastic socket, joints and thigh lacer, SACH foot   | AUTH REQUIRED |  |
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot   | AUTH REQUIRED |  |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot  | AUTH REQUIRED |  |
| L5200 | Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot  | AUTH REQUIRED |  |
| L5210 | Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each   | AUTH REQUIRED |  |
| L5220 | Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each  | AUTH REQUIRED |  |
| L5230 | Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot  | AUTH REQUIRED |  |
| L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot  | AUTH REQUIRED |  |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot  | AUTH REQUIRED |  |
| L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot   | AUTH REQUIRED |  |
| L5301 | Below knee (BK), molded socket, shin, SACH foot, endoskeletal system   | AUTH REQUIRED |  |
| L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system   | AUTH REQUIRED |  |
| L5321 | Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee   | AUTH REQUIRED |  |
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot   | AUTH REQUIRED |  |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot  | AUTH REQUIRED |  |
| L5400 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)   | AUTH REQUIRED |  |
| 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 |  |

|       |   |               |  |
|-------|---|---------------|--|
| 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 |  |
| 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 |  |
| L5460 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)   | AUTH REQUIRED |  |
| L5500 | Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed  | AUTH REQUIRED |  |
| L5505 | Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed  | AUTH REQUIRED |  |
| L5510 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model  | AUTH REQUIRED |  |
| L5520 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed  | AUTH REQUIRED |  |
| L5530 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model  | AUTH REQUIRED |  |
| L5535 | Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket   | AUTH REQUIRED |  |
| L5540 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model  | AUTH REQUIRED |  |
| L5560 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model  | AUTH REQUIRED |  |
| L5570 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed  | AUTH REQUIRED |  |
| 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 |  |
| L5585 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket   | AUTH REQUIRED |  |
| L5590 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model  | AUTH REQUIRED |  |
| L5595 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model  | AUTH REQUIRED |  |
| L5600 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model  | AUTH REQUIRED |  |
| L5610 | Addition to lower extremity, endoskeletal system, above knee (AK), hydracandence system   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| L5611 | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control   | AUTH REQUIRED |  |
| L5613 | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control  | AUTH REQUIRED |  |
| L5614 | Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control   | AUTH REQUIRED |  |
| L5615 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control   | AUTH REQUIRED |  |
| L5616 | Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control  | AUTH REQUIRED |  |
| L5617 | Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each   | AUTH REQUIRED |  |
| L5626 | Addition to lower extremity, test socket, hip disarticulation  | AUTH REQUIRED |  |
| L5628 | Addition to lower extremity, test socket, hemipelvectomy   | AUTH REQUIRED |  |
| L5631 | Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket   | AUTH REQUIRED |  |
| L5638 | Addition to lower extremity, below knee (BK), leather socket   | AUTH REQUIRED |  |
| L5639 | Addition to lower extremity, below knee (BK), wood socket  | AUTH REQUIRED |  |
| L5640 | Addition to lower extremity, knee disarticulation, leather socket  | AUTH REQUIRED |  |
| L5642 | Addition to lower extremity, above knee (AK), leather socket   | AUTH REQUIRED |  |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame  | AUTH REQUIRED |  |
| L5644 | Addition to lower extremity, above knee (AK), wood socket  | AUTH REQUIRED |  |
| L5645 | Addition to lower extremity, below knee (BK), flexible inner socket, external frame  | AUTH REQUIRED |  |
| L5646 | Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket   | AUTH REQUIRED |  |
| L5647 | Addition to lower extremity, below knee (BK), suction socket   | AUTH REQUIRED |  |
| L5648 | Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket   | AUTH REQUIRED |  |
| L5649 | Addition to lower extremity, ischial containment/narrow M-L socket   | AUTH REQUIRED |  |
| L5650 | Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket  | AUTH REQUIRED |  |
| L5651 | Addition to lower extremity, above knee (AK), flexible inner socket, external frame  | AUTH REQUIRED |  |
| L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket  | AUTH REQUIRED |  |
| L5661 | Addition to lower extremity, socket insert, multidurometer Symes   | AUTH REQUIRED |  |
| L5665 | Addition to lower extremity, socket insert, multidurometer, below knee (BK)  | AUTH REQUIRED |  |
| L5671 | Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert   | AUTH REQUIRED |  |
| 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 |  |
| L5677 | Additions to lower extremity, below knee (BK), knee joints, polycentric, pair  | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| 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 |  |
| 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 |  |
| L5682 | Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded   | AUTH REQUIRED |  |
| 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 |  |
| L5700 | Replacement, socket, below knee (BK), molded to patient model  | AUTH REQUIRED |  |
| L5701 | Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model   | AUTH REQUIRED |  |
| L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model   | AUTH REQUIRED |  |
| L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only   | AUTH REQUIRED |  |
| L5704 | Custom shaped protective cover, below knee (BK)  | AUTH REQUIRED |  |
| L5705 | Custom shaped protective cover, above knee (AK)  | AUTH REQUIRED |  |
| L5706 | Custom shaped protective cover, knee disarticulation   | AUTH REQUIRED |  |
| L5707 | Custom shaped protective cover, hip disarticulation  | AUTH REQUIRED |  |
| L5711 | Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material   | AUTH REQUIRED |  |
| L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock  | AUTH REQUIRED |  |
| L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control   | AUTH REQUIRED |  |
| L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control  | AUTH REQUIRED |  |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control   | AUTH REQUIRED |  |
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control  | AUTH REQUIRED |  |
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control  | AUTH REQUIRED |  |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control   | AUTH REQUIRED |  |
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system   | AUTH REQUIRED |  |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| L5783 | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system   | AUTH REQUIRED |  |
| L5785 | Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)  | AUTH REQUIRED |  |
| L5790 | Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)  | AUTH REQUIRED |  |
| L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)  | AUTH REQUIRED |  |
| L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock  | AUTH REQUIRED |  |
| L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material  | AUTH REQUIRED |  |
| L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)  | AUTH REQUIRED |  |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock  | AUTH REQUIRED |  |
| L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock   | AUTH REQUIRED |  |
| L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control  | AUTH REQUIRED |  |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control   | AUTH REQUIRED |  |
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control  | AUTH REQUIRED |  |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame  | AUTH REQUIRED |  |
| L5827 | Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping            | AUTH REQUIRED |  |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control   | AUTH REQUIRED |  |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control  | AUTH REQUIRED |  |
| L5840 | Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control   | AUTH REQUIRED |  |
| L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control  | AUTH REQUIRED |  |
| L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable  | AUTH REQUIRED |  |
| L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability  | AUTH REQUIRED |  |
| L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | AUTH REQUIRED |  |
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type       | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | AUTH REQUIRED |  |
| L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)      | AUTH REQUIRED |  |
| L5920 | Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system   | AUTH REQUIRED |  |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type                   | AUTH REQUIRED |  |
| L5930 | Addition, endoskeletal system, high activity knee control frame   | AUTH REQUIRED |  |
| L5940 | Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)  | AUTH REQUIRED |  |
| L5950 | Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)  | AUTH REQUIRED |  |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)  | AUTH REQUIRED |  |
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control          | AUTH REQUIRED |  |
| L5962 | Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system   | AUTH REQUIRED |  |
| L5964 | Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system   | AUTH REQUIRED |  |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system   | AUTH REQUIRED |  |
| L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature  | AUTH REQUIRED |  |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source                             | AUTH REQUIRED |  |
| L5976 | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)   | AUTH REQUIRED |  |
| L5979 | All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system   | AUTH REQUIRED |  |
| L5980 | All lower extremity prostheses, flex-foot system  | AUTH REQUIRED |  |
| L5981 | All lower extremity prostheses, flex-walk system or equal   | AUTH REQUIRED |  |
| L5982 | All exoskeletal lower extremity prostheses, axial rotation unit   | AUTH REQUIRED |  |
| L5984 | All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability   | AUTH REQUIRED |  |
| L5986 | All lower extremity prostheses, multiaxial rotation unit (MCP or equal)   | AUTH REQUIRED |  |
| L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon   | AUTH REQUIRED |  |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature  | AUTH REQUIRED |  |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height   | AUTH REQUIRED |  |
| L5991 | Addition to lower extremity prostheses, osseointegrated external prosthetic connector   | AUTH REQUIRED |  |

|       |  |               |  |
|-------|--|---------------|--|
| L6000 | Partial hand, thumb remaining  | AUTH REQUIRED |  |
| L6010 | Partial hand, little and/or ring finger remaining  | AUTH REQUIRED |  |
| L6020 | Partial hand, no finger remaining  | AUTH REQUIRED |  |
| 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 |  |
| L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad   | AUTH REQUIRED |  |
| L6055 | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad   | AUTH REQUIRED |  |
| L6100 | Below elbow, molded socket, flexible elbow hinge, triceps pad  | AUTH REQUIRED |  |
| L6110 | Below elbow, molded socket (Muenster or Northwestern suspension types)   | AUTH REQUIRED |  |
| L6120 | Below elbow, molded double wall split socket, step-up hinges, half cuff  | AUTH REQUIRED |  |
| L6130 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff   | AUTH REQUIRED |  |
