

HPSM CPT Code Prior Authorization Required List

Last Updated: 3/1/2025

Notes: Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes regularly updated and posted on <https://www.hpsm.org/authorizations>. To search the list by code or key word, press the Ctrl+F keys on your keyboard then type in the box that pops up.

Code	Description	PA*	Comments	Date Updated
11719	TRIM NAIL(S) ANY NUMBER	Yes	Only covered under CA benefit	
11952	TX CONTOUR DEFECTS 5.1-10CC	Yes	Only covered under CA benefit	
11954	TX CONTOUR DEFECTS >10.0 CC	Yes	Only covered under CA benefit	
11960	Insertion, tissue expander(s) for other than breast	Yes		7/1/2022
11970	Replacement of tissue expander with permanent implant	Yes		7/1/2022
11971	Removal of tissue expander without insertion of implant	Yes		7/1/2022
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Y		03/01/25
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Y		03/01/25
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	Y		03/01/25
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Y		03/01/25
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	Y		03/01/25
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Y		03/01/25
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	Y		03/01/25
15018	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; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Y		03/01/25
15769	Grafting of autologous soft tissue, other, harvested by direct excision	Yes		7/1/2022
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and /or legs; 50 cc or less injectate	Yes		7/1/2022
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and /or legs; each additional 50 cc or less injectate, or part thereof	Yes		7/1/2022
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and /or feet; 25 cc or less injectate	Yes		7/1/2022
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and /or feet; each additional 25 cc injectate, or part thereof	Yes		7/1/2022
15780	Dermabrasion; total face	Yes		7/1/2022
15781	Dermabrasion; segmental, face	Yes		7/1/2022
15782	Dermabrasion; regional, other than face	Yes		7/1/2022
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	Yes		12/01/23
15789	CHEMICAL PEEL, FACIAL; DERMAL	Yes		12/01/23
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	Yes		12/01/23
15793	Chemical peel, nonfacial; dermal	Yes		7/1/2022
15820	BLEPHAROPLASTY, LOWER EYELID	Yes		07/01/23
15821	BLEPHAROPLASTY, LOWER EYELID; HERNIATED FAT PAD	Yes		07/01/23
15822	BLEPHAROPLASTY, UPPER EYELID	Yes		07/01/23
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Yes		12/1/22
15829	REMOVAL OF SKIN WRINKLES	Yes	Only covered under CA benefit	
15830	EXCISION, EXCESSIVE SKIN; ABDOMEN	Conditional	Only covered under CA benefit	07/01/23
15832	EXCISE EXCESSIVE SKIN THIGH	Yes	Only covered under CA benefit	
15834	EXCISE EXCESSIVE SKIN HIP	Yes	Only covered under CA benefit	
15835	EXCISE EXCESSIVE SKIN BUTTCK	Yes	Only covered under CA benefit	
15836	EXCISE EXCESSIVE SKIN ARM	Yes	Only covered under CA benefit	
15847	EXCISION, EXCESSIVE SKIN; ABDOMEN ADD-ON	Conditional	Only covered under CA benefit	07/01/23
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Conditional	Only covered under CA benefit	07/01/23
15879	SUCTION LIPECTOMY LWR EXTREM	Yes	Only covered under CA benefit	
17311	Mohs micrographic technique	Yes		03/01/24
17312	MOHS ADDL STAGE	Yes		

Code	Description	PA*	Comments	Date Updated
17313	MOHS 1 STAGE T/A/L	Yes		
17314	MOHS ADDL STAGE T/A/L	Yes		
17315	MOHS SURG ADDL BLOCK	Yes		
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE	Yes		07/01/23
19300	REMOVAL OF BREAST TISSUE	Yes		
19301	PARTIAL MASTECTOMY	Yes		
19302	P-MASTECTOMY W/LN REMOVAL	Yes		
19303	MAST SIMPLE COMPLETE	Yes		
19305	Mastectomy, radical	Yes		07/01/22
19306	Mastectomy, radical, urban type	Yes		07/01/22
19307	MASTECTOMY, MODIFIED RADICAL	Yes		12/01/23
19316	Mastopexy	Yes		07/01/22
19318	Breast reduction	Yes		11/01/22
19325	BREAST AUGMENTATION WITH IMPLANT	Yes		12/01/23
19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Yes		12/01/23
19342	Insertion or replacement of breast implant on separate day from mastectomy	Yes		07/01/22
19350	Nipple/areola reconstruction	Yes		07/01/22
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Yes		07/01/22
19361	Breast reconstruction; with latissimus dorsi flap	Yes		07/01/22
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Yes		07/01/22
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Yes		07/01/22
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Yes		07/01/22
19369	Breast reconstruction; with bipediced transverse rectus abdominis myocutaneous (TRAM) flap	Yes		07/01/22
19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Yes		10/01/23
19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Yes		12/01/23
19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	Yes		12/01/23
19499	UNLISTED PROCEDURE, BREAST	Yes		07/01/23
20912	CARTILAGE GRAFT; NASAL SEPTUM	Conditional	PA required for CA only	07/01/23
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	Yes		07/01/23
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	Yes		12/01/23
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT	Yes		12/01/23
21060	MENISCECTOMY, TEMPOROMANDIBULAR JOINT	Yes		12/01/23
21070	CORONOIDECTOMY	Yes		12/01/23
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S)	Yes		12/01/23
21193	RECONST LWR JAW W/O GRAFT	Yes		
21196	RECONST LWR JAW W/FIXATION	Yes		
21209	REDUCTION OF FACIAL BONES	Yes		
21210	REPAIR OF NASAL OR CHEEK BONE WITH BONE GRAFT	Conditional	PA required for CA only. CMS Rule: CMS-1717-FC	09/01/20
21256	RECONSTRUCTION OF ORBIT	Conditional	PA required for ages 21 and under; not required for ages over 21	
21299	SKULL AND FACE BONE PROCEDURE	Yes		
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	Yes		
21700	DIVISION, SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Yes		12/01/23
21705	DIVISION, SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	Yes		12/01/23
21720	DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITHOUT CAST APPLICATION	Yes		12/01/23
21725	DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITH CAST APPLICATION	Yes		12/01/23
21740	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM OR CARINATUM; OPEN	Yes		12/01/23
21742	NUSS PROCEDURE, WITHOUT THORACOSCOPY	Yes		12/01/23
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY	Yes		
21899	UNLISTED PROCEDURE, NECK OR THORAX	Yes		07/01/23
22510	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; CERVICOTHORACIC	Yes		12/01/23
22511	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; LUMBOSACRAL	Yes		12/01/23
22512	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY	Yes		12/01/23

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22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; THORACIC	Yes		12/01/23
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; LUMBAR	Yes		12/01/23
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	Yes		12/01/23
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Conditional	PA required for CA only	07/01/23
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Conditional	PA required for CA only	07/01/23
22586	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE	Yes		12/01/23
22633	LUMBAR SPINE FUSION COMBINED	Yes		
22634	SPINE FUSION EXTRA SEGMENT	Yes		
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22857	LUMBAR ARTIF DISCECTOMY	Yes		
22858	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SECOND LEVEL, CERVICAL	Yes		12/01/23
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22862	REVISE LUMBAR ARTIF DISC	Yes		
22865	REMOVE LUMB ARTIF DISC	Yes		
22867	INSJ STABLJ DEV W/DCMPRN	Yes		
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22869	INSJ STABLJ DEV W/O DCMPRN	Yes		
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22899	UNLISTED PROCEDURE, SPINE	Yes		07/01/23
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL	Yes		07/01/23
23800	FUSION OF SHOULDER JOINT	Conditional	PA required for ages 21 and under; not required for ages over 21	
23802	FUSION OF SHOULDER JOINT	Conditional	PA required for ages 21 and under; not required for ages over 21	
23929	SHOULDER SURGERY PROCEDURE	Conditional	PA required for ages 21 and under; not required for ages over 21	
24935	REVISION OF AMPUTATION	Conditional	PA required for ages 21 and under; not required for ages over 21	
24940	REVISION OF UPPER ARM	Conditional	PA required for ages 21 and under; not required for ages over 21	
24999	UPPER ARM/ELBOW SURGERY	Yes		
25025	DECOMPRESS FOREARM 2 SPACES	Conditional	PA required for ages 21 and under; not required for ages over 21	
25031	DRAINAGE OF FOREARM BURSA	Conditional	PA required for ages 21 and under; not required for ages over 21	
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	Y		03/01/25
27125	HERMIARTHROPLASTY, HIP, PARTIAL (E.G., FEMORAL STERN PROSTHESIS, BIPOLAR ARTHROPLASTY)	Yes		01/06/18
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes		01/06/18
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes		01/06/18
27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes		01/06/18
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Yes		01/06/18
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	Yes		01/06/18
27140	TRANSPLANT FEMUR RIDGE	Yes		