| L6200 | Elbow disarticulation, molded socket, outside locking hinge, forearm   | AUTH REQUIRED |  |
| L6205 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm  | AUTH REQUIRED |  |
| L6250 | Above elbow, molded double wall socket, internal locking elbow, forearm  | AUTH REQUIRED |  |
| L6300 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm   | AUTH REQUIRED |  |
| L6310 | Shoulder disarticulation, passive restoration (complete prosthesis)  | AUTH REQUIRED |  |
| L6320 | Shoulder disarticulation, passive restoration (shoulder cap only)  | AUTH REQUIRED |  |
| L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm   | AUTH REQUIRED |  |
| L6360 | Interscapular thoracic, passive restoration (complete prosthesis)  | AUTH REQUIRED |  |
| L6370 | Interscapular thoracic, passive restoration (shoulder cap only)  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| L6400 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping  | AUTH REQUIRED |  |
| L6450 | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping  | AUTH REQUIRED |  |
| L6500 | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping  | AUTH REQUIRED |  |
| L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping  | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| L6621 | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device  | AUTH REQUIRED |  |
| L6623 | Upper extremity addition, spring assisted rotational wrist unit with latch release  | AUTH REQUIRED |  |
| L6624 | Upper extremity addition, flexion/extension and rotation wrist unit   | AUTH REQUIRED |  |
| L6625 | Upper extremity addition, rotation wrist unit with cable lock   | AUTH REQUIRED |  |
| L6628 | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal   | AUTH REQUIRED |  |
| L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow  | AUTH REQUIRED |  |
| L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system   | AUTH REQUIRED |  |
| L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator  | AUTH REQUIRED |  |
| L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator  | AUTH REQUIRED |  |
| L6686 | Upper extremity addition, suction socket  | AUTH REQUIRED |  |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation   | AUTH REQUIRED |  |
| L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation   | AUTH REQUIRED |  |
| L6689 | Upper extremity addition, frame type socket, shoulder disarticulation   | AUTH REQUIRED |  |
| L6690 | Upper extremity addition, frame type socket, interscapular-thoracic   | AUTH REQUIRED |  |
| L6692 | Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| L6693 | Upper extremity addition, locking elbow, forearm counterbalance   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| L6698 | Addition to upper extremity prosthesis, lock mechanism, excludes socket insert  | AUTH REQUIRED |  |
| L6700 | Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement   | AUTH REQUIRED |  |
| L6704 | Terminal device, sport/recreational/work attachment, any material, any size   | AUTH REQUIRED |  |
| L6707 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined  | AUTH REQUIRED |  |
| L6708 | Terminal device, hand, mechanical, voluntary opening, any material, any size  | AUTH REQUIRED |  |
| L6709 | Terminal device, hand, mechanical, voluntary closing, any material, any size  | AUTH REQUIRED |  |
| L6711 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric   | AUTH REQUIRED |  |
| L6712 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric   | AUTH REQUIRED |  |
| L6713 | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric   | AUTH REQUIRED |  |
| L6714 | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric   | AUTH REQUIRED |  |
| L6715 | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement   | AUTH REQUIRED |  |
| L6721 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined  | AUTH REQUIRED |  |
| L6722 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined  | AUTH REQUIRED |  |
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)   | AUTH REQUIRED |  |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device   | AUTH REQUIRED |  |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device   | AUTH REQUIRED |  |

|       |   |               |  |
|-------|---|---------------|--|
| L6883 | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power  | AUTH REQUIRED |  |
| L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power  | AUTH REQUIRED |  |
| L6885 | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power  | AUTH REQUIRED |  |
| L6895 | Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated  | AUTH REQUIRED |  |
| L6900 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining  | AUTH REQUIRED |  |
| L6905 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining   | AUTH REQUIRED |  |
| L6910 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining   | AUTH REQUIRED |  |
| L6915 | Hand restoration (shading and measurements included), replacement glove for above   | AUTH REQUIRED |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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           |  |
| 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           |  |
| 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           |  |
| L7007 | Electric hand, switch or myoelectric controlled, adult   | AUTH REQUIRED           |  |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric  | AUTH REQUIRED           |  |
| L7009 | Electric hook, switch or myoelectric controlled, adult   | AUTH REQUIRED           |  |
| L7040 | Prehensile actuator, switch controlled   | AUTH REQUIRED           |  |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric   | AUTH REQUIRED           |  |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled   | AUTH REQUIRED           |  |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device   | AUTH REQUIRED           |  |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device   | AUTH REQUIRED           |  |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled  | AUTH REQUIRED           |  |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled   | AUTH REQUIRED           |  |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled   | AUTH REQUIRED           |  |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled  | AUTH REQUIRED           |  |
| L7259 | Electronic wrist rotator, any type   | AUTH REQUIRED           |  |
| L7364 | Twelve volt battery, each  | AUTH REQUIRED           |  |
| L7366 | Battery charger, 12 volt, each   | AUTH REQUIRED           |  |
| L7368 | Lithium ion battery charger, replacement only  | AUTH REQUIRED           |  |
| L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material  | AUTH REQUIRED           |  |
| L7405 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material  | AUTH REQUIRED           |  |
| L7406 | Addition to upper extremity, user adjustable, mechanical, residual limb volume management system   | AUTH REQUIRED           |  |
| L7510 | Repair of prosthetic device, repair or replace minor parts   | AUTH REQUIRED           |  |
| L7600 | Prosthetic donning sleeve, any material, each  | NOT COVERED BY MEDICARE |  |
| L7900 | Male vacuum erection system  | NOT COVERED BY MEDICARE |  |
| L7902 | Tension ring, for vacuum erection device, any type, replacement only, each   | NOT COVERED BY MEDICARE |  |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model   | AUTH REQUIRED           |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| L8040 | Nasal prosthesis, provided by a nonphysician   | AUTH REQUIRED           |  |
| L8041 | Midfacial prosthesis, provided by a nonphysician   | AUTH REQUIRED           |  |
| L8042 | Orbital prosthesis, provided by a nonphysician   | AUTH REQUIRED           |  |
| L8043 | Upper facial prosthesis, provided by a nonphysician  | AUTH REQUIRED           |  |
| L8044 | Hemi-facial prosthesis, provided by a nonphysician   | AUTH REQUIRED           |  |
| L8045 | Auricular prosthesis, provided by a nonphysician   | AUTH REQUIRED           |  |
| L8046 | Partial facial prosthesis, provided by a nonphysician  | AUTH REQUIRED           |  |
| L8047 | Nasal septal prosthesis, provided by a nonphysician  | AUTH REQUIRED           |  |
| L8499 | Unlisted procedure for miscellaneous prosthetic services   | AUTH REQUIRED           |  |
| L8500 | Artificial larynx, any type  | AUTH REQUIRED           |  |
| L8600 | Implantable breast prosthesis, silicone or equal   | AUTH REQUIRED           |  |
| L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies  | AUTH REQUIRED           |  |
| L8609 | Artificial cornea  | AUTH REQUIRED           |  |
| L8610 | Ocular implant   | AUTH REQUIRED           |  |
| L8614 | Cochlear device, includes all internal and external components   | AUTH REQUIRED           |  |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement   | AUTH REQUIRED           |  |
| L8627 | Cochlear implant, external speech processor, component, replacement  | AUTH REQUIRED           |  |
| L8628 | Cochlear implant, external controller component, replacement   | AUTH REQUIRED           |  |
| 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           |  |
| 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           |  |
| L8679 | Implantable neurostimulator, pulse generator, any type   | AUTH REQUIRED           |  |
| L8680 | Implantable neurostimulator electrode, each  | NOT COVERED BY MEDICARE |  |
| L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only  | AUTH REQUIRED           |  |
| L8682 | Implantable neurostimulator radiofrequency receiver  | AUTH REQUIRED           |  |
| L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver   | AUTH REQUIRED           |  |
| L8684 | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement  | AUTH REQUIRED           |  |
| L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension  | NOT COVERED BY MEDICARE |  |
| L8686 | Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension   | NOT COVERED BY MEDICARE |  |
| L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension  | NOT COVERED BY MEDICARE |  |
| L8688 | Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only  | AUTH REQUIRED           |  |
| L8690 | Auditory osseointegrated device, includes all internal and external components  | AUTH REQUIRED           |  |
| L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each   | AUTH REQUIRED           |  |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment  | NOT COVERED BY MEDICARE |  |
| L8693 | Auditory osseointegrated device abutment, any length, replacement only  | AUTH REQUIRED           |  |
| L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each  | AUTH REQUIRED           |  |
| L8698 | Miscellaneous component, supply or accessory for use with total artificial heart system   | AUTH REQUIRED           |  |
| 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           |  |
| 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           |  |
| M0075 | Cellular therapy  | NOT COVERED BY MEDICARE |  |
| M0076 | Prolotherapy  | NOT COVERED BY MEDICARE |  |
| M0100 | Intragastric hypothermia using gastric freezing   | NOT COVERED BY MEDICARE |  |
| M0300 | IV chelation therapy (chemical endarterectomy)  | NOT COVERED BY MEDICARE |  |
| M0301 | Fabric wrapping of abdominal aneurysm   | NOT COVERED BY MEDICARE |  |
| P2031 | Hair analysis (excluding arsenic)   | NOT COVERED BY MEDICARE |  |
| P7001 | Culture, bacterial, urine; quantitative, sensitivity study  | NOT COVERED BY MEDICARE |  |
| Q0138 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate |
| Q0139 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate |
| Q0144 | Azithromycin dihydrate, oral, capsules/powder, 1 g  | NOT COVERED BY MEDICARE |  |

|       |   |               |  |
|-------|---|---------------|--|
| Q0224 | Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg | AUTH REQUIRED |  |