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27412	AUTOCHONDROCYTE IMPLANT KNEE	Conditional	PA required for ages 21 and under; not required for ages over 21	
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Yes		
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Conditional	PA required for ages 21 and under; not required for ages over 21	
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Yes		01/06/18
27441	REVISION OF KNEE JOINT	Yes		01/10/19
27443	REVISION OF KNEE JOINT	Conditional	PA required for ages 21 and under; not required for ages over 21	
27445	REVISION OF KNEE JOINT	Yes		
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Yes		01/06/18
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Yes		01/06/18
27466	LENGTHENING OF THIGH BONE	Conditional	PA required for ages 21 and under; not required for ages over 21	
27468	SHORTEN/LENGTHEN THIGHS	Conditional	PA required for ages 21 and under; not required for ages over 21	
27477	SURGERY TO STOP LEG GROWTH	Conditional	PA required for ages 21 and under; not required for ages over 21	
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	Yes		01/06/18
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Yes		01/06/18
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE	Yes		01/06/18
27580	FUSION OF KNEE	Conditional	PA required for ages 21 and under; not required for ages over 21	
27599	LEG SURGERY PROCEDURE	Yes		
27880	AMPUTATION OF LOWER LEG	Yes		
30220	INSERTION NASAL SEPTAL PROSTHESIS	Yes		12/01/23
30400	RECONSTRUCTION OF NOSE	Yes		
30410	RECONSTRUCTION OF NOSE	Yes		
30420	RECONSTRUCTION OF NOSE	Yes		
30430	REVISION OF NOSE	Yes		
30435	REVISION OF NOSE	Yes		
30450	REVISION OF NOSE	Yes		
30460	REVISION OF NOSE	Yes		
30520	REPAIR OF NASAL SEPTUM	Yes		
32851	LUNG TRANSPLANT, SINGLE, WITHOUT CARDIOPULMONARY BYPASS	Yes		12/01/23
32852	LUNG TRANSPLANT, SINGLE, WITH CARDIOPULMONARY BYPASS	Yes		12/01/23
32853	LUNG TRANSPLANT, DOUBLE, WITHOUT CARDIOPULMONARY BYPASS	Yes		12/01/23
32854	LUNG TRANSPLANT, DOUBLE, WITH CARDIOPULMONARY BYPASS	Yes		12/01/23
33340	PERQ CLSR TCAT L ATR APNDGE	Yes		
33935	TRANSPLANTATION HEART/LUNG	Yes		
33945	TRANSPLANTATION OF HEART	Yes		
36468	INJECTION(S) SPIDER VEINS	Yes	Only covered under CA benefit	
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Yes		
36474	ENDOVENOUS MCHNCHEM ADD-ON	Yes		
36475	ENDOVENOUS RF 1ST VEIN	Yes		09/01/20
36476	ENDOVENOUS RF VEIN ADD-ON	Yes		09/01/20
36478	ENDOVENOUS LASER 1ST VEIN	Yes		09/01/20
36479	ENDOVENOUS ABLATION, LASER SUBSEQUENT VEIN(S)	Yes		07/01/23
36482	CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE	Conditional	PA required for CA only	09/01/20
36483	CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE	Conditional	PA required for CA only	09/01/20
37500	VASCULAR ENDOSCOPY WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL	Yes		12/01/23
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Yes		07/01/23
37700	LIGATION/DIVISION LONG SAPHENOUS VEIN	Yes		12/01/23
37718	LIGATION, DIVISION AND STRIPPING, SHORT SAPHENOUS VEIN	Yes		12/01/23
37722	LIGATION, DIVISION AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS	Yes		12/01/23
37735	LIGATION/DIVISION/STRIPPING SAPHENOUS VEINS, WITH EXCISION OF DEEP FASCIA	Yes		12/01/23
37760	LIGATION OF PERFORATOR VEINS, OPEN	Yes		12/01/23
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	Yes		12/01/23
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, 10-20 INCISIONS	Yes		12/01/23
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, MORE THAN 20 INCISIONS	Yes		12/01/23
37780	LIGATION/DIVISION SHORT SAPHENOUS VEIN	Yes		12/01/23

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37785	LIGATION/DIVISION VARICOSE VEINS, ONE LEG	Yes		12/01/23
37799	VASCULAR SURGERY PROCEDURE	Yes		
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	Yes		07/01/23
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	Yes		12/01/23
38205	HARVEST ALLOGENEIC STEM CELL	Yes		
38206	HARVEST AUTO STEM CELLS	Yes		
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA DEPLETION	Yes		12/01/23
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA	Yes		12/01/23
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	Y		03/01/25
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Y		03/01/25
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Y		03/01/25
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Y		03/01/25
38230	BONE MARROW HARVEST ALLOGEN	Yes		
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	Yes		12/01/23
38240	TRANSPLT ALLO HCT/DONOR	Yes		
38241	TRANSPLT AUTOL HCT/DONOR	Yes		
38242	TRANSPLT ALLO LYMPHOCYTES	Yes		
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	Yes		12/01/23
41899	PROCEDURE, DENTOALVEOLAR STRUCTURES	Yes		
43281	LAP PARAESOPHAG HERN REPAIR	Yes		
43282	LAP PARAESOPH HER RPR W/MESH	Yes		
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Yes		03/01/23
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Yes		03/01/23
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Yes		
43645	LAP GASTR BYPASS INCL SMLL I	Yes		
43647	LAP IMPL ELECTRODE ANTRUM	Yes		
43653	LAPAROSCOPY GASTROSTOMY	Yes		
43659	LAPAROSCOPE PROC STOM	Yes		
43770	LAP PLACE GASTR ADJ DEVICE	Yes		
43772	LAP RMVL GASTR ADJ DEVICE	Yes		
43774	LAP RMVL GASTR ADJ ALL PARTS	Yes		
43775	LAP SLEEVE GASTRECTOMY	Yes		
43999	STOMACH SURGERY PROCEDURE	Yes		
44132	ENTERECTOMY CADAVER DONOR	Yes	Only covered under CA benefit	
44133	ENTERECTOMY LIVE DONOR	Yes	Only covered under CA benefit	
44135	INTESTINE TRANSPLNT CADAVER	Yes		
44136	INTESTINE TRANSPLANT LIVE	Yes		
47135	TRANSPLANTATION OF LIVER	Yes		
48554	TRANSPL ALLOGRAFT PANCREAS	Yes		
48999	UNLISTED PROCEDURE, PANCREAS (OR PANCREAS PROCUREMENT)	Yes		07/01/23
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	Y		03/01/25
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	Y		03/01/25
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	Y		03/01/25
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	Y		03/01/25
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	Y		03/01/25
49560	RPR VENTRAL HERN INIT REDUC	Yes		
50360	TRANSPLANTATION OF KIDNEY	Yes		
52287	CYSTOSCOPY CHEMODENERVATION	Yes		
53899	PROCEDURE, URINARY SYSTEM	Yes		
54401	Insertion of penile prosthesis; inflatable [self-contained]	Yes		12/01/24
54405	INSERT MULTI-COMP PENIS PROS	Yes	Only covered under CA benefit	
58150	TOTAL HYSTERECTOMY	Yes		01/07/20
58180	PARTIAL HYSTERECTOMY	Yes		01/07/20

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58200	EXTENSIVE HYSTERECTOMY	Yes		01/07/20
58210	EXTENSIVE HYSTERECTOMY	Yes		01/07/20
58260	VAGINAL HYSTERECTOMY	Yes		01/07/20
58262	VAG HYST INCLUDING T/O	Yes		01/07/20
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	Yes		09/01/21
58290	VAG HYST COMPLEX	Yes		01/07/20
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58292	VAG HYST T/O & REPAIR COMPL	Yes		01/07/20
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58552	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58570	TLH UTERUS 250 G OR LESS	Yes		
58571	TLH W/T/O 250 G OR LESS	Yes		
58573	TLH W/T/O UTERUS OVER 250 G	Yes		
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	Yes		07/01/23
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	Yes		07/01/23
58674	LAPS ABLTJ UTERINE FIBROIDS	Yes		
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	Yes		07/01/23
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes		09/01/21
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL	Yes		09/01/21
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Y		03/01/25
61796	SRS CRANIAL LESION SIMPLE	Yes		
61863	IMPLANT NEUROELECTRODE	Yes	Only covered under CA benefit	
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE	Yes		
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)	Yes		
62362	IMPLANT SPINE INFUSION PUMP	Yes		
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Yes		
63003	REMOVE SPINE LAMINA 1/2 THRC	Yes		
63005	REMOVE SPINE LAMINA 1/2 LMBR	Yes		
63011	REMOVE SPINE LAMINA 1/2 SCRL	Yes		
63012	REMOVE LAMINA/FACETS LUMBAR	Yes		
63015	REMOVE SPINE LAMINA >2 CRVCL	Yes		
63017	REMOVE SPINE LAMINA >2 LMBR	Yes		
63030	LOW BACK DISK SURGERY	Yes		
63035	SPINAL DISK SURGERY ADD-ON	Yes		
63042	LAMINOTOMY SINGLE LUMBAR	Yes		
63044	LAMINOTOMY ADDL LUMBAR	Yes		
63045	REMOVE SPINE LAMINA 1 CRVL	Yes		
63046	REMOVE SPINE LAMINA 1 THRC	Yes		
63047	REMOVE SPINE LAMINA 1 LMBR	Yes		
63048	REMOVE SPINAL LAMINA ADD-ON	Yes		
63064	DECOMPRESS SPINAL CORD THRC	Yes		
63081	REMOVE VERT BODY DCMPRN CRVL	Yes		
63082	REMOVE VERTEBRAL BODY ADD-ON	Yes		
63087	REMOV VERTBR DCMPRN THRCLMBR	Yes		
63190	INCISE SPINE NRV >2 SEGMNTS	Yes		
63200	RELEASE SPINAL CORD LUMBAR	Yes		
63620	SRS SPINAL LESION	Yes		

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63621	SRS SPINAL LESION ADDL	Yes		
63650	IMPLANT NEUROELECTRODES	Yes		
63661	REMOVE SPINE ELTRD PERQ ARAY	Yes		
63662	REMOVE SPINE ELTRD PLATE	Yes		
63663	REVISE SPINE ELTRD PERQ ARAY	Yes		
63685	INSRT/REDO SPINE N GENERATOR	Yes		
63688	REVISE/REMOVE NEURORECEIVER	Yes		
64455	N BLOCK INJ PLANTAR DIGIT	Yes		
64490	INJ PARAVERT F JNT C/T 1 LEV	Yes		
64491	INJ PARAVERT F JNT C/T 2 LEV	Yes		
64492	INJ PARAVERT F JNT C/T 3 LEV	Yes		
64493	INJ PARAVERT F JNT L/S 1 LEV	Yes		
64494	INJ PARAVERT F JNT L/S 2 LEV	Yes		
64495	INJ PARAVERT F JNT L/S 3 LEV	Yes		
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT] INCLUDING IMAGING GUIDANCE, IF PERFORMED	Yes		07/01/23
64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT]	Yes		07/01/23
64612	DESTROY NERVE FACE MUSCLE	Yes		
64615	CHEMODENERV MUSC MIGRAINE	Yes		
64633	DESTROY CERV/THOR FACET JNT	Yes		
64634	DESTROY C/TH FACET JNT ADDL	Yes		
64635	DESTROY LUMB/SAC FACET JNT	Yes		
64636	DESTROY L/S FACET JNT ADDL	Yes		
64642	CHEMODENERV 1 EXTREMITY 1-4	Yes		
64643	CHEMODENERV 1 EXTREM 1-4 EA	Yes		
64644	CHEMODENERV 1 EXTREM 5/> MUS	Yes		
64645	CHEMODENERV 1 EXTREM 5/> EA	Yes		
64646	CHEMODENERV TRUNK MUSC 1-5	Yes		
64721	CARPAL TUNNEL SURGERY	Yes		
64999	NERVOUS SYSTEM SURGERY	Yes		
65750	CORNEAL TRANSPLANT	Yes		
65755	CORNEAL TRANSPLANT	Yes		
65767	CORNEAL TISSUE TRANSPLANT	Yes		
65770	REVISE CORNEA WITH IMPLANT	Yes		
65780	OCULAR RECONST TRANSPLANT	Yes		
65782	OCULAR RECONST TRANSPLANT	Yes		
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Y		03/01/25
67900	REPAIR BROW DEFECT	Yes		09/01/20
67901	REPAIR EYELID DEFECT	Yes		09/01/20
67902	REPAIR EYELID DEFECT	Yes		09/01/20
67903	REPAIR EYELID DEFECT	Yes		09/01/20
67904	REPAIR EYELID DEFECT	Yes		09/01/20
67906	REPAIR EYELID DEFECT	Yes		09/01/20
67908	REPAIR EYELID DEFECT	Yes		
67911	REVISE EYELID DEFECT	Yes		09/01/20
67912	CORRECTION EYELID W/IMPLANT	Yes		
67999	UNLISTED PROCEDURE, EYELIDS	Yes		07/01/23
69930	IMPLANT COCHLEAR DEVICE	Yes		
70544	MR ANGIOGRAPHY HEAD W/O DYE	Conditional	PA not required if inpatient; required if outpatient	
70545	MR ANGIOGRAPHY HEAD W/DYE	Conditional	PA not required if inpatient; required if outpatient	
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Conditional	PA not required if inpatient; required if outpatient	
70547	MR ANGIOGRAPHY NECK W/O DYE	Conditional	PA not required if inpatient; required if outpatient	
70548	MR ANGIOGRAPHY NECK W/DYE	Conditional	PA not required if inpatient; required if outpatient	
70549	MR ANGIOGRAPH NECK W/O&W/DYE	Conditional	PA not required if inpatient; required if outpatient	
70554	FMRI BRAIN BY TECH	Conditional	PA not required for members UNDER 21; Required if OVER 21	
70555	FMRI BRAIN BY PHYS/PSYCH	Conditional	PA not required for members UNDER 21; Required if OVER 21	
71555	MRI ANGIO CHEST W OR W/O DYE	Conditional	PA not required if inpatient; required if outpatient	
72159	MR ANGIO SPINE W/O&W/DYE	Conditional	PA not required if inpatient; required if outpatient	
72198	MR ANGIO PELVIS W/O & W/DYE	Yes		

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73225	MR ANGIO UPR EXTR W/O&W/DYE	Conditional	PA not required if inpatient; required if outpatient	
73725	MR ANG LWR EXT W OR W/O DYE	Conditional	PA not required if inpatient; required if outpatient	
74185	MRI ANGIO ABDOM W ORW/O DYE	Conditional	PA not required if inpatient; required if outpatient	
74261	COMPUTED TOMOGRAPHIC [CT] COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	Yes		12/01/21
75557	CARDIAC MRI FOR MORPH	Conditional	PA not required for members UNDER 21; Required if OVER 21	
75559	CARDIAC MRI W/STRESS IMG	Conditional	PA not required for members UNDER 21; Required if OVER 21	
75561	CARDIAC MAGNETIC RESONANCE IMAGING (MRI) FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Conditional	PA not required for members UNDER 21; Required if OVER 21	
75563	CARD MRI W/STRESS IMG & DYE	Conditional	PA not required for members UNDER 21; Required if OVER 21	
75565	CARD MRI VELOC FLOW MAPPING	Conditional	PA not required for members UNDER 21; Required if OVER 21	
76391	MR ELASTOGRAPHY	Yes		
76498	MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	Yes		
77084	MAGNETIC IMAGE BONE MARROW	Conditional	PA not required for members UNDER 21; Required if OVER 21	
77371	SRS MULTISOURCE	Yes		
77372	SRS LINEAR BASED	Yes		
77373	SBRT DELIVERY	Yes		
77418	RADIATION TX DELIVERY IMRT	Yes		
77435	SBRT MANAGEMENT	Yes		
77787	HDR BRACHYTX OVER 12 CHAN	Yes		
78072	PARATHYRD PLANAR W/SPECT&CT	Conditional	PA not required if inpatient; required if outpatient	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Yes		3/1/2024
78430	Myocardial imaging, positron emission tomography (PET), perfusion study	Yes		3/1/2024
78431	Myocardial imaging, positron emission tomography (PET), perfusion study	Yes		3/1/2024
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study	Yes		3/1/2024
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study	Yes		3/1/2024
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET)	Yes		3/1/2024
78451	HT MUSCLE IMAGE SPECT SING	Conditional	PA not required if inpatient; required if outpatient	
78454	HT MUSC IMAGE PLANAR MULT	Conditional	PA not required if inpatient; required if outpatient	
78491	HEART IMAGE (PET) SINGLE	Yes	only covered under CA benefit	
78492	HEART IMAGE (PET) MULTIPLE	Yes	only covered under CA benefit	
78608	BRAIN IMAGING (PET)	Conditional	PA not required if inpatient; required if outpatient	
78609	BRAIN IMAGING (PET)	Conditional	PA not required if inpatient; required if outpatient	
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S)	Conditional	PA not required if inpatient; required if outpatient	
78804	TUMOR IMAGING WHOLE BODY	Conditional	PA not required if inpatient; required if outpatient	
78811	PET IMAGE LTD AREA	Conditional	PA not required if inpatient; required if outpatient	
78812	PET IMAGE SKULL-THIGH	Conditional	PA not required if inpatient; required if outpatient	
78813	PET IMAGE FULL BODY	Conditional	PA not required if inpatient; required if outpatient	
78814	PET IMAGE W/CT LMTD	Conditional	PA not required if inpatient; required if outpatient	
78815	PET IMAGE W/CT SKULL-THIGH	Conditional	PA not required if inpatient; required if outpatient	
78816	PET IMAGE W/CT FULL BODY	Conditional	PA not required if inpatient; required if outpatient	
78999	NUCLEAR DIAGNOSTIC EXAM	Yes		
79403	HEMATOPOIETIC NUCLEAR TX	Conditional	PA not required if inpatient; required if outpatient	
81162	BRCA1, BRCA2 GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS	Yes		
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes		01/04/19
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Yes		01/04/19
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes		01/04/19
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Yes		01/04/19
81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Yes		01/04/19
81173	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE	Yes		
81174	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes		
81177	ATN1 GENE DETC ABNOR ALLELES	Yes		01/04/19
81178	ATXN1 GENE DETC ABNOR ALLELE	Yes		01/04/19
81179	ATXN2 GENE DETC ABNOR ALLELE	Yes		01/04/19
81180	ATXN3 GENE DETC ABNOR ALLELE	Yes		01/04/19
81181	ATXN7 GENE DETC ABNOR ALLELE	Yes		01/04/19
81182	ATXN8OS GEN DETC ABNOR ALLEL	Yes		01/04/19
81183	ATXN10 GENE DETC ABNOR ALLEL	Yes		01/04/19