| Q0477 | Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0479 | Power module for use with electric or electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0480 | Driver for use with pneumatic ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0481 | Microprocessor control unit for use with electric ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0482 | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0483 | Monitor/display module for use with electric ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0484 | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0488 | Power pack base for use with electric ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0489 | Power pack base for use with electric/pneumatic ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0490 | Emergency power source for use with electric ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0491 | Emergency power source for use with electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0495 | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0496 | Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0498 | Holster for use with electric or electric/pneumatic ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0501 | Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only  | AUTH REQUIRED |  |
| Q0502 | Mobility cart for pneumatic ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0503 | Battery for pneumatic ventricular assist device, replacement only, each   | AUTH REQUIRED |  |
| Q0504 | Power adapter for pneumatic ventricular assist device, replacement only, vehicle type   | AUTH REQUIRED |  |
| Q0506 | Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only   | AUTH REQUIRED |  |
| Q0507 | Miscellaneous supply or accessory for use with an external ventricular assist device  | AUTH REQUIRED |  |
| Q0508 | Miscellaneous supply or accessory for use with an implanted ventricular assist device   | AUTH REQUIRED |  |

|       |   |                         |   |
|-------|---|-------------------------|---|
| 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           |   |
| Q1004 | New technology, intraocular lens, category 4 as defined in Federal Register notice  | AUTH REQUIRED           |   |
| Q1005 | New technology, intraocular lens, category 5 as defined in Federal Register notice  | AUTH REQUIRED           |   |
| 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           |   |
| Q2042 | Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose  | AUTH REQUIRED           |   |
| 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           |   |
| Q2052 | Services, supplies and accessories used in the home for the administration of intravenous immune globulin (IVIG)  | AUTH REQUIRED           |   |
| 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           |   |
| 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           |   |
| Q2055 | Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose    | AUTH REQUIRED           |   |
| 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           |   |
| Q3028 | Injection, interferon beta-1a, 1 mcg for subcutaneous use   | NOT COVERED BY MEDICARE |   |
| Q4050 | Cast supplies, for unlisted types and materials of casts  | AUTH REQUIRED           |   |
| Q4081 | Injection, epoetin alfa, 100 units (for ESRD on dialysis)   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Aranesp / Retacrit |
| Q4114 | Integra flowable wound matrix, injectable, 1 cc   | AUTH REQUIRED           |   |
| Q4159 | Affinity, per sq cm   | AUTH REQUIRED           |   |
| Q4161 | bio-ConneKt wound matrix, per sq cm   | AUTH REQUIRED           |   |
| Q4164 | Helicoll, per sq cm   | AUTH REQUIRED           |   |
| Q4170 | Cygnus, per sq cm   | AUTH REQUIRED           |   |
| Q4173 | PalinGen or PalinGen XPlus, per sq cm   | AUTH REQUIRED           |   |
| Q4180 | Revita, per sq cm   | AUTH REQUIRED           |   |
| Q4187 | Epicord, per sq cm  | AUTH REQUIRED           |   |
| Q4188 | AmnioArmor, per sq cm   | AUTH REQUIRED           |   |
| Q4191 | Restorigin, per sq cm   | AUTH REQUIRED           |   |
| Q4193 | Coll-e-Derm, per sq cm  | AUTH REQUIRED           |   |
| Q4194 | Novachor, per sq cm   | AUTH REQUIRED           |   |

|       |   |               |  |
|-------|---|---------------|--|
| Q4199 | Cygnus matrix, per sq cm  | AUTH REQUIRED |  |
| Q4203 | Derma-Gide, per sq cm   | AUTH REQUIRED |  |
| Q4204 | XWRAP, per sq cm  | AUTH REQUIRED |  |
| Q4205 | Membrane Graft or Membrane Wrap, per sq cm  | AUTH REQUIRED |  |
| Q4217 | WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm | AUTH REQUIRED |  |
| Q4221 | Amnio Wrap2, per sq cm  | AUTH REQUIRED |  |
| Q4225 | AmnioBind or DermaBind TL, per sq cm  | AUTH REQUIRED |  |
| Q4227 | AmnioCore, per sq cm  | AUTH REQUIRED |  |
| Q4229 | Cogenex Amniotic Membrane, per sq cm  | AUTH REQUIRED |  |
| Q4232 | Corplex, per sq cm  | AUTH REQUIRED |  |
| Q4234 | XCellerate, per sq cm   | AUTH REQUIRED |  |
| Q4236 | carePATCH, per sq cm  | AUTH REQUIRED |  |
| Q4238 | Derm-Maxx, per sq cm  | AUTH REQUIRED |  |
| Q4239 | Amnio-Maxx or Amnio-Maxx Lite, per sq cm  | AUTH REQUIRED |  |
| Q4248 | Dermocyte Amniotic Membrane Allograft, per sq cm  | AUTH REQUIRED |  |
| Q4250 | AmnioAmp-MP, per sq cm  | AUTH REQUIRED |  |
| Q4256 | MLG-Complete, per sq cm   | AUTH REQUIRED |  |
| Q4257 | Relese, per sq cm   | AUTH REQUIRED |  |
| Q4259 | Celera Dual Layer or Celera Dual Membrane, per sq cm  | AUTH REQUIRED |  |
| Q4263 | SurGraft TL, per sq cm  | AUTH REQUIRED |  |
| Q4264 | Cocoon Membrane, per sq cm  | AUTH REQUIRED |  |
| Q4265 | NeoStim TL, per sq cm   | AUTH REQUIRED |  |
| Q4266 | NeoStim Membrane, per sq cm   | AUTH REQUIRED |  |
| Q4267 | NeoStim DL, per sq cm   | AUTH REQUIRED |  |
| Q4269 | SurGraft XT, per sq cm  | AUTH REQUIRED |  |
| Q4270 | Complete SL, per sq cm  | AUTH REQUIRED |  |
| Q4271 | Complete FT, per sq cm  | AUTH REQUIRED |  |
| Q4274 | Esano AC, per sq cm   | AUTH REQUIRED |  |
| Q4275 | Esano ACA, per sq cm  | AUTH REQUIRED |  |
| Q4276 | ORION, per sq cm  | AUTH REQUIRED |  |
| Q4278 | EPIEFFECT, per sq cm  | AUTH REQUIRED |  |
| Q4279 | Vendaje AC, per sq cm   | AUTH REQUIRED |  |
| Q4280 | Xcell Amnio Matrix, per sq cm   | AUTH REQUIRED |  |
| Q4281 | Barrera SL or Barrera DL, per sq cm   | AUTH REQUIRED |  |
| Q4282 | Cygnus Dual, per sq cm  | AUTH REQUIRED |  |
| Q4283 | Biovance Tri-Layer or Biovance 3L, per sq cm  | AUTH REQUIRED |  |
| Q4289 | RevoShield+ Amniotic Barrier, per sq cm   | AUTH REQUIRED |  |
| Q4290 | Membrane Wrap-Hydro, per sq cm  | AUTH REQUIRED |  |
| Q4293 | Acesso DL, per sq cm  | AUTH REQUIRED |  |
| Q4294 | Amnio Quad-Core, per sq cm  | AUTH REQUIRED |  |
| Q4295 | Amnio Tri-Core Amniotic, per sq cm  | AUTH REQUIRED |  |
| Q4296 | Rebound Matrix, per sq cm   | AUTH REQUIRED |  |
| Q4297 | Emerge Matrix, per sq cm  | AUTH REQUIRED |  |
| Q4298 | AmniCore Pro, per sq cm   | AUTH REQUIRED |  |

|       |  |                                       |  |
|-------|--|---------------------------------------|--|
| Q4299 | AmniCore Pro+, per sq cm   | AUTH REQUIRED                         |  |
| Q4300 | Acesso TL, per sq cm   | AUTH REQUIRED                         |  |
| Q4301 | Activate Matrix, per sq cm   | AUTH REQUIRED                         |  |
| Q4302 | Complete ACA, per sq cm  | AUTH REQUIRED                         |  |
| Q4303 | Complete AA, per sq cm   | AUTH REQUIRED                         |  |
| Q4304 | GRAFIX PLUS, per sq cm   | AUTH REQUIRED                         |  |
| Q4309 | VIA Matrix, per sq cm  | AUTH REQUIRED                         |  |
| Q4310 | Procenta, per 100 mg   | AUTH REQUIRED                         |  |
| Q4313 | DermaBind FM, per sq cm  | AUTH REQUIRED                         |  |
| Q4319 | SanoGraft, per sq cm   | AUTH REQUIRED                         |  |
| Q4322 | CaregraFT, per sq cm   | AUTH REQUIRED                         |  |
| Q4323 | alloPLY, per sq cm   | AUTH REQUIRED                         |  |
| Q4325 | ACApatch, per sq cm  | AUTH REQUIRED                         |  |
| Q4328 | MOST, per sq cm  | AUTH REQUIRED                         |  |
| Q4332 | Axolotl DualGraft, per sq cm   | AUTH REQUIRED                         |  |
| Q4343 | Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm   | AUTH REQUIRED                         |  |
| Q5001 | Hospice or home health care provided in patient's home/residence                                   | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5002 | Hospice or home health care provided in assisted living facility                                   | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5003 | Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF) | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5004 | Hospice care provided in skilled nursing facility (SNF)  | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5005 | Hospice care provided in inpatient hospital  | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5006 | Hospice care provided in inpatient hospice facility  | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5007 | Hospice care provided in long-term care facility   | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5008 | Hospice care provided in inpatient psychiatric facility  | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5009 | Hospice or home health care provided in place not otherwise specified (NOS)                        | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5010 | Hospice home care provided in a hospice facility   | HOSPICE PAID FOR BY ORIGINAL MEDICARE |  |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Zarxio                        |
| Q5111 | Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Fulphila / Ziextenzo          |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Kanjinti / Ogivri / Trazimera |
| Q5116 | Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg  | AUTH REQUIRED                         | NON-PREFERRED<br>Preferred = Kanjinti / Ogivri / Ontruzant |

|       |  |                         |  |
|-------|--|-------------------------|--|
| Q5120 | Injection, pegfilgrastim-bmez (ZIENTENZO), biosimilar, 0.5 mg                            | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Fulphila / Neulasta   |
| Q5121 | Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg                                  | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Inflectra/Renflexis   |
| Q5122 | Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg                             | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Fulphila / Ziextenzo  |
| Q5123 | Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg                                   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Ruxience / Truxima  |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg                               | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Avastin / Lucentis / Pavblu / Eylea / Eylea HD                                  |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg                                 | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Zarxio  |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg                                | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Mvasi / Zirabev   |
| Q5127 | Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg                            | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Fulphila / Ziextenzo  |
| Q5128 | Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg                                | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Avastin / Lucentis / Pavblu / Eylea / Eylea HD                                  |
| Q5129 | Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg                                | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Mvasi / Zirabev   |
| Q5130 | Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg                             | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Fulphila / Ziextenzo  |
| Q5134 | Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg                                   | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Ocrevus / Tysabri   |
| Q5146 | Injection, trastuzumab-strf (Hercessi), biosimilar, 10 mg                                | AUTH REQUIRED           | NON-PREFERRED<br>Preferred = Kanjinti / Ogivri / Trazimera   |
| Q5147 | Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg                                   | AUTH REQUIRED           | PREFERRED STATUS<br>Brand = Pavblu<br>---<br>Step-therapy requires member to try Avastin prior to this drug. |
| Q9969 | Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose | AUTH REQUIRED           |  |
| S0012 | Butorphanol tartrate, nasal spray, 25 mg   | NOT COVERED BY MEDICARE |  |
| S0013 | Esketamine, nasal spray, 1 mg  | NOT COVERED BY MEDICARE |  |