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81184	CACNA1A GEN DETC ABNOR ALLEL	Yes		01/04/19
81185	CACNA1A GENE FULL GENE SEQ	Yes		01/04/19
81186	CACNA1A GEN KNOWN FAMIL VRNT	Yes		01/04/19
81187	CNBP GENE DETC ABNOR ALLELE	Yes		01/04/19
81188	CSTB GENE DETC ABNOR ALLELE	Yes		01/04/19
81189	CSTB GENE FULL GENE SEQUENCE	Yes		01/04/19
81190	CSTB GENE KNOWN FAMIL VRNT	Yes		01/04/19
81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Yes		02/14/21
81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Yes		02/14/21
81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Yes		02/14/21
81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS	Yes		02/14/21
81201	APC GENE FULL SEQUENCE	Yes		
81202	APC GENE KNOWN FAM VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81204	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE OR METHYLATION STATUS)	Yes		
81206	BCR/ABL1 GENE MAJOR BP	Conditional	PA not required if inpatient; required if outpatient	
81207	BCR/ABL1 GENE MINOR BP	Conditional	PA not required if inpatient; required if outpatient	
81208	BCR/ABL1 GENE OTHER BP	Conditional	PA not required if inpatient; required if outpatient	
81210	BRAF GENE	Conditional	PA not required if inpatient; required if outpatient	
81212	BRCA1&2 185&5385&6174 VAR	Conditional	PA not required if inpatient; required if outpatient	
81215	BRCA1 GENE KNOWN FAM VARIANT	Yes		01/10/19
81216	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Yes		
81217	BRCA2 GENE KNOWN FAM VARIANT	Yes		01/10/19
81221	CFTR gene analysis; known familial variants	Yes		12/01/24
81222	CFTR gene analysis; duplication/deletion variants	Yes		12/01/24
81223	CFTR gene analysis; full gene sequence	Yes		12/01/24
81224	CFTR gene analysis; intron 8 poly-T analysis	Yes		12/01/24
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6), gene analysis, common variants	Yes		9/1/2024
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Yes		9/1/2024
81232	DPYD (dihydropyrimidine dehydrogenase) gene analysis, common variant(s)	Yes		06/01/24
81234	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	Yes		
81235	EGFR GENE COM VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81239	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	Yes		
81250	G6PC GENE	Conditional	PA not required if inpatient; required if outpatient	
81256	HFE GENE	Conditional	PA not required if inpatient; required if outpatient	
81260	IKBKAP GENE	Conditional	PA not required if inpatient; required if outpatient	
81265	STR MARKERS SPECIMEN ANAL	Conditional	PA not required if inpatient; required if outpatient	
81266	STR MARKERS SPEC ANAL ADDL	Conditional	PA not required if inpatient; required if outpatient	
81267	CHIMERISM ANAL NO CELL SELEC	Conditional	PA not required if inpatient; required if outpatient	
81268	CHIMERISM ANAL W/CELL SELECT	Conditional	PA not required if inpatient; required if outpatient	
81270	JAK2 GENE	Conditional	PA not required if inpatient; required if outpatient	
81271	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	Yes		
81272	KIT GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS	Yes		
81274	HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	Yes		
81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	Yes		04/14/21
81280	LONG QT SYND GENE FULL SEQ	Conditional	PA not required if inpatient; required if outpatient	
81281	LONG QT SYND KNOWN FAM VAR	Conditional	PA not required if inpatient; required if outpatient	
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes		01/04/19
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Yes		01/04/19
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Yes		01/04/19
81287	MGMT GENE METHYLATION ANAL	Conditional	PA not required if inpatient; required if outpatient	
81288	MLH1 GENE	Conditional	PA not required if inpatient; required if outpatient	

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81289	FXN (FRAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	Yes		
81293	MLH1 GENE KNOWN VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81296	MSH2 GENE KNOWN VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81299	MSH6 GENE KNOWN VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81301	MICROSATELLITE INSTABILITY	Conditional	PA not required if inpatient; required if outpatient	
81306	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)	Yes		
81312	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	Yes		
81315	PML/RARALPHA COM BREAKPOINTS	Conditional	PA not required if inpatient; required if outpatient	
81316	PML/RARALPHA 1 BREAKPOINT	Conditional	PA not required if inpatient; required if outpatient	
81318	PMS2 KNOWN FAMILIAL VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81321	PTEN GENE FULL SEQUENCE	Conditional	PA not required if inpatient; required if outpatient	
81322	PTEN GENE KNOWN FAM VARIANT	Conditional	PA not required if inpatient; required if outpatient	
81323	PTEN GENE DUP/DELET VARIANT	Conditional	PA not required if inpatient; required if outpatient	
81327	SEPT9 METHYLATION ANALYSIS	Yes	CareAdvantage only code	
81331	SNRPN/UBE3A GENE	Conditional	PA not required if inpatient; required if outpatient	
81336	SMN1 GENE FULL GENE SEQUENCE	Yes		
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Yes		
81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	Yes		04/14/21
81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	Yes		04/14/21
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING AMPLIFICATION METHODOLOGY (EG, POLYMERASE CHAIN REACTION)	Yes		12/01/21
81341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)	Yes		12/01/21
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	Yes		12/01/21
81343	PPP2R2B GEN DETC ABNOR ALLEL	Yes		01/04/19
81344	TBP GENE DETC ABNOR ALLELES	Yes		01/04/19
81345	TERT GENE TARGETED SEQ ALYS	Yes		01/04/19
81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Yes		04/14/21
81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Yes		04/14/21
81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes		04/14/21
81371	HLA I & II TYPE VERIFY LR	Conditional	PA not required if inpatient; required if outpatient	
81372	HLA I TYPING COMPLETE LR	Conditional	PA not required if inpatient; required if outpatient	
81373	HLA I TYPING 1 LOCUS LR	Conditional	PA not required if inpatient; required if outpatient	
81374	HLA I TYPING 1 ANTIGEN LR	Conditional	PA not required if inpatient; required if outpatient	
81375	HLA II TYPING AG EQUIV LR	Conditional	PA not required if inpatient; required if outpatient	
81376	HLA II TYPING 1 LOCUS LR	Conditional	PA not required if inpatient; required if outpatient	
81377	HLA II TYPE 1 AG EQUIV LR	Conditional	PA not required if inpatient; required if outpatient	
81378	HLA I & II TYPING HR	Conditional	PA not required if inpatient; required if outpatient	
81379	HLA I TYPING COMPLETE HR	Conditional	PA not required if inpatient; required if outpatient	
81380	HLA I TYPING 1 LOCUS HR	Conditional	PA not required if inpatient; required if outpatient	
81382	HLA II TYPING 1 LOC HR	Conditional	PA not required if inpatient; required if outpatient	
81383	HLA II TYPING 1 ALLELE HR	Conditional	PA not required if inpatient; required if outpatient	
81400	MOPATH PROCEDURE LEVEL 1	Conditional	PA not required if inpatient; required if outpatient	
81401	MOPATH PROCEDURE LEVEL 2	Conditional	PA not required if inpatient; required if outpatient	
81402	MOPATH PROCEDURE LEVEL 3	Conditional	PA not required if inpatient; required if outpatient	
81403	MOPATH PROCEDURE LEVEL 4	Conditional	PA not required if inpatient; required if outpatient	
81404	MOPATH PROCEDURE LEVEL 5	Conditional	PA not required if inpatient; required if outpatient	
81405	MOPATH PROCEDURE LEVEL 6	Yes		12/01/21
81406	MOPATH PROCEDURE LEVEL 7	Conditional	PA not required if inpatient; required if outpatient	
81407	MOPATH PROCEDURE LEVEL 8	Conditional	PA not required if inpatient; required if outpatient	
81408	MOPATH PROCEDURE LEVEL 9	Conditional	PA not required if inpatient; required if outpatient	
81412	ASHKENAZI JEWISH ASSOC DIS	Yes	CareAdvantage only code	
81413	CAR ION CHNNLPATH INC 10 GNS	Yes		
81414	CAR ION CHNNLPATH INC 2 GNS	Yes		