| S0014 | Tacrine HCl, 10 mg   | NOT COVERED BY MEDICARE |  |
| S0021 | Injection, cefoperazone sodium, 1 g  | NOT COVERED BY MEDICARE |  |
| S0023 | Injection, cimetidine HCl, 300 mg  | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S0034 | Injection, ofloxacin, 400 mg   | NOT COVERED BY MEDICARE |  |
| S0040 | Injection, ticarcillin disodium and clavulanate potassium, 3.1 g                                 | NOT COVERED BY MEDICARE |  |
| S0074 | Injection, cefotetan disodium, 500 mg  | NOT COVERED BY MEDICARE |  |
| S0078 | Injection, fosphenytoin sodium, 750 mg   | NOT COVERED BY MEDICARE |  |
| S0080 | Injection, pentamidine isethionate, 300 mg   | NOT COVERED BY MEDICARE |  |
| S0081 | Injection, piperacillin sodium, 500 mg   | NOT COVERED BY MEDICARE |  |
| S0088 | Imatinib, 100 mg   | NOT COVERED BY MEDICARE |  |
| S0090 | Sildenafil citrate, 25 mg  | NOT COVERED BY MEDICARE |  |
| S0091 | Granisetron HCl, 1 mg (for circumstances falling under the Medicare statute, use Q0166)          | NOT COVERED BY MEDICARE |  |
| S0092 | Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)                            | NOT COVERED BY MEDICARE |  |
| S0093 | Injection, morphine sulfate, 500 mg (loading dose for infusion pump)                             | NOT COVERED BY MEDICARE |  |
| S0104 | Zidovudine, oral, 100 mg   | NOT COVERED BY MEDICARE |  |
| S0106 | Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets                         | NOT COVERED BY MEDICARE |  |
| S0108 | Mercaptopurine, oral, 50 mg  | NOT COVERED BY MEDICARE |  |
| S0109 | Methadone, oral, 5 mg  | NOT COVERED BY MEDICARE |  |
| S0117 | Tretinoin, topical, 5 g  | NOT COVERED BY MEDICARE |  |
| S0119 | Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code) | NOT COVERED BY MEDICARE |  |
| S0122 | Injection, menotropins, 75 IU  | NOT COVERED BY MEDICARE |  |
| S0126 | Injection, follitropin alfa, 75 IU   | NOT COVERED BY MEDICARE |  |
| S0128 | Injection, follitropin beta, 75 IU   | NOT COVERED BY MEDICARE |  |
| S0132 | Injection, ganirelix acetate, 250 mcg  | NOT COVERED BY MEDICARE |  |
| S0136 | Clozapine, 25 mg   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S0137 | Didanosine (ddl), 25 mg  | NOT COVERED BY MEDICARE |  |
| S0138 | Finasteride, 5 mg  | NOT COVERED BY MEDICARE |  |
| S0139 | Minoxidil, 10 mg   | NOT COVERED BY MEDICARE |  |
| S0140 | Saquinavir, 200 mg   | NOT COVERED BY MEDICARE |  |
| S0142 | Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg         | NOT COVERED BY MEDICARE |  |
| S0145 | Injection, PEGylated interferon alfa-2A, 180 mcg per ml  | NOT COVERED BY MEDICARE |  |
| S0148 | Injection, PEGylated interferon alfa-2B, 10 mcg  | NOT COVERED BY MEDICARE |  |
| S0155 | Sterile dilutant for epoprostenol, 50 ml   | NOT COVERED BY MEDICARE |  |
| S0156 | Exemestane, 25 mg  | NOT COVERED BY MEDICARE |  |
| S0157 | Becaplermin gel 0.01%, 0.5 gm  | NOT COVERED BY MEDICARE |  |
| S0160 | Dextroamphetamine sulfate, 5 mg  | NOT COVERED BY MEDICARE |  |
| S0169 | Calcitriol, 0.25 mcg   | NOT COVERED BY MEDICARE |  |
| S0170 | Anastrozole, oral, 1 mg  | NOT COVERED BY MEDICARE |  |
| S0172 | Chlorambucil, oral, 2 mg   | NOT COVERED BY MEDICARE |  |
| S0174 | Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)      | NOT COVERED BY MEDICARE |  |
| S0175 | Flutamide, oral, 125 mg  | NOT COVERED BY MEDICARE |  |
| S0176 | Hydroxyurea, oral, 500 mg  | NOT COVERED BY MEDICARE |  |
| S0177 | Levamisole HCl, oral, 50 mg  | NOT COVERED BY MEDICARE |  |
| S0178 | Lomustine, oral, 10 mg   | NOT COVERED BY MEDICARE |  |
| S0179 | Megestrol acetate, oral, 20 mg   | NOT COVERED BY MEDICARE |  |
| S0182 | Procarbazine HCl, oral, 50 mg  | NOT COVERED BY MEDICARE |  |
| S0183 | Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164) | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S0187 | Tamoxifen citrate, oral, 10 mg  | NOT COVERED BY MEDICARE |  |
| S0189 | Testosterone pellet, 75 mg  | NOT COVERED BY MEDICARE |  |
| S0190 | Mifepristone, oral, 200 mg  | NOT COVERED BY MEDICARE |  |
| S0191 | Misoprostol, oral, 200 mcg  | NOT COVERED BY MEDICARE |  |
| S0194 | Dialysis/stress vitamin supplement, oral, 100 capsules  | NOT COVERED BY MEDICARE |  |
| S0197 | Prenatal vitamins, 30-day supply  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S0201 | Partial hospitalization services, less than 24 hours, per diem  | NOT COVERED BY MEDICARE |  |
| S0207 | Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport   | NOT COVERED BY MEDICARE |  |
| S0208 | Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport  | NOT COVERED BY MEDICARE |  |
| S0209 | Wheelchair van, mileage, per mile   | NOT COVERED BY MEDICARE |  |
| S0215 | Nonemergency transportation; mileage, per mile  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S0250 | Comprehensive geriatric assessment and treatment planning performed by assessment team  | NOT COVERED BY MEDICARE |  |
| S0255 | Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S0265 | Genetic counseling, under physician supervision, each 15 minutes  | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S0270 | Physician management of patient home care, standard monthly case rate (per 30 days)  | NOT COVERED BY MEDICARE |  |
| S0271 | Physician management of patient home care, hospice monthly case rate (per 30 days)   | NOT COVERED BY MEDICARE |  |
| S0272 | Physician management of patient home care, episodic care monthly case rate (per 30 days)   | NOT COVERED BY MEDICARE |  |
| S0273 | Physician visit at member's home, outside of a capitation arrangement  | NOT COVERED BY MEDICARE |  |
| S0274 | Nurse practitioner visit at member's home, outside of a capitation arrangement   | NOT COVERED BY MEDICARE |  |
| S0280 | Medical home program, comprehensive care coordination and planning, initial plan   | NOT COVERED BY MEDICARE |  |
| S0281 | Medical home program, comprehensive care coordination and planning, maintenance of plan  | NOT COVERED BY MEDICARE |  |
| S0285 | Colonoscopy consultation performed prior to a screening colonoscopy procedure  | NOT COVERED BY MEDICARE |  |
| S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)          | NOT COVERED BY MEDICARE |  |
| S0310 | Hospitalist services (list separately in addition to code for appropriate evaluation and management service)   | NOT COVERED BY MEDICARE |  |
| S0311 | Comprehensive management and care coordination for advanced illness, per calendar month  | NOT COVERED BY MEDICARE |  |
| S0315 | Disease management program; initial assessment and initiation of the program   | NOT COVERED BY MEDICARE |  |
| S0316 | Disease management program, follow-up/reassessment   | NOT COVERED BY MEDICARE |  |
| S0317 | Disease management program; per diem   | NOT COVERED BY MEDICARE |  |
| S0320 | Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month  | NOT COVERED BY MEDICARE |  |
| S0340 | Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage                                 | NOT COVERED BY MEDICARE |  |
| S0341 | Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage                       | NOT COVERED BY MEDICARE |  |
| S0342 | Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage                                | NOT COVERED BY MEDICARE |  |
| S0353 | Treatment planning and care coordination management for cancer initial treatment   | NOT COVERED BY MEDICARE |  |
| S0354 | Treatment planning and care coordination management for cancer established patient with a change of regimen  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S0395 | Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S0400 | Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)       | NOT COVERED BY MEDICARE |  |
| S0500 | Disposable contact lens, per lens   | NOT COVERED BY MEDICARE |  |
| S0504 | Single vision prescription lens (safety, athletic, or sunglass), per lens               | NOT COVERED BY MEDICARE |  |
| S0506 | Bifocal vision prescription lens (safety, athletic, or sunglass), per lens              | NOT COVERED BY MEDICARE |  |
| S0508 | Trifocal vision prescription lens (safety, athletic, or sunglass), per lens             | NOT COVERED BY MEDICARE |  |
| S0510 | Nonprescription lens (safety, athletic, or sunglass), per lens                          | NOT COVERED BY MEDICARE |  |
| S0512 | Daily wear specialty contact lens, per lens   | NOT COVERED BY MEDICARE |  |
| S0514 | Color contact lens, per lens  | NOT COVERED BY MEDICARE |  |
| S0515 | Scleral lens, liquid bandage device, per lens   | NOT COVERED BY MEDICARE |  |
| S0516 | Safety eyeglass frames  | NOT COVERED BY MEDICARE |  |
| S0518 | Sunglasses frames   | NOT COVERED BY MEDICARE |  |
| S0580 | Polycarbonate lens (list this code in addition to the basic code for the lens)          | NOT COVERED BY MEDICARE |  |
| S0581 | Nonstandard lens (list this code in addition to the basic code for the lens)            | NOT COVERED BY MEDICARE |  |
| S0590 | Integral lens service, miscellaneous services reported separately                       | NOT COVERED BY MEDICARE |  |
| S0592 | Comprehensive contact lens evaluation   | NOT COVERED BY MEDICARE |  |
| S0595 | Dispensing new spectacle lenses for patient supplied frame                              | NOT COVERED BY MEDICARE |  |
| S0596 | Phakic intraocular lens for correction of refractive error                              | NOT COVERED BY MEDICARE |  |
| S0601 | Screening proctoscopy   | NOT COVERED BY MEDICARE |  |
| S0610 | Annual gynecological examination, new patient   | NOT COVERED BY MEDICARE |  |
| S0612 | Annual gynecological examination, established patient                                   | NOT COVERED BY MEDICARE |  |
| S0613 | Annual gynecological examination; clinical breast examination without pelvic evaluation | NOT COVERED BY MEDICARE |  |
| S0618 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S0620 | Routine ophthalmological examination including refraction; new patient  | NOT COVERED BY MEDICARE |  |
| S0621 | Routine ophthalmological examination including refraction; established patient  | NOT COVERED BY MEDICARE |  |
| S0622 | Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)   | NOT COVERED BY MEDICARE |  |
| S0630 | Removal of sutures; by a physician other than the physician who originally closed the wound   | NOT COVERED BY MEDICARE |  |
| S0800 | Laser in situ keratomileusis (LASIK)  | NOT COVERED BY MEDICARE |  |
| S0810 | Photorefractive keratectomy (PRK)   | NOT COVERED BY MEDICARE |  |
| S0812 | Phototherapeutic keratectomy (PTK)  | NOT COVERED BY MEDICARE |  |
| S1001 | Deluxe item, patient aware (list in addition to code for basic item)  | NOT COVERED BY MEDICARE |  |
| S1002 | Customized item (list in addition to code for basic item)   | NOT COVERED BY MEDICARE |  |
| S1015 | IV tubing extension set   | NOT COVERED BY MEDICARE |  |
| S1016 | Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., Paclitaxel  | NOT COVERED BY MEDICARE |  |
| S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S1035 | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system   | NOT COVERED BY MEDICARE |  |
| S1036 | Transmitter; external, for use with artificial pancreas device system   | NOT COVERED BY MEDICARE |  |
| S1037 | Receiver (monitor); external, for use with artificial pancreas device system  | NOT COVERED BY MEDICARE |  |
| S1040 | Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)   | NOT COVERED BY MEDICARE |  |
| S1091 | Stent, noncoronary, temporary, with delivery system (Propel)  | NOT COVERED BY MEDICARE |  |
| S2053 | Transplantation of small intestine and liver allografts   | NOT COVERED BY MEDICARE |  |
| S2054 | Transplantation of multivisceral organs   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S2055 | Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor  | NOT COVERED BY MEDICARE |  |
| S2060 | Lobar lung transplantation  | NOT COVERED BY MEDICARE |  |
| S2061 | Donor lobectomy (lung) for transplantation, living donor  | NOT COVERED BY MEDICARE |  |
| S2065 | Simultaneous pancreas kidney transplantation  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S2070 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)   | NOT COVERED BY MEDICARE |  |
| S2079 | Laparoscopic esophagomyotomy (Heller type)  | NOT COVERED BY MEDICARE |  |
| S2080 | Laser-assisted uvulopalatoplasty (LAUP)   | NOT COVERED BY MEDICARE |  |
| S2083 | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline  | NOT COVERED BY MEDICARE |  |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres  | NOT COVERED BY MEDICARE |  |