Code	Description	PA*	Comments	Date Updated
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	Yes		04/14/21
81422	FETAL CHROMOML MICRODELTA	Yes	CareAdvantage only code	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
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)	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
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	Yes		03/01/25
81434	HEREDITARY RETINAL DISORDERS	Yes	CareAdvantage only code	
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Yes		03/01/25
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	Yes	CareAdvantage only code	03/01/25
81439	INHERITED CARDIOPATHY 5 GNS	Yes		
81440	NUCLEAR ENCODED MITOCHONDRIAL GENES	Yes		04/14/21
81442	NOONAN SPECTRUM DISORDERS	Yes	CareAdvantage only code	
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-50 GENES	Yes		02/01/21
81455	GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES	Yes		01/07/19
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Yes		3/1/2024
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Yes		3/1/2024
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	Yes		3/1/2024
81460	WHOLE MITOCHONDRIAL GENOME	Yes		04/14/21
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	Yes		3/1/2024
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL	Yes		04/14/21
81479	MOLECULAR PATHOLOGY PROCEDURE	Yes		
81490	AUTOIMMUNE RHEUMATOID ARTHR	Yes	CareAdvantage only code	
81493	COR ARTERY DISEASE MRNA	Yes	CareAdvantage only code	
81500	ONCO (OVAR) TWO PROTEINS	Yes		
81503	ONCO (OVAR) FIVE PROTEINS	Yes		
81506	ENDO ASSAY SEVEN ANAL	Yes		
81508	FTL CGEN ABNOR TWO PROTEINS	Yes		
81509	FTL CGEN ABNOR 3 PROTEINS	Yes		
81510	FTL CGEN ABNOR THREE ANAL	Yes		
81511	FTL CGEN ABNOR FOUR ANAL	Yes		
81512	FTL CGEN ABNOR FIVE ANAL	Yes		
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	Yes		
81519	ONCOLOGY BREAST MRNA	Yes		
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	Yes		3/1/2022
81525	ONCOLOGY COLON MRNA	Yes	CareAdvantage only code	
81538	ONCOLOGY LUNG	Yes	CareAdvantage only code	
81539	ONCOLOGY PROSTATE PROB SCORE	Yes	CareAdvantage only code	
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Yes	CareAdvantage only code	
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	Yes		01/07/20

Code	Description	PA*	Comments	Date Updated
81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN- EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	Yes		01/07/20
81545	ONCOLOGY THYROID	Yes		
81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Yes		04/14/21
81595	CARDIOLOGY HRT TRNSPL MRNA	Yes		
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	Yes		01/07/20
82166	Anti-mullerian hormone (AMH)	Yes		3/1/2024
82233	Beta-amyloid; 1-40 (Abeta 40)	Y		03/01/25
82234	Beta-amyloid; 1-42 (Abeta 42)	Y		03/01/25
83894	MOLECULE GEL ELECTROPHOR	Yes		
83898	MOLECULE NUCLEIC AMPLI EACH	Yes		
83900	MOLECULE NUCLEIC AMPLI 2 SEQ	Yes		
83906	MOLECULE MUTATION IDENTIFY	Yes		
83909	NUCLEIC ACID HIGH RESOLUTE	Yes		
83913	MOLECULAR RNA STABILIZATION	Yes		
83914	MUTATION IDENT OLA/SBCE/ASPE	Yes		
84393	Tau, phosphorylated (eg, pTau 181, pTau 217), each	Y		03/01/25
84394	Tau, total (tTau)	Y		03/01/25
84401	TESTOSTERONE BIOAVAILABLE	Yes	CareAdvantage only code	
86003	ALLERGEN SPEC IGE; QUANTIT/SEMIQ EACH ALLERGEN	Conditional	Authorization required for over 50 units	
86581	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative	Y		03/01/25
86711	JOHN CUNNINGHAM ANTIBODY	Conditional	PA not required if inpatient; required if outpatient	
86828	HLA CLASS I&II ANTIBODY QUAL	Conditional	PA not required if inpatient; required if outpatient	
86829	HLA CLASS I/II ANTIBODY QUAL	Conditional	PA not required if inpatient; required if outpatient	
86830	HLA CLASS I PHENOTYPE QUAL	Conditional	PA not required if inpatient; required if outpatient	
86831	HLA CLASS II PHENOTYPE QUAL	Conditional	PA not required if inpatient; required if outpatient	
86832	HLA CLASS I HIGH DEFIN QUAL	Conditional	PA not required if inpatient; required if outpatient	
86833	HLA CLASS II HIGH DEFIN QUAL	Conditional	PA not required if inpatient; required if outpatient	
86834	HLA CLASS I SEMIQUANT PANEL	Conditional	PA not required if inpatient; required if outpatient	
86835	HLA CLASS II SEMIQUANT PANEL	Conditional	PA not required if inpatient; required if outpatient	
86849	IMMUNOLOGY PROCEDURE	Yes		
87483	CNS DNA AMP PROBE TYPE 12-25	Yes		
87902	GENOTYPE DNA/RNA HEP C	Yes		
87910	GENOTYPE CYTOMEGALOVIRUS	Conditional	PA not required if inpatient; required if outpatient	
87912	GENOTYPE DNA HEPATITIS B	Conditional	PA not required if inpatient; required if outpatient	
87999	MICROBIOLOGY PROCEDURES	Yes		
88230	TISSUE CULTURE LYMPHOCYTE	Conditional	Auth required for CCS members	
88245	CHROMOSOME ANALYSIS 20-25	Conditional	Auth required for CCS members	
88248	CHROMOSOME ANALYSIS 50-100	Conditional	Auth required for CCS members	
88249	CHROMOSOME ANALYSIS 100	Conditional	Auth required for CCS members	
88261	CHROMOSOME ANALYSIS 5	Conditional	Auth required for CCS members	
88262	CHROMOSOME ANALYSIS 15-20	Conditional	Auth required for CCS members	
88263	CHROMOSOME ANALYSIS 45	Conditional	Auth required for CCS members	
88264	CHROMOSOME ANALYSIS 20-25	Conditional	Auth required for CCS members	
88267	CHROMOSOME ANALYS PLACENTA	Conditional	Auth required for CCS members	
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	Conditional	Auth required for CCS members	
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	Yes		07/01/23
89398	UNLISTED REPROD MED LAB PROC	Yes		
90473	IMMUNE ADMIN ORAL/NASAL	Yes		
90749	VACCINE OR TOXOID INJECTION OR INFUSION PROCEDURE	Yes	only covered under CA benefit	
90846	FAMILY PSYTX W/O PATIENT	Conditional	PA required if more than 12 visits per calendar year are requested. Visits 1 through 12 in a given calendar year do not require PA.	02/01/21
90847	FAMILY PSYTX W/PATIENT	Conditional	PA required if more than 12 visits per calendar year are requested. Visits 1 through 12 in a given calendar year do not require PA.	02/01/21
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	Yes		
90889	Preparation of report of patients status, history, treatment or progress; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
90899	PSYCHIATRIC SERVICE/THERAPY	Yes		

Code	Description	PA*	Comments	Date Updated
91110	GI TRACT CAPSULE ENDOSCOPY	Yes		
91200	Liver elastography, mechanically induced shear wave, without imaging, with interpretation and report	Yes		11/01/22
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA	Yes		09/01/21
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE	Yes		09/01/21
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES	Yes		09/01/21
92507	SPEECH/HEARING THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
92508	SPEECH/HEARING THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	Conditional	PA not required if in acute inpatient; required if outpatient, skilled or LTC	
92523	EVALUATION OF SPEECH SOUND PRODUCTION	Yes		
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Conditional	PA not required if in acute inpatient; required if outpatient, skilled or LTC	
92700	OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	Yes		
93229	REMOTE 30 DAY ECG TECH SUPP	Yes		
93799	CARDIOVASCULAR SERVICE OR PROCEDURE	Yes		
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Yes	only covered under CA benefit	
96904	WHOLE BODY PHOTOGRAPHY	Yes		
96913	PHOTOCHEMOTHERAPY UV-A OR B	Yes		
96922	Laser Treatment for inflammatory skin disease over 500 sq cm	Yes		11/01/22
96999	DERMATOLOGICAL PROCEDURE, UNLISTED	Yes		07/01/23
97010	HOT OR COLD PACKS THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97014	ELECTRIC STIMULATION THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97022	WHIRLPOOL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97026	INFRARED THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97032	ELECTRICAL STIMULATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97039	UNLISTED MODALITY	Yes		07/01/23
97110	THERAPEUTIC EXERCISES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97113	AQUATIC THERAPY/EXERCISES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97116	GAIT TRAINING THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	12/01/24

Code	Description	PA*	Comments	Date Updated
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	12/01/24
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED PROCEDURE	Yes		07/01/23
97140	MANUAL THERAPY 1/> REGIONS	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97153	Adaptive behavior treatment by protocol; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97154	Group adaptive behavior treatment by protocol; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97155	Adaptive behavior treatment with protocol modification; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97156	Family adaptive behavioral treatment guidance; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97157	Multiple-family group adaptive behavior treatment guidance; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97158	Group adaptive behavior treatment with protocol modification; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97161	PT EVAL LOW COMPLEX 20 MIN	Conditional	PA required: Member < 21; SNF/LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) or in acute inpatient.	02/01/21
97162	PT EVAL MOD COMPLEX 30 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97163	PT EVAL HIGH COMPLEX 45 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97164	PT RE-EVAL EST PLAN CARE	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97165	OT EVAL LOW COMPLEX 30 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97167	OT EVAL HIGH COMPLEX 60 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97530	THERAPEUTIC ACTIVITIES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	Conditional	Authorization required after 24 visits	10/01/23
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	Conditional	Authorization required after 24 visits	10/01/23
99152	Moderate (Conscious) Sedation	Yes		11/01/22
99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Yes		
99499	UNLISTED E&M SERVICE	Yes		
99601	HOME INFUSION/VISIT 2 HRS	Yes		
99602	HOME INFUSION EACH ADDTL HR	Yes		
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	Yes		04/14/21
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/ABSENCE OF VARIANTS AND ASSOCIATED THERAPY(IES) TO CONSIDER	Yes		04/14/21
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")	Yes		04/14/21
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)	Yes		04/14/21
0035U	NEUROLOGY (PRION DISEASE), CEREBROSPINAL FLUID, DETECTION OF PRION PROTEIN BY QUAKING-INDUCED CONFORMATIONAL CONVERSION, QUALITATIVE	Yes		04/14/21
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	Yes		04/14/21
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	Yes		04/14/21
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
0168U	FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA WITHOUT FETAL FRACTION CUTOFF, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY	Yes		04/14/21
0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE SMETHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	Yes		04/14/21

Code	Description	PA*	Comments	Date Updated
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 PARAFFINEMBEDDED TISSUE, ALGORITHM QUANTIFYING TUMOR GENOMIC INSTABILITY SCORE	Yes		04/14/21
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	Yes		04/14/21
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	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
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)	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
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	Yes		04/14/21
0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	Yes		10/01/23
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	Yes		04/14/21
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	Yes		04/14/21
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	Yes		04/14/21
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	Yes		04/14/21
0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS	Yes		04/14/21
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	Yes		04/14/21
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	Yes		04/14/21
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	Yes		09/01/21
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	Yes		09/01/21
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	Yes		09/01/21
0268U	HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSIS OF 15 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	Yes		12/01/21
0269U	HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 14 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	Yes		12/01/21
0275T	PERQ LAMOT/LAM LUMBAR	Yes		
0276U	HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	Yes		12/01/21

Code	Description	PA*	Comments	Date Updated
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Yes		3/1/2022
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)	Yes		3/1/2022
0326U	targeted genomic sequence analysis	Yes		06/01/24
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	Yes		9/1/2024
0448U	Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	Yes		06/01/24
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	Yes		9/1/2024
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	Yes		9/1/2024
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	Yes		9/1/2024
0494U	Rh Test, NateraTM	Yes		12/01/24
0504T	COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT	Yes		01/01/20
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	Y		03/01/25
A0130	Non-emergency transportation: wheel-chair van	Conditional	Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides	03/01/24
A0380	BLS mileage (per mile) (use for wheelchair and litter van transports only)	Conditional	Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides	03/01/24
A0425	Ground mileage, per statute mile (use for ambulance transports only)	Conditional	Requires authorization when combined with a transport code where an authorization is required. For example, ambulance service for non-emergency transport.	
A0428	Ambulance service, basic life support, non-emergency transport (BLS)	Conditional	Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides	03/01/24
A0434	Specialty care transport (SCT)	Conditional	Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides	03/01/24
A0999	UNLISTED AMBULANCE SERVICE	Yes		
A2001	InnovaMatrix AC, per sq cm	Yes		3/1/2022
A2002	Mirrugen Advanced Wound Matrix, per sq cm	Yes		3/1/2022
A2004	XCelliStem, per sq cm	Yes		3/1/2022
A2005	Microlyte Matrix, per sq cm	Yes		3/1/2022
A2006	NovoSorb SynPath dermal matrix, per sq cm	Yes		3/1/2022
A2007	Restrata, per sq cm	Yes		3/1/2022
A2008	TheraGenesis, per sq cm	Yes		3/1/2022
A2009	Symphony, per sq cm	Yes		3/1/2022
A2010	Apis, per sq cm	Yes		3/1/2022
A2011	Supra SDRM, per sq cm	Yes		07/01/22
A2012	SUPRATHEL, per sq cm	Yes		07/01/22
A2013	Innovamatrix FS, per sq cm	Yes		07/01/22
A2014	Omeza Collagen Matrix, per 100 mg	Yes		12/01/22
A2015	Phoenix Wound Matrix, per sq cm	Yes		12/01/22
A2016	PermeaDerm B, per sq cm	Yes		12/01/22
A2018	PermeaDerm C, per sq cm	Yes		12/01/22
A2019	KERECIS OMEGA3 MARIGEN SHIELD, PER SQ CM	Yes		07/01/23
A2020	AC5 ADVANCED WOUND SYSTEM (AC5)	Yes		07/01/23