| S2102 | Islet cell tissue transplant from pancreas; allogeneic  | NOT COVERED BY MEDICARE |  |
| S2103 | Adrenal tissue transplant to brain  | NOT COVERED BY MEDICARE |  |
| S2107 | Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment  | NOT COVERED BY MEDICARE |  |
| S2112 | Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)   | NOT COVERED BY MEDICARE |  |
| S2115 | Osteotomy, periacetabular, with internal fixation   | NOT COVERED BY MEDICARE |  |
| S2117 | Arthroereisis, subtalar   | NOT COVERED BY MEDICARE |  |
| S2118 | Metal-on-metal total hip resurfacing, including acetabular and femoral components   | NOT COVERED BY MEDICARE |  |
| S2120 | Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation  | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S2140 | Cord blood harvesting for transplantation, allogeneic   | NOT COVERED BY MEDICARE |  |
| S2142 | Cord blood-derived stem-cell transplantation, allogeneic  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S2202 | Echosclerotherapy   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S2225 | Myringotomy, laser-assisted   | NOT COVERED BY MEDICARE |  |
| S2230 | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear   | NOT COVERED BY MEDICARE |  |
| S2235 | Implantation of auditory brain stem implant   | NOT COVERED BY MEDICARE |  |
| S2260 | Induced abortion, 17 to 24 weeks  | NOT COVERED BY MEDICARE |  |
| S2265 | Induced abortion, 25 to 28 weeks  | NOT COVERED BY MEDICARE |  |
| S2266 | Induced abortion, 29 to 31 weeks  | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S2267 | Induced abortion, 32 weeks or greater   | NOT COVERED BY MEDICARE |  |
| S2300 | Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy  | NOT COVERED BY MEDICARE |  |
| S2325 | Hip core decompression  | NOT COVERED BY MEDICARE |  |
| S2340 | Chemodenervation of abductor muscle(s) of vocal cord  | NOT COVERED BY MEDICARE |  |
| S2341 | Chemodenervation of adductor muscle(s) of vocal cord  | NOT COVERED BY MEDICARE |  |
| S2342 | Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral  | NOT COVERED BY MEDICARE |  |
| S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar   | NOT COVERED BY MEDICARE |  |
| S2350 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace  | NOT COVERED BY MEDICARE |  |
| S2351 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure) | NOT COVERED BY MEDICARE |  |
| S2400 | Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero   | NOT COVERED BY MEDICARE |  |
| S2401 | Repair, urinary tract obstruction in the fetus, procedure performed in utero  | NOT COVERED BY MEDICARE |  |
| S2402 | Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero   | NOT COVERED BY MEDICARE |  |
| S2403 | Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero   | NOT COVERED BY MEDICARE |  |
| S2404 | Repair, myelomeningocele in the fetus, procedure performed in utero   | NOT COVERED BY MEDICARE |  |
| S2405 | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero  | NOT COVERED BY MEDICARE |  |
| S2409 | Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified  | NOT COVERED BY MEDICARE |  |
| S2411 | Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome   | NOT COVERED BY MEDICARE |  |
| S2900 | Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)  | NOT COVERED BY MEDICARE |  |
| S3000 | Diabetic indicator; retinal eye exam, dilated, bilateral  | NOT COVERED BY MEDICARE |  |
| S3005 | Performance measurement, evaluation of patient self assessment, depression  | NOT COVERED BY MEDICARE |  |
| S3600 | STAT laboratory request (situations other than S3601)   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S3601 | Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility  | NOT COVERED BY MEDICARE |  |
| 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) | AUTH REQUIRED           |  |
| S3630 | Eosinophil count, blood, direct  | NOT COVERED BY MEDICARE |  |
| S3645 | HIV-1 antibody testing of oral mucosal transudate  | NOT COVERED BY MEDICARE |  |
| S3650 | Saliva test, hormone level; during menopause   | NOT COVERED BY MEDICARE |  |
| S3652 | Saliva test, hormone level; to assess preterm labor risk   | NOT COVERED BY MEDICARE |  |
| S3655 | Antisperm antibodies test (immunobead)   | NOT COVERED BY MEDICARE |  |
| S3708 | Gastrointestinal fat absorption study  | NOT COVERED BY MEDICARE |  |
| S3722 | Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil  | NOT COVERED BY MEDICARE |  |
| S3800 | Genetic testing for amyotrophic lateral sclerosis (ALS)  | NOT COVERED BY MEDICARE |  |
| S3840 | DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2  | NOT COVERED BY MEDICARE |  |
| S3841 | Genetic testing for retinoblastoma   | NOT COVERED BY MEDICARE |  |
| S3842 | Genetic testing for Von Hippel-Lindau disease  | NOT COVERED BY MEDICARE |  |
| S3844 | DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness  | NOT COVERED BY MEDICARE |  |
| S3845 | Genetic testing for alpha-thalassemia  | NOT COVERED BY MEDICARE |  |
| S3846 | Genetic testing for hemoglobin E beta-thalassemia  | NOT COVERED BY MEDICARE |  |
| S3849 | Genetic testing for Niemann-Pick disease   | NOT COVERED BY MEDICARE |  |
| S3850 | Genetic testing for sickle cell anemia   | NOT COVERED BY MEDICARE |  |
| S3852 | DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease   | NOT COVERED BY MEDICARE |  |
| S3853 | Genetic testing for myotonic muscular dystrophy  | NOT COVERED BY MEDICARE |  |
| S3854 | Gene expression profiling panel for use in the management of breast cancer treatment   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S3861 | Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome  | NOT COVERED BY MEDICARE |  |
| S3865 | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S3870 | Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability  | NOT COVERED BY MEDICARE |  |
| S3900 | Surface electromyography (EMG)   | NOT COVERED BY MEDICARE |  |
| S3902 | Ballistocardiogram   | NOT COVERED BY MEDICARE |  |
| S3904 | Masters two step   | NOT COVERED BY MEDICARE |  |
| S4005 | Interim labor facility global (labor occurring but not resulting in delivery)  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S4013 | Complete cycle, gamete intrafallopian transfer (GIFT), case rate   | NOT COVERED BY MEDICARE |  |
| S4014 | Complete cycle, zygote intrafallopian transfer (ZIFT), case rate   | NOT COVERED BY MEDICARE |  |
| S4015 | Complete in vitro fertilization cycle, not otherwise specified, case rate  | NOT COVERED BY MEDICARE |  |
| S4016 | Frozen in vitro fertilization cycle, case rate   | NOT COVERED BY MEDICARE |  |
| S4017 | Incomplete cycle, treatment cancelled prior to stimulation, case rate  | NOT COVERED BY MEDICARE |  |
| S4018 | Frozen embryo transfer procedure cancelled before transfer, case rate  | NOT COVERED BY MEDICARE |  |
| S4020 | In vitro fertilization procedure cancelled before aspiration, case rate  | NOT COVERED BY MEDICARE |  |
| S4021 | In vitro fertilization procedure cancelled after aspiration, case rate   | NOT COVERED BY MEDICARE |  |
| S4022 | Assisted oocyte fertilization, case rate   | NOT COVERED BY MEDICARE |  |
| S4023 | Donor egg cycle, incomplete, case rate   | NOT COVERED BY MEDICARE |  |
| S4024 | Air polymer-type A intrauterine foam, per study dose   | NOT COVERED BY MEDICARE |  |
| S4025 | Donor services for in vitro fertilization (sperm or embryo), case rate   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S4026 | Procurement of donor sperm from sperm bank   | NOT COVERED BY MEDICARE |  |
| S4027 | Storage of previously frozen embryos   | NOT COVERED BY MEDICARE |  |
| S4028 | Microsurgical epididymal sperm aspiration (MESA)   | NOT COVERED BY MEDICARE |  |
| S4030 | Sperm procurement and cryopreservation services; initial visit   | NOT COVERED BY MEDICARE |  |
| S4031 | Sperm procurement and cryopreservation services; subsequent visit  | NOT COVERED BY MEDICARE |  |
| S4035 | Stimulated intrauterine insemination (IUI), case rate  | NOT COVERED BY MEDICARE |  |
| S4037 | Cryopreserved embryo transfer, case rate   | NOT COVERED BY MEDICARE |  |
| S4040 | Monitoring and storage of cryopreserved embryos, per 30 days   | NOT COVERED BY MEDICARE |  |
| S4042 | Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle | NOT COVERED BY MEDICARE |  |
| S4981 | Insertion of levonorgestrel-releasing intrauterine system  | NOT COVERED BY MEDICARE |  |
| S4989 | Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies  | NOT COVERED BY MEDICARE |  |
| S4990 | Nicotine patches, legend   | NOT COVERED BY MEDICARE |  |
| S4991 | Nicotine patches, nonlegend  | NOT COVERED BY MEDICARE |  |
| S4993 | Contraceptive pills for birth control  | NOT COVERED BY MEDICARE |  |
| S4995 | Smoking cessation gum  | NOT COVERED BY MEDICARE |  |
| S5000 | Prescription drug, generic   | NOT COVERED BY MEDICARE |  |
| S5001 | Prescription drug, brand name  | NOT COVERED BY MEDICARE |  |
| S5010 | 5% dextrose and 0.45% normal saline, 1000 ml   | NOT COVERED BY MEDICARE |  |
| S5012 | 5% dextrose with potassium chloride, 1000 ml   | NOT COVERED BY MEDICARE |  |
| S5013 | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml   | NOT COVERED BY MEDICARE |  |
| S5014 | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml   | NOT COVERED BY MEDICARE |  |
| S5035 | Home infusion therapy, routine service of infusion device (e.g., pump maintenance)   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S5036 | Home infusion therapy, repair of infusion device (e.g., pump repair)            | NOT COVERED BY MEDICARE |  |
| S5100 | Day care services, adult; per 15 minutes  | NOT COVERED BY MEDICARE |  |
| S5101 | Day care services, adult; per half day  | NOT COVERED BY MEDICARE |  |
| S5102 | Day care services, adult; per diem  | NOT COVERED BY MEDICARE |  |
| S5105 | Day care services, center-based; services not included in program fee, per diem | NOT COVERED BY MEDICARE |  |
| S5108 | Home care training to home care client, per 15 minutes                          | NOT COVERED BY MEDICARE |  |
| S5109 | Home care training to home care client, per session                             | NOT COVERED BY MEDICARE |  |
| S5110 | Home care training, family; per 15 minutes                                      | NOT COVERED BY MEDICARE |  |
| S5111 | Home care training, family; per session   | NOT COVERED BY MEDICARE |  |
| S5115 | Home care training, nonfamily; per 15 minutes                                   | NOT COVERED BY MEDICARE |  |
| S5116 | Home care training, nonfamily; per session                                      | NOT COVERED BY MEDICARE |  |
| S5120 | Chore services; per 15 minutes  | NOT COVERED BY MEDICARE |  |
| S5121 | Chore services; per diem  | NOT COVERED BY MEDICARE |  |
| S5125 | Attendant care services; per 15 minutes   | NOT COVERED BY MEDICARE |  |
| S5126 | Attendant care services; per diem   | NOT COVERED BY MEDICARE |  |
| S5130 | Homemaker service, NOS; per 15 minutes  | NOT COVERED BY MEDICARE |  |
| S5131 | Homemaker service, NOS; per diem  | NOT COVERED BY MEDICARE |  |
| S5135 | Companion care, adult (e.g., IADL/ADL); per 15 minutes                          | NOT COVERED BY MEDICARE |  |
| S5136 | Companion care, adult (e.g., IADL/ADL); per diem                                | NOT COVERED BY MEDICARE |  |
| S5140 | Foster care, adult; per diem  | NOT COVERED BY MEDICARE |  |
| S5141 | Foster care, adult; per month   | NOT COVERED BY MEDICARE |  |
| S5145 | Foster care, therapeutic, child; per diem                                       | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S5146 | Foster care, therapeutic, child; per month  | NOT COVERED BY MEDICARE |  |
| S5150 | Unskilled respite care, not hospice; per 15 minutes   | NOT COVERED BY MEDICARE |  |
| S5151 | Unskilled respite care, not hospice; per diem   | NOT COVERED BY MEDICARE |  |
| S5160 | Emergency response system; installation and testing   | NOT COVERED BY MEDICARE |  |
| S5161 | Emergency response system; service fee, per month (excludes installation and testing)   | NOT COVERED BY MEDICARE |  |
| S5162 | Emergency response system; purchase only  | NOT COVERED BY MEDICARE |  |
| S5165 | Home modifications; per service   | NOT COVERED BY MEDICARE |  |
| S5170 | Home delivered meals, including preparation; per meal   | NOT COVERED BY MEDICARE |  |