Code	Description	PA*	Comments	Date Updated
A2021	NEOMATRIX, PER SQ CM	Yes		07/01/23
A2022	INNOVABURN OR INNOVAMATRIX XL	Yes		9/1/2024
A2023	INNOVAMATRIX PD	Yes		9/1/2024
A2024	RESOLVE MATRIX	Yes		9/1/2024
A2025	MIRO3D	Yes		9/1/2024
A2026	Restrata MiniMatrix, 5 mg	Yes		06/01/24
A2027	Matriderm Per Sq Cm	Yes		12/01/24
A2028	Micromatrix flex per mg	Yes		12/01/24
A2029	Mirotract Matrix sheet	Yes		12/01/24
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	Yes		07/01/22
A4239	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY	Yes	1 unit = 1 month supply	01/01/23
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	Yes		06/01/24
A4335	IC supply, misc (Washes)	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
A4520	Incontinence garment, any type	Yes	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
A4554	Disposable underpads all sizes	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
A4927	Gloves non-sterile per 100	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
A5500	DIAB SHOE FOR DENSITY INSERT	Yes		
A5501	DIABETIC CUSTOM MOLDED SHOE	Yes		
A5503	DIABETIC SHOE W/ROLLER/ROCKR	Yes		
A5504	DIABETIC SHOE WITH WEDGE	Yes		
A5505	DIAB SHOE W/METATARSAL BAR	Yes		
A5506	DIABETIC SHOE W/OFF SET HEEL	Yes		
A5507	MODIFICATION DIABETIC SHOE	Yes		
A5512	MULTI DEN INSERT DIRECT FORM	Yes		
A5513	MULTI DEN INSERT CUSTOM MOLD	Yes		
A6250	Skin sealnt protct moisutrzzr ointment	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
A6506	CMPRSBURNGRMNT GLOVE-AXILLA	Yes		
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	Yes		3/1/2024
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	Yes		3/1/2024
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	Yes		3/1/2024
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	Yes		3/1/2024
A6529	Gradient compression garment, bra, for nighttime use, custom, each	Yes		3/1/2024
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	Yes		04/14/21
A6549	G COMPRESSION STOCKING	Yes	Not covered by CA	
A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	Yes		3/1/2024
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	Yes		3/1/2024
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	Yes		3/1/2024
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	Yes		3/1/2024
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	Yes		3/1/2024
A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	Yes		3/1/2024
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	Yes		3/1/2024
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	Yes		3/1/2024
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	Yes		3/1/2024
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	Yes		3/1/2024
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	Yes		3/1/2024
A6565	Gradient compression gauntlet, custom, each	Yes		3/1/2024
A6567	Gradient compression garment, neck/head, custom, each	Yes		3/1/2024
A6569	Gradient compression garment, torso/shoulder, custom, each	Yes		3/1/2024
A6571	Gradient compression garment, genital region, custom, each	Yes		3/1/2024
A6573	Gradient compression garment, toe caps, custom, each	Yes		3/1/2024
A6574	Gradient compression arm sleeve and glove combination, custom, each	Yes		3/1/2024
A6576	Gradient compression arm sleeve, custom, medium weight, each	Yes		3/1/2024
A6577	Gradient compression arm sleeve, custom, heavy weight, each	Yes		3/1/2024
A6579	Gradient compression glove, custom, medium weight, each	Yes		3/1/2024

Code	Description	PA*	Comments	Date Updated
A6580	Gradient compression glove, custom, heavy weight, each	Yes		3/1/2024
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	Yes		3/1/2024
A8001	HARD PROTECT HELMET PREFAB	Yes		
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE	Yes		
A9276	DISPOSABLE SENSOR, CGM SYS	Yes		
A9277	EXTERNAL TRANSMITTER, CGM	Yes		
A9278	EXTERNAL RECEIVER, CGM SYS	Yes		
A9590	Iodine I-131 iobenguane, 1 mCi	Yes		06/01/24
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	Yes		
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	Yes		
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	Yes		12/01/22
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	
A9999	DME SUPPLY OR ACCESSORY, NOS	Yes		
B4150	EF COMPLET W/INTACT NUTRIENT	Yes		
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	Yes		02/01/21
C9047	Injection, caplacizumab-yhdp, 1 mg	Yes		11/01/22
C9056	INJECTION, GIVOSIRAN, 0.5 MG	Yes		01/07/20
C9059	INJECTION, MELOXICAM, 1 MG	Yes		02/01/21
C9060	FLUOROESTRADIOL F18, DIAGNOSTIC, 1 MCI	Yes		02/01/21
C9063	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Yes		02/01/21
C9066	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Yes		02/01/21
C9067	GALLIUM GA-68, DOTATOC, DIAGNOSTIC, 0.01 MCI	Yes		02/01/21
C9074	INJECTION, LUMASIRAN, 0.5 MG	Yes		09/01/21
C9085	Injection, avaglucoisidase alfa-ngpt, 4 mg	Yes		3/1/2022
C9086	Injection, anifrolumab-fnia, 1 mg	Yes		3/1/2022
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Yes		3/1/2022
C9094	Injection, sutimlimab-jome, 10 mg	Yes		11/01/22
C9095	Injection, tebentafusp-tebn, 1 mcg	Yes		11/01/22
C9096	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Yes		11/01/22
C9097	Injection, faricimab-svoa, 0.1 mg	Yes		11/01/22
C9098	Ciltacabtagene autoleucl, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		11/01/22
C9101	Injection, oliceridine, 0.1 mg	Yes		03/01/23
C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Yes		12/01/22
C9146	MIRVETUXIMAB SORAVTANSINE-GYNX (ELAHERETM)	Yes		07/01/23
C9149	TEPLIZUMAB-MZWV (TZIELDTM)	Yes		07/01/23
C9152	Aripiprazole (Abilify Asimtufii®)	Yes		3/1/2024
C9157	Tofersen (QALSODY™)	Yes		3/1/2024
C9158	Risperidone (UZEDY™)	Yes		3/1/2024
C9293	Injection, glucarpidase, 10 units	Yes		11/01/22
C9358	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX),	Yes		9/1/2024
C9360	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX)	Yes		9/1/2024
C9363	SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQ CM	Yes		11/01/22
C9364	PORCINE IMPLANT, PERMACOL	Yes		9/1/2024
C9399	DRUGS OR BIOLOGICALS	Yes		
C9408	IODINE I-131 IOBENGUANE, THERAPEUTIC, 1 MILLICURIE	Yes		01/07/19
C9454	INJ, PASIREOTIDE LONG ACTING	Yes		
C9462	Injection, delafloxacin, 1 mg	Yes		11/01/22
C9481	INJECTION, RESLIZUMAB, 1MG	Yes	Medi-Cal only code	
C9483	INJECTION, ATEZOLIZUMAB, 10MG	Yes	Medi-Cal only code	
C9485	INJECTION, OLARATUMAB, 10 MG	Yes		
C9486	INJECTION, GRANISETRON EXT RELEASE, 0.1 MG	Yes		
C9487	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Yes		
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG	Yes		
C9489	INJECTION, NUSINERSEN, 0.1MG, TO TREAT SPINAL MUSCULAR ATROPHY	Yes		
C9490	INJECTION, BEZLOTOXUMAB, 10MG, USED FOR PREVENTION OF RECURRENCE OF CLOSTRIDIUM DIFFICILE INFECTIONS	Yes		

Code	Description	PA*	Comments	Date Updated
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Yes		
C9740	CYSTO IMPL 4 OR MORE	Yes		
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	Yes		
E0170	COMMODE CHAIR SEAT LIFT MECH ELEC	Yes		
E0181	PWR PRESS RED MATTRESS PAD W/PUMP	Yes		
E0182	PUMP ALTERNATING PRESSURE PAD REPL	Yes		
E0184	DRY PRESSURE MATTRESS	Yes		
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	Yes		
E0186	AIR PRESSURE MATTRESS	Yes		
E0187	WATER PRESSURE MATTRESS	Yes		
E0193	POWERED AIR FLOTATION BED	Yes		
E0194	AIR FLUIDIZED BED	Yes		
E0196	GEL PRESSURE MATTRESS	Yes		
E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	Yes		
E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH	Yes		
E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH	Yes		
E0240	BATH/SHOWER CHAIR W/VO WHLS ANY SZ	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0241	BATHTUB WALL RAIL EACH	Yes	Not covered by CA	
E0242	BATHTUB RAIL FLOOR BASE	Yes	Not covered by CA	
E0245	TUB STOOL OR BENCH	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0246	TRANSFER TUB RAIL ATTACHMENT	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0247	TRNSF BENCH TUB/TOILET W/VO COMMUNE	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0260	HOSPITAL BED	Yes		
E0271	MATTRESS INNER SPRING	Yes		
E0272	MATTRESS FOAM RUBBER	Yes		
E0273	BED BOARD	Yes	Not covered by CA	
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	Yes		
E0291	HOS BED FIX HT W/O RAIL W/O MATTRSS	Yes		
E0293	HOS BED VARIBL HT W/O RAIL/MATTRSS	Yes		
E0295	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	Yes		
E0297	HOS BED TOT ELEC W/O RAIL/MATTRSS	Yes		
E0300	PED CRIB HOS GRADE ENC W/VO TOP ENC	Yes		
E0303	HOS BED HEVY DUTY WT CAP >350<=600	Yes		
E0304	HOS BED XTRA HD WT CAP>600 MTRSS	Yes		
E0305	BEDSIDE RAILS HALF-LENGTH	Yes		
E0310	BEDSIDE RAILS FULL-LENGTH	Yes		
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	Yes		
E0328	HOSP BED PED MANUAL INCL MATTRESS	Yes		
E0329	HOSP BED PED ELECTRIC INCL MATTRESS	Yes		
E0371	NONPWR PRSS RDUC OVRLAY MATTRSS STD	Yes		
E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	Yes		
E0373	NONPWR ADVD PRESS REDUCING MATTRSS	Yes		
E0465	HOME VENT INVASIVE INTERFACE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0466	HOME VENT NON-INVASIVE INTER	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Yes		
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Yes		
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Yes		
E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	Yes		
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS	Yes	Not covered by CA	
E0482	COUGH STIM DEVC ALTRNAT POS&NEG	Yes		
E0483	HI FREQ CHST WALL AIR-PULSE GEN EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	Yes		
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	Yes		
E0600	RESP SUCTN PUMP HOME MODEL ELEC	Yes		
E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	Yes		
E0607	HOME BLOOD GLUCOSE MONITOR	Yes		
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0621	SLING/SEAT PT LIFT CANVAS/NYLON	Yes		