| S5175 | Laundry service, external, professional; per order  | NOT COVERED BY MEDICARE |  |
| S5180 | Home health respiratory therapy, initial evaluation   | NOT COVERED BY MEDICARE |  |
| S5181 | Home health respiratory therapy, NOS, per diem  | NOT COVERED BY MEDICARE |  |
| S5185 | Medication reminder service, nonface-to-face; per month   | NOT COVERED BY MEDICARE |  |
| S5190 | Wellness assessment, performed by nonphysician  | NOT COVERED BY MEDICARE |  |
| S5199 | Personal care item, NOS, each   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S5517 | Home infusion therapy, all supplies necessary for restoration of catheter patency or dec clotting  | NOT COVERED BY MEDICARE |  |
| S5518 | Home infusion therapy, all supplies necessary for catheter repair  | NOT COVERED BY MEDICARE |  |
| S5520 | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion       | NOT COVERED BY MEDICARE |  |
| S5521 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion  | NOT COVERED BY MEDICARE |  |
| S5522 | Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) | NOT COVERED BY MEDICARE |  |
| S5523 | Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)                              | NOT COVERED BY MEDICARE |  |
| S5550 | Insulin, rapid onset, 5 units  | NOT COVERED BY MEDICARE |  |
| S5551 | Insulin, most rapid onset (Lispro or Aspart); 5 units  | NOT COVERED BY MEDICARE |  |
| S5552 | Insulin, intermediate acting (NPH or LENTE); 5 units   | NOT COVERED BY MEDICARE |  |
| S5553 | Insulin, long acting; 5 units  | NOT COVERED BY MEDICARE |  |
| S5560 | Insulin delivery device, reusable pen; 1.5 ml size   | NOT COVERED BY MEDICARE |  |
| S5561 | Insulin delivery device, reusable pen; 3 ml size   | NOT COVERED BY MEDICARE |  |
| S5565 | Insulin cartridge for use in insulin delivery device other than pump; 150 units  | NOT COVERED BY MEDICARE |  |
| S5566 | Insulin cartridge for use in insulin delivery device other than pump; 300 units  | NOT COVERED BY MEDICARE |  |
| S5570 | Insulin delivery device, disposable pen (including insulin); 1.5 ml size   | NOT COVERED BY MEDICARE |  |
| S5571 | Insulin delivery device, disposable pen (including insulin); 3 ml size   | NOT COVERED BY MEDICARE |  |
| S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy  | NOT COVERED BY MEDICARE |  |
| S8035 | Magnetic source imaging  | NOT COVERED BY MEDICARE |  |
| S8037 | Magnetic resonance cholangiopancreatography (MRCP)   | NOT COVERED BY MEDICARE |  |
| S8040 | Topographic brain mapping  | NOT COVERED BY MEDICARE |  |
| S8042 | Magnetic resonance imaging (MRI), low-field  | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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 BY MEDICARE |  |
| S8080 | Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical  | NOT COVERED BY MEDICARE |  |
| S8085 | Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)   | NOT COVERED BY MEDICARE |  |
| S8092 | Electron beam computed tomography (also known as ultrafast CT, cine CT)  | NOT COVERED BY MEDICARE |  |
| S8096 | Portable peak flow meter   | NOT COVERED BY MEDICARE |  |
| S8097 | Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)  | NOT COVERED BY MEDICARE |  |
| S8100 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask   | NOT COVERED BY MEDICARE |  |
| S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask  | NOT COVERED BY MEDICARE |  |
| S8110 | Peak expiratory flow rate (physician services)   | NOT COVERED BY MEDICARE |  |
| S8120 | Oxygen contents, gaseous, 1 unit equals 1 cubic foot   | NOT COVERED BY MEDICARE |  |
| S8121 | Oxygen contents, liquid, 1 unit equals 1 pound   | NOT COVERED BY MEDICARE |  |
| S8130 | Interferential current stimulator, 2 channel   | NOT COVERED BY MEDICARE |  |
| S8131 | Interferential current stimulator, 4 channel   | NOT COVERED BY MEDICARE |  |
| S8185 | Flutter device   | NOT COVERED BY MEDICARE |  |
| S8186 | Swivel adaptor   | NOT COVERED BY MEDICARE |  |
| S8189 | Tracheostomy supply, not otherwise classified  | NOT COVERED BY MEDICARE |  |
| S8210 | Mucus trap   | NOT COVERED BY MEDICARE |  |
| S8265 | Haberman feeder for cleft lip/palate   | NOT COVERED BY MEDICARE |  |
| S8270 | Enuresis alarm, using auditory buzzer and/or vibration device  | NOT COVERED BY MEDICARE |  |
| S8301 | Infection control supplies, not otherwise specified  | NOT COVERED BY MEDICARE |  |
| S8415 | Supplies for home delivery of infant   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S8420 | Gradient pressure aid (sleeve and glove combination), custom made   | NOT COVERED BY MEDICARE |  |
| S8421 | Gradient pressure aid (sleeve and glove combination), ready made  | NOT COVERED BY MEDICARE |  |
| S8422 | Gradient pressure aid (sleeve), custom made, medium weight  | NOT COVERED BY MEDICARE |  |
| S8423 | Gradient pressure aid (sleeve), custom made, heavy weight   | NOT COVERED BY MEDICARE |  |
| S8424 | Gradient pressure aid (sleeve), ready made  | NOT COVERED BY MEDICARE |  |
| S8425 | Gradient pressure aid (glove), custom made, medium weight   | NOT COVERED BY MEDICARE |  |
| S8426 | Gradient pressure aid (glove), custom made, heavy weight  | NOT COVERED BY MEDICARE |  |
| S8427 | Gradient pressure aid (glove), ready made   | NOT COVERED BY MEDICARE |  |
| S8428 | Gradient pressure aid (gauntlet), ready made  | NOT COVERED BY MEDICARE |  |
| S8429 | Gradient pressure exterior wrap   | NOT COVERED BY MEDICARE |  |
| S8430 | Padding for compression bandage, roll   | NOT COVERED BY MEDICARE |  |
| S8431 | Compression bandage, roll   | NOT COVERED BY MEDICARE |  |
| S8450 | Splint, prefabricated, digit (specify digit by use of modifier)   | NOT COVERED BY MEDICARE |  |
| S8451 | Splint, prefabricated, wrist or ankle   | NOT COVERED BY MEDICARE |  |
| S8452 | Splint, prefabricated, elbow  | NOT COVERED BY MEDICARE |  |
| S8460 | Camisole, postmastectomy  | NOT COVERED BY MEDICARE |  |
| S8490 | Insulin syringes (100 syringes, any size)   | NOT COVERED BY MEDICARE |  |
| S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient       | NOT COVERED BY MEDICARE |  |
| S8940 | Equestrian/hippotherapy, per session  | NOT COVERED BY MEDICARE |  |
| S8948 | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes | NOT COVERED BY MEDICARE |  |
| S8950 | Complex lymphedema therapy, each 15 minutes   | NOT COVERED BY MEDICARE |  |
| S8990 | Physical or manipulative therapy performed for maintenance rather than restoration  | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S8999 | Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)   | NOT COVERED BY MEDICARE |  |
| S9001 | Home uterine monitor with or without associated nursing services  | NOT COVERED BY MEDICARE |  |
| S9002 | Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device   | NOT COVERED BY MEDICARE |  |
| S9007 | Ultrafiltration monitor   | NOT COVERED BY MEDICARE |  |
| S9024 | Paranasal sinus ultrasound  | NOT COVERED BY MEDICARE |  |
| S9025 | Omniscardiogram/cardiointegram  | NOT COVERED BY MEDICARE |  |
| S9034 | Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)  | NOT COVERED BY MEDICARE |  |
| S9055 | Procuren or other growth factor preparation to promote wound healing  | NOT COVERED BY MEDICARE |  |
| S9056 | Coma stimulation per diem   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9083 | Global fee urgent care centers  | NOT COVERED BY MEDICARE |  |
| S9088 | Services provided in an urgent care center (list in addition to code for service)   | NOT COVERED BY MEDICARE |  |
| S9090 | Vertebral axial decompression, per session  | NOT COVERED BY MEDICARE |  |
| S9097 | Home visit for wound care   | NOT COVERED BY MEDICARE |  |
| S9098 | Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9117 | Back school, per visit  | NOT COVERED BY MEDICARE |  |
| S9122 | Home health aide or certified nurse assistant, providing care in the home; per hour   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour  | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S9125 | Respite care, in the home, per diem  | NOT COVERED BY MEDICARE |  |
| S9126 | Hospice care, in the home, per diem  | NOT COVERED BY MEDICARE |  |
| S9127 | Social work visit, in the home, per diem   | NOT COVERED BY MEDICARE |  |
| S9128 | Speech therapy, in the home, per diem  | NOT COVERED BY MEDICARE |  |
| S9129 | Occupational therapy, in the home, per diem  | NOT COVERED BY MEDICARE |  |
| S9131 | Physical therapy; in the home, per diem  | NOT COVERED BY MEDICARE |  |
| S9140 | Diabetic management program, follow-up visit to non-MD provider  | NOT COVERED BY MEDICARE |  |
| S9141 | Diabetic management program, follow-up visit to MD provider  | NOT COVERED BY MEDICARE |  |
| S9145 | Insulin pump initiation, instruction in initial use of pump (pump not included)  | NOT COVERED BY MEDICARE |  |
| S9150 | Evaluation by ocularist  | NOT COVERED BY MEDICARE |  |
| S9152 | Speech therapy, re-evaluation  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9363 | Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9381 | Delivery or service to high risk areas requiring escort or extra protection, per visit   | NOT COVERED BY MEDICARE |  |
| S9401 | Anticoagulation clinic, inclusive of all services except laboratory tests, per session   | NOT COVERED BY MEDICARE |  |
| S9430 | Pharmacy compounding and dispensing services   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| S9432 | Medical foods for noninborn errors of metabolism   | NOT COVERED BY MEDICARE |  |
| S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake | NOT COVERED BY MEDICARE |  |
| S9434 | Modified solid food supplements for inborn errors of metabolism                                | NOT COVERED BY MEDICARE |  |
| S9435 | Medical foods for inborn errors of metabolism  | NOT COVERED BY MEDICARE |  |
| S9436 | Childbirth preparation/Lamaze classes, nonphysician provider, per session                      | NOT COVERED BY MEDICARE |  |
| S9437 | Childbirth refresher classes, nonphysician provider, per session                               | NOT COVERED BY MEDICARE |  |
| S9438 | Cesarean birth classes, nonphysician provider, per session                                     | NOT COVERED BY MEDICARE |  |
| S9439 | VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session                | NOT COVERED BY MEDICARE |  |
| S9441 | Asthma education, nonphysician provider, per session   | NOT COVERED BY MEDICARE |  |
| S9442 | Birthing classes, nonphysician provider, per session   | NOT COVERED BY MEDICARE |  |
| S9443 | Lactation classes, nonphysician provider, per session  | NOT COVERED BY MEDICARE |  |
| S9444 | Parenting classes, nonphysician provider, per session  | NOT COVERED BY MEDICARE |  |
| S9445 | Patient education, not otherwise classified, nonphysician provider, individual, per session    | NOT COVERED BY MEDICARE |  |
| S9446 | Patient education, not otherwise classified, nonphysician provider, group, per session         | NOT COVERED BY MEDICARE |  |
| S9447 | Infant safety (including CPR) classes, nonphysician provider, per session                      | NOT COVERED BY MEDICARE |  |
| S9449 | Weight management classes, nonphysician provider, per session                                  | NOT COVERED BY MEDICARE |  |
| S9451 | Exercise classes, nonphysician provider, per session   | NOT COVERED BY MEDICARE |  |
| S9452 | Nutrition classes, nonphysician provider, per session  | NOT COVERED BY MEDICARE |  |
| S9453 | Smoking cessation classes, nonphysician provider, per session                                  | NOT COVERED BY MEDICARE |  |
| S9454 | Stress management classes, nonphysician provider, per session                                  | NOT COVERED BY MEDICARE |  |
| S9455 | Diabetic management program, group session   | NOT COVERED BY MEDICARE |  |
| S9460 | Diabetic management program, nurse visit   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S9465 | Diabetic management program, dietitian visit  | NOT COVERED BY MEDICARE |  |
| S9470 | Nutritional counseling, dietitian visit   | NOT COVERED BY MEDICARE |  |
| S9472 | Cardiac rehabilitation program, nonphysician provider, per diem   | NOT COVERED BY MEDICARE |  |
| S9473 | Pulmonary rehabilitation program, nonphysician provider, per diem   | NOT COVERED BY MEDICARE |  |
| S9474 | Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem  | NOT COVERED BY MEDICARE |  |
| S9475 | Ambulatory setting substance abuse treatment or detoxification services, per diem   | NOT COVERED BY MEDICARE |  |
| S9476 | Vestibular rehabilitation program, nonphysician provider, per diem  | NOT COVERED BY MEDICARE |  |
| S9480 | Intensive outpatient psychiatric services, per diem   | NOT COVERED BY MEDICARE |  |
| S9482 | Family stabilization services, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| S9484 | Crisis intervention mental health services, per hour  | NOT COVERED BY MEDICARE |  |
| S9485 | Crisis intervention mental health services, per diem  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9529 | Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| 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 BY MEDICARE |  |
| S9900 | Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem   | NOT COVERED BY MEDICARE |  |
| S9901 | Services by a Journal-listed Christian Science nurse, per hour   | NOT COVERED BY MEDICARE |  |
| S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)   | NOT COVERED BY MEDICARE |  |
| S9961 | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)   | NOT COVERED BY MEDICARE |  |
| S9970 | Health club membership, annual   | NOT COVERED BY MEDICARE |  |
| S9975 | Transplant related lodging, meals and transportation, per diem   | NOT COVERED BY MEDICARE |  |
| S9976 | Lodging, per diem, not otherwise classified  | NOT COVERED BY MEDICARE |  |
| S9977 | Meals, per diem, not otherwise specified   | NOT COVERED BY MEDICARE |  |
| S9981 | Medical records copying fee, administrative  | NOT COVERED BY MEDICARE |  |
| S9982 | Medical records copying fee, per page  | NOT COVERED BY MEDICARE |  |
| S9986 | Not medically necessary service (patient is aware that service not medically necessary)  | NOT COVERED BY MEDICARE |  |
| S9988 | Services provided as part of a Phase I clinical trial  | NOT COVERED BY MEDICARE |  |
| S9989 | Services provided outside of the United States of America (list in addition to code(s) for services(s))  | NOT COVERED BY MEDICARE |  |
| S9990 | Services provided as part of a Phase II clinical trial   | NOT COVERED BY MEDICARE |  |
| S9991 | Services provided as part of a Phase III clinical trial  | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| S9994 | Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion  | NOT COVERED BY MEDICARE |  |
| S9996 | Meals for clinical trial participant and one caregiver/companion  | NOT COVERED BY MEDICARE |  |
| S9999 | Sales tax   | NOT COVERED BY MEDICARE |  |
| T1000 | Private duty/independent nursing service(s), licensed, up to 15 minutes   | NOT COVERED BY MEDICARE |  |
| T1001 | Nursing assessment/evaluation   | NOT COVERED BY MEDICARE |  |
| T1002 | RN services, up to 15 minutes   | NOT COVERED BY MEDICARE |  |
| T1003 | LPN/LVN services, up to 15 minutes  | NOT COVERED BY MEDICARE |  |
| T1004 | Services of a qualified nursing aide, up to 15 minutes  | NOT COVERED BY MEDICARE |  |
| T1005 | Respite care services, up to 15 minutes   | NOT COVERED BY MEDICARE |  |
| T1006 | Alcohol and/or substance abuse services, family/couple counseling   | NOT COVERED BY MEDICARE |  |
| T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification   | NOT COVERED BY MEDICARE |  |
| T1009 | Child sitting services for children of the individual receiving alcohol and/or substance abuse services   | NOT COVERED BY MEDICARE |  |
| T1010 | Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)  | NOT COVERED BY MEDICARE |  |
| T1012 | Alcohol and/or substance abuse services, skills development   | NOT COVERED BY MEDICARE |  |
| T1013 | Sign language or oral interpretive services, per 15 minutes   | NOT COVERED BY MEDICARE |  |
| T1014 | Telehealth transmission, per minute, professional services bill separately  | NOT COVERED BY MEDICARE |  |
| T1015 | Clinic visit/encounter, all-inclusive   | NOT COVERED BY MEDICARE |  |
| T1016 | Case management, each 15 minutes  | NOT COVERED BY MEDICARE |  |
| T1017 | Targeted case management, each 15 minutes   | NOT COVERED BY MEDICARE |  |
| T1018 | School-based individualized education program (IEP) services, bundled   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| 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 BY MEDICARE |  |
| T1021 | Home health aide or certified nurse assistant, per visit  | NOT COVERED BY MEDICARE |  |
| T1022 | Contracted home health agency services, all services provided under contract, per day   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| T1024 | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter  | NOT COVERED BY MEDICARE |  |
| T1025 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem   | NOT COVERED BY MEDICARE |  |
| T1026 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour  | NOT COVERED BY MEDICARE |  |
| T1027 | Family training and counseling for child development, per 15 minutes  | NOT COVERED BY MEDICARE |  |
| T1028 | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs   | NOT COVERED BY MEDICARE |  |
| T1029 | Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling   | NOT COVERED BY MEDICARE |  |
| T1030 | Nursing care, in the home, by registered nurse, per diem  | NOT COVERED BY MEDICARE |  |
| T1031 | Nursing care, in the home, by licensed practical nurse, per diem  | NOT COVERED BY MEDICARE |  |
| T1032 | Services performed by a doula birth worker, per 15 minutes  | NOT COVERED BY MEDICARE |  |
| T1033 | Services performed by a doula birth worker, per diem  | NOT COVERED BY MEDICARE |  |
| T1040 | Medicaid certified community behavioral health clinic services, per diem  | NOT COVERED BY MEDICARE |  |
| T1041 | Medicaid certified community behavioral health clinic services, per month   | NOT COVERED BY MEDICARE |  |
| T1502 | Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit  | NOT COVERED BY MEDICARE |  |
| T1503 | Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit  | NOT COVERED BY MEDICARE |  |
| T1505 | Electronic medication compliance management device, includes all components and accessories, not otherwise classified   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | NOT COVERED BY MEDICARE |  |
| T2001 | Nonemergency transportation; patient attendant/escort   | NOT COVERED BY MEDICARE |  |
| T2002 | Nonemergency transportation; per diem   | NOT COVERED BY MEDICARE |  |
| T2003 | Nonemergency transportation; encounter/trip   | NOT COVERED BY MEDICARE |  |
| T2004 | Nonemergency transport; commercial carrier, multipass   | NOT COVERED BY MEDICARE |  |
| T2005 | Nonemergency transportation; stretcher van  | NOT COVERED BY MEDICARE |  |
| T2007 | Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments                     | NOT COVERED BY MEDICARE |  |
| T2010 | Preadmission screening and resident review (PASRR) Level I identification screening, per screen                         | NOT COVERED BY MEDICARE |  |
| T2011 | Preadmission screening and resident review (PASRR) Level II evaluation, per evaluation                                  | NOT COVERED BY MEDICARE |  |
| T2012 | Habilitation, educational; waiver, per diem   | NOT COVERED BY MEDICARE |  |
| T2013 | Habilitation, educational, waiver; per hour   | NOT COVERED BY MEDICARE |  |
| T2014 | Habilitation, prevocational, waiver; per diem   | NOT COVERED BY MEDICARE |  |
| T2015 | Habilitation, prevocational, waiver; per hour   | NOT COVERED BY MEDICARE |  |
| T2016 | Habilitation, residential, waiver; per diem   | NOT COVERED BY MEDICARE |  |
| T2017 | Habilitation, residential, waiver; 15 minutes   | NOT COVERED BY MEDICARE |  |
| T2018 | Habilitation, supported employment, waiver; per diem  | NOT COVERED BY MEDICARE |  |
| T2019 | Habilitation, supported employment, waiver; per 15 minutes  | NOT COVERED BY MEDICARE |  |
| T2020 | Day habilitation, waiver; per diem  | NOT COVERED BY MEDICARE |  |
| T2021 | Day habilitation, waiver; per 15 minutes  | NOT COVERED BY MEDICARE |  |
| T2022 | Case management, per month  | NOT COVERED BY MEDICARE |  |
| T2023 | Targeted case management; per month   | NOT COVERED BY MEDICARE |  |
| T2024 | Service assessment/plan of care development, waiver   | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| T2025 | Waiver services; not otherwise specified (NOS)   | NOT COVERED BY MEDICARE |  |
| T2026 | Specialized childcare, waiver; per diem  | NOT COVERED BY MEDICARE |  |
| T2027 | Specialized childcare, waiver; per 15 minutes  | NOT COVERED BY MEDICARE |  |
| T2028 | Specialized supply, not otherwise specified, waiver                                    | NOT COVERED BY MEDICARE |  |
| T2029 | Specialized medical equipment, not otherwise specified, waiver                         | NOT COVERED BY MEDICARE |  |
| T2030 | Assisted living, waiver; per month   | NOT COVERED BY MEDICARE |  |
| T2031 | Assisted living; waiver, per diem  | NOT COVERED BY MEDICARE |  |
| T2032 | Residential care, not otherwise specified (NOS), waiver; per month                     | NOT COVERED BY MEDICARE |  |
| T2033 | Residential care, not otherwise specified (NOS), waiver; per diem                      | NOT COVERED BY MEDICARE |  |
| T2034 | Crisis intervention, waiver; per diem  | NOT COVERED BY MEDICARE |  |
| T2035 | Utility services to support medical equipment and assistive technology/devices, waiver | NOT COVERED BY MEDICARE |  |
| T2036 | Therapeutic camping, overnight, waiver; each session                                   | NOT COVERED BY MEDICARE |  |
| T2037 | Therapeutic camping, day, waiver; each session   | NOT COVERED BY MEDICARE |  |
| T2038 | Community transition, waiver; per service  | NOT COVERED BY MEDICARE |  |
| T2039 | Vehicle modifications, waiver; per service   | NOT COVERED BY MEDICARE |  |
| T2040 | Financial management, self-directed, waiver; per 15 minutes                            | NOT COVERED BY MEDICARE |  |
| T2041 | Supports brokerage, self-directed, waiver; per 15 minutes                              | NOT COVERED BY MEDICARE |  |
| T2042 | Hospice routine home care; per diem  | NOT COVERED BY MEDICARE |  |
| T2043 | Hospice continuous home care; per hour   | NOT COVERED BY MEDICARE |  |
| T2044 | Hospice inpatient respite care; per diem   | NOT COVERED BY MEDICARE |  |
| T2045 | Hospice general inpatient care; per diem   | NOT COVERED BY MEDICARE |  |
| T2046 | Hospice long-term care, room and board only; per diem                                  | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| T2047 | Habilitation, prevocational, waiver; per 15 minutes   | NOT COVERED BY MEDICARE |  |
| 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 BY MEDICARE |  |
| T2049 | Nonemergency transportation; stretcher van, mileage; per mile   | NOT COVERED BY MEDICARE |  |
| T2050 | Financial management, self-directed, waiver; per diem   | NOT COVERED BY MEDICARE |  |
| T2051 | Supports brokerage, self-directed, waiver; per diem   | NOT COVERED BY MEDICARE |  |
| T2101 | Human breast milk processing, storage and distribution only   | NOT COVERED BY MEDICARE |  |
| T4521 | Adult sized disposable incontinence product, brief/diaper, small, each  | NOT COVERED BY MEDICARE |  |
| T4522 | Adult sized disposable incontinence product, brief/diaper, medium, each   | NOT COVERED BY MEDICARE |  |
| T4523 | Adult sized disposable incontinence product, brief/diaper, large, each  | NOT COVERED BY MEDICARE |  |
| T4524 | Adult sized disposable incontinence product, brief/diaper, extra large, each  | NOT COVERED BY MEDICARE |  |
| T4525 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each   | NOT COVERED BY MEDICARE |  |
| T4526 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each  | NOT COVERED BY MEDICARE |  |
| T4527 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each   | NOT COVERED BY MEDICARE |  |
| T4528 | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each   | NOT COVERED BY MEDICARE |  |
| T4529 | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each  | NOT COVERED BY MEDICARE |  |
| T4530 | Pediatric sized disposable incontinence product, brief/diaper, large size, each   | NOT COVERED BY MEDICARE |  |
| T4531 | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each  | NOT COVERED BY MEDICARE |  |
| T4532 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each   | NOT COVERED BY MEDICARE |  |
| T4533 | Youth sized disposable incontinence product, brief/diaper, each   | NOT COVERED BY MEDICARE |  |
| T4534 | Youth sized disposable incontinence product, protective underwear/pull-on, each   | NOT COVERED BY MEDICARE |  |