Code	Description	PA*	Comments	Date Updated
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	Yes	Not covered by CA	
E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	Yes	CareAdvantage only code	
E0629	SEAT LIFT MECH NON-ELECTRIC ANY TYP	Yes	CareAdvantage only code	
E0630	PATIENT LIFT HYRAULIC/MECH	Yes		
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	Yes		
E0637	COMB SIT STAND FRAME/TABLE SEATLIFT	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0638	STAND FRAME/TABLE SYS 1 POS ANY SZ	Yes	Not covered by CA	
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL	Yes		
E0641	STAND FRAME/TABLE SYS MX-POS ANY SZ	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0642	STAND FRAME/TABLE SYS MOBILE ANY SZ	Yes		
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	Yes		
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	Conditional	PA required for Medi-Cal; PA requirement suspended for CA. Modifier KF required	12/01/24
E0748	OSTOGNS STIM NONINVASV SP APPLIC	Conditional	PA required for Medi-Cal; PA requirement suspended for CA. Modifier KF required	12/01/24
E0760	OSTOGNS STIM LW INTENS US NONINVASV	Conditional	PA required for Medi-Cal; PA requirement suspended for CA. Modifier KF required	12/01/24
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	Yes	Modifier KF required	12/01/23
E0770	FES TRANSQ STIM NERV&/MUSC CMPL NOS	Yes		
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	Yes		
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	Yes		
E0910	TRAPEZ BAR PT HLPRT ATTCH BED W/GRAB	Yes		
E0935	CONT PSV MOT EXER DEVC KNEE ONLY	Yes		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	Yes		
E0951	HEEL LOOP/HOLDER ANY TYPE EACH	Yes		
E0957	WC ACSS MED THI SUPP HARDWARE EA	Yes		
E0958	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	Yes		
E0959	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	Yes		
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	Yes		
E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	Yes		
E0966	MNL WC ACCESS HEADREST EXTENSION EA	Yes		
E0967	MANUAL WC ACCESS HAND RIM W/PROJ EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	Yes		
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	Yes		
E0973	WC ACCSS ADJ HT DTACH ARMST EA	Yes		
E0974	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	Yes		
E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	Yes		
E0981	WC ACSS SEAT UPHLSTER REPL ONLY EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0982	WC ACSS BACK UPHLSTER REPL ONLY EA	Yes		
E0983	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Yes		
E0984	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Yes		
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	Yes		
E0986	MNL WC ACSS PSH-RM ACT PWR ASST SYS	Yes		
E0988	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	Yes		
E0990	WC ACSS ELEV LEG REST CMPL ASSMBL	Yes		
E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0995	WHEELCHAIR ACCESS CALF REST/PAD EA	Yes		
E1002	WC ACSS PWR SEATING SYS TILT ONLY	Yes		
E1003	WC ACSS RECLINE ONLY NO SHEAR RDUC	Yes		
E1004	WC ACSS RECLINE W/MECH SHEAR RDUC	Yes		
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC	Yes		
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	Yes		
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	Yes		
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	Yes		
E1009	WC ACCSS MECH LINKD LEG ELEV EA	Yes		
E1010	WC ACCSS PWR LEG ELEV SYS PAIR	Yes		
E1011	MOD PED SIZE WC WIDTH ADJ PACKAGE	Yes		
E1012	CTR MOUNT PWR ELEV LEG REST	Yes		
E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	Yes		
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E1017	HEAVY DUTY SHOCK ABSORBR MNL WC EA	Yes		

Code	Description	PA*	Comments	Date Updated
E1018	HEAVY DUTY SHOCK ABSORBR PWR WC EA	Yes		
E1020	RES LIMB SUP SYS WHEELCHAIR ANY TYP	Yes		
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	Yes		
E1029	WHEELCHAIR ACCESS VENT TRAY FIX	Yes		
E1030	WHLCHAIR ACCESS VENT TRAY GIMBALED	Yes		
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	Yes		
E1035	MX-PSTN PT TRNSF SYS PT <=/ 300 LBS	Yes		
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS	Yes		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	Yes		
E1038	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	Yes		
E1039	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	Yes		
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	Yes		
E1220	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	Yes		
E1225	WC ACCESS MNL SEMIRECLINING BACK EA	Yes		
E1226	WC ACCESS MNL FULL RECLIN BACK EA	Yes		
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Yes		
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Yes		
E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	Yes		
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	Yes		
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	Yes		
E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	Yes		
E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	Yes		
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	Yes		
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	Yes		
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	Yes		
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	Yes		
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Yes		
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	Yes		
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	Conditional	PA required for ages 21 and under; not required for ages over 21	
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	Yes		
E1390	O2 CONC 85%/>O2 CONC PRSC FLW RATE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E1399	DME MISCELLANEOUS	Yes		
E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	Yes		
E2100	BLD GLU MON INTEGRT VOICE SYNTHESZR	Yes		
E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	Yes		
E2102	Adjunctive continuous glucose monitor or receiver	Yes		07/01/22
E2103	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC CONTINUOUS GLUCOSE MONITOR SYSTEM.	Yes		01/01/23
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	Yes		06/01/24
E2202	MNL WC ACSS SEAT WIDTH 24-27 IN	Yes		
E2203	MNL WC ACSS SEAT DEPTH 20 < 11 IN	Yes		
E2204	MNL WC ACSS SEAT DEPTH 22-25 IN	Yes		
E2205	MNL WC HANDRIM W/O PROJ REPL EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2206	MNL WC ACSS WHL LOCK ASSMBL Cmpl EA	Yes		
E2207	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	Yes		
E2208	WHEELCHAIR ACCESS CYL TANK CARR EA	Yes		
E2209	ARM TROUGH W/NO HAND SUPPORT EACH	Yes		
E2210	WC ACCESS BEARINGS ANY TYPE REPL EA	Yes		
E2211	MNL WC ACCESS PNEUMAT PROPULSN TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2212	MNL WC TUBE PNEUMAT PROPULSION TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2213	MNL WC INSRT PNEUMAT PROPULSN TIRE	Yes		
E2214	MNL WC ACCESS PNEUMAT CASTER TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2215	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	Yes		
E2218	MNL WC ACCSS FOAM PROPULSION TIRE	Yes		
E2219	MNL WC ACSS FOAM CASTER TIRE ANY SZ	Yes		
E2220	MNL WC ACCESS SOLID PROPULSION TIRE	Yes		
E2221	MNL WHLCHAIR ACSS SOLID CASTER TIRE	Yes		
E2222	MNL WC SOLID CASTR TIRE INTGR WHL	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2224	MNL WC PROPULSION WHL EXCLD TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2225	MNL WC CASTR WHL EXCLD TIRE REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	

Code	Description	PA*	Comments	Date Updated
E2226	MNL WC ACSS CASTR FORK REPL ONLY	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2227	MNL WC GEAR RED DRIVE WHEEL EACH	Yes		
E2228	MNL WC WHL BRAKE SYS&LOCK COMPL EA	Yes		
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE	Yes		
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	Yes		
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	Yes		
E2293	BACK CONTRD PED WC ATTCH HARDWARE	Yes		
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	Yes		
E2295	MNL WC ACCESS PED SIZE WC SEAT FRME	Yes		
E2301	WHEELCHAIR ACC PWR STND SYS ANY TYP	Yes		
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Yes		
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Yes		
E2312	POWER WC HAND/CHIN CONTRL INTERFACE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2313	POWER AC HARNESS UPGRD EXP