| T4535 | Disposable liner/shield/guard/pad/undergarment, for incontinence, each  | NOT COVERED BY MEDICARE |  |
| T4536 | Incontinence product, protective underwear/pull-on, reusable, any size, each  | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| T4537 | Incontinence product, protective underpad, reusable, bed size, each                                | NOT COVERED BY MEDICARE |  |
| T4538 | Diaper service, reusable diaper, each diaper   | NOT COVERED BY MEDICARE |  |
| T4539 | Incontinence product, diaper/brief, reusable, any size, each                                       | NOT COVERED BY MEDICARE |  |
| T4540 | Incontinence product, protective underpad, reusable, chair size, each                              | NOT COVERED BY MEDICARE |  |
| T4541 | Incontinence product, disposable underpad, large, each   | NOT COVERED BY MEDICARE |  |
| T4542 | Incontinence product, disposable underpad, small size, each  | NOT COVERED BY MEDICARE |  |
| T4543 | Adult sized disposable incontinence product, protective brief/diaper, above extra large, each      | NOT COVERED BY MEDICARE |  |
| T4544 | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each | NOT COVERED BY MEDICARE |  |
| T4545 | Incontinence product, disposable, penile wrap, each  | NOT COVERED BY MEDICARE |  |
| T5001 | Positioning seat for persons with special orthopedic needs   | NOT COVERED BY MEDICARE |  |
| T5999 | Supply, not otherwise specified  | NOT COVERED BY MEDICARE |  |
| V2020 | Frames, purchases  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2025 | Deluxe frame   | NOT COVERED BY MEDICARE |  |
| V2121 | Lenticular lens, per lens, single  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2221 | Lenticular lens, per lens, bifocal   | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2321 | Lenticular lens, per lens, trifocal  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2502 | Contact lens PMMA, bifocal, per lens   | AUTH REQUIRED           |  |
| V2521 | Contact lens, hydrophilic, toric, or prism ballast, per lens                                       | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2522 | Contact lens, hydrophilic, bifocal, per lens   | AUTH REQUIRED           |  |
| V2523 | Contact lens, hydrophilic, extended wear, per lens   | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |

|       |  |                         |  |
|-------|--|-------------------------|--|
| V2524 | Contact lens, hydrophilic, spherical, photochromic additive, per lens  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2525 | Contact lens, hydrophilic, dual focus, per lens  | NOT COVERED BY MEDICARE |  |
| V2526 | Contact lens, hydrophilic, with blue-violet filter, per lens   | NOT COVERED BY MEDICARE |  |
| V2531 | Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)                                  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2623 | Prosthetic eye, plastic, custom  | AUTH REQUIRED           |  |
| V2627 | Scleral cover shell  | AUTH REQUIRED           |  |
| V2702 | Deluxe lens feature  | NOT COVERED BY MEDICARE |  |
| V2744 | Tint, photochromatic, per lens   | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2745 | Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens          | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2750 | Antireflective coating, per lens   | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2755 | U-V lens, per lens   | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2761 | Mirror coating, any type, solid, gradient or equal, any lens material, per lens  | AUTH REQUIRED           |  |
| V2762 | Polarization, any lens material, per lens  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2783 | Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2784 | Lens, polycarbonate or equal, any index, per lens  | AUTH REQUIRED           | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 |
| V2787 | Astigmatism correcting function of intraocular lens  | NOT COVERED BY MEDICARE |  |
| V2788 | Presbyopia correcting function of intraocular lens   | NOT COVERED BY MEDICARE |  |
| V5008 | Hearing screening  | NOT COVERED BY MEDICARE |  |
| V5010 | Assessment for hearing aid   | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| V5011 | Fitting/orientation/checking of hearing aid                               | NOT COVERED BY MEDICARE |  |
| V5014 | Repair/modification of a hearing aid                                      | NOT COVERED BY MEDICARE |  |
| V5020 | Conformity evaluation   | NOT COVERED BY MEDICARE |  |
| V5030 | Hearing aid, monaural, body worn, air conduction                          | NOT COVERED BY MEDICARE |  |
| V5040 | Hearing aid, monaural, body worn, bone conduction                         | NOT COVERED BY MEDICARE |  |
| V5050 | Hearing aid, monaural, in the ear   | NOT COVERED BY MEDICARE |  |
| V5060 | Hearing aid, monaural, behind the ear                                     | NOT COVERED BY MEDICARE |  |
| V5070 | Glasses, air conduction   | NOT COVERED BY MEDICARE |  |
| V5080 | Glasses, bone conduction  | NOT COVERED BY MEDICARE |  |
| V5090 | Dispensing fee, unspecified hearing aid                                   | NOT COVERED BY MEDICARE |  |
| V5095 | Semi-implantable middle ear hearing prosthesis                            | NOT COVERED BY MEDICARE |  |
| V5100 | Hearing aid, bilateral, body worn   | NOT COVERED BY MEDICARE |  |
| V5110 | Dispensing fee, bilateral   | NOT COVERED BY MEDICARE |  |
| V5120 | Binaural, body  | NOT COVERED BY MEDICARE |  |
| V5130 | Binaural, in the ear  | NOT COVERED BY MEDICARE |  |
| V5140 | Binaural, behind the ear  | NOT COVERED BY MEDICARE |  |
| V5150 | Binaural, glasses   | NOT COVERED BY MEDICARE |  |
| V5160 | Dispensing fee, binaural  | NOT COVERED BY MEDICARE |  |
| V5171 | Hearing aid, contralateral routing device, monaural, in the ear (ITE)     | NOT COVERED BY MEDICARE |  |
| V5172 | Hearing aid, contralateral routing device, monaural, in the canal (ITC)   | NOT COVERED BY MEDICARE |  |
| V5181 | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) | NOT COVERED BY MEDICARE |  |
| V5190 | Hearing aid, contralateral routing, monaural, glasses                     | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| V5200 | Dispensing fee, contralateral, monaural                                    | NOT COVERED BY MEDICARE |  |
| V5211 | Hearing aid, contralateral routing system, binaural, ITE/ITE               | NOT COVERED BY MEDICARE |  |
| V5212 | Hearing aid, contralateral routing system, binaural, ITE/ITC               | NOT COVERED BY MEDICARE |  |
| V5213 | Hearing aid, contralateral routing system, binaural, ITE/BTE               | NOT COVERED BY MEDICARE |  |
| V5214 | Hearing aid, contralateral routing system, binaural, ITC/ITC               | NOT COVERED BY MEDICARE |  |
| V5215 | Hearing aid, contralateral routing system, binaural, ITC/BTE               | NOT COVERED BY MEDICARE |  |
| V5221 | Hearing aid, contralateral routing system, binaural, BTE/BTE               | NOT COVERED BY MEDICARE |  |
| V5230 | Hearing aid, contralateral routing system, binaural, glasses               | NOT COVERED BY MEDICARE |  |
| V5240 | Dispensing fee, contralateral routing system, binaural                     | NOT COVERED BY MEDICARE |  |
| V5241 | Dispensing fee, monaural hearing aid, any type                             | NOT COVERED BY MEDICARE |  |
| V5242 | Hearing aid, analog, monaural, CIC (completely in the ear canal)           | NOT COVERED BY MEDICARE |  |
| V5243 | Hearing aid, analog, monaural, ITC (in the canal)                          | NOT COVERED BY MEDICARE |  |
| V5244 | Hearing aid, digitally programmable analog, monaural, CIC                  | NOT COVERED BY MEDICARE |  |
| V5245 | Hearing aid, digitally programmable, analog, monaural, ITC                 | NOT COVERED BY MEDICARE |  |
| V5246 | Hearing aid, digitally programmable analog, monaural, ITE (in the ear)     | NOT COVERED BY MEDICARE |  |
| V5247 | Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) | NOT COVERED BY MEDICARE |  |
| V5248 | Hearing aid, analog, binaural, CIC   | NOT COVERED BY MEDICARE |  |
| V5249 | Hearing aid, analog, binaural, ITC   | NOT COVERED BY MEDICARE |  |
| V5250 | Hearing aid, digitally programmable analog, binaural, CIC                  | NOT COVERED BY MEDICARE |  |
| V5251 | Hearing aid, digitally programmable analog, binaural, ITC                  | NOT COVERED BY MEDICARE |  |
| V5252 | Hearing aid, digitally programmable, binaural, ITE                         | NOT COVERED BY MEDICARE |  |
| V5253 | Hearing aid, digitally programmable, binaural, BTE                         | NOT COVERED BY MEDICARE |  |

|       |   |                         |  |
|-------|---|-------------------------|--|
| V5254 | Hearing aid, digital, monaural, CIC   | NOT COVERED BY MEDICARE |  |
| V5255 | Hearing aid, digital, monaural, ITC   | NOT COVERED BY MEDICARE |  |
| V5256 | Hearing aid, digital, monaural, ITE   | NOT COVERED BY MEDICARE |  |
| V5257 | Hearing aid, digital, monaural, BTE   | NOT COVERED BY MEDICARE |  |
| V5258 | Hearing aid, digital, binaural, CIC   | NOT COVERED BY MEDICARE |  |
| V5259 | Hearing aid, digital, binaural, ITC   | NOT COVERED BY MEDICARE |  |
| V5260 | Hearing aid, digital, binaural, ITE   | NOT COVERED BY MEDICARE |  |
| V5261 | Hearing aid, digital, binaural, BTE   | NOT COVERED BY MEDICARE |  |
| V5262 | Hearing aid, disposable, any type, monaural   | NOT COVERED BY MEDICARE |  |
| V5263 | Hearing aid, disposable, any type, binaural   | NOT COVERED BY MEDICARE |  |
| V5264 | Ear mold/insert, not disposable, any type   | NOT COVERED BY MEDICARE |  |
| V5265 | Ear mold/insert, disposable, any type   | NOT COVERED BY MEDICARE |  |
| V5266 | Battery for use in hearing device   | NOT COVERED BY MEDICARE |  |
| V5267 | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified | NOT COVERED BY MEDICARE |  |
| V5268 | Assistive listening device, telephone amplifier, any type                               | NOT COVERED BY MEDICARE |  |
| V5269 | Assistive listening device, alerting, any type  | NOT COVERED BY MEDICARE |  |
| V5270 | Assistive listening device, television amplifier, any type                              | NOT COVERED BY MEDICARE |  |
| V5271 | Assistive listening device, television caption decoder                                  | NOT COVERED BY MEDICARE |  |
| V5272 | Assistive listening device, TDD   | NOT COVERED BY MEDICARE |  |
| V5273 | Assistive listening device, for use with cochlear implant                               | NOT COVERED BY MEDICARE |  |
| V5274 | Assistive listening device, not otherwise specified                                     | NOT COVERED BY MEDICARE |  |
| V5275 | Ear impression, each  | NOT COVERED BY MEDICARE |  |

|       |  |                         |  |
|-------|--|-------------------------|--|
| V5281 | Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type  | NOT COVERED BY MEDICARE |  |
| V5282 | Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type | NOT COVERED BY MEDICARE |  |
| V5283 | Assistive listening device, personal FM/DM neck, loop induction receiver                                     | NOT COVERED BY MEDICARE |  |
| V5284 | Assistive listening device, personal FM/DM, ear level receiver   | NOT COVERED BY MEDICARE |  |
| V5285 | Assistive listening device, personal FM/DM, direct audio input receiver                                      | NOT COVERED BY MEDICARE |  |
| V5286 | Assistive listening device, personal blue tooth FM/DM receiver   | NOT COVERED BY MEDICARE |  |
| V5287 | Assistive listening device, personal FM/DM receiver, not otherwise specified                                 | NOT COVERED BY MEDICARE |  |
| V5288 | Assistive listening device, personal FM/DM transmitter assistive listening device                            | NOT COVERED BY MEDICARE |  |
| V5289 | Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type               | NOT COVERED BY MEDICARE |  |
| V5290 | Assistive listening device, transmitter microphone, any type   | NOT COVERED BY MEDICARE |  |
| V5298 | Hearing aid, not otherwise classified  | NOT COVERED BY MEDICARE |  |
| V5336 | Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)           | NOT COVERED BY MEDICARE |  |
| V5362 | Speech screening   | NOT COVERED BY MEDICARE |  |
| V5363 | Language screening   | NOT COVERED BY MEDICARE |  |
| V5364 | Dysphagia screening  | NOT COVERED BY MEDICARE |  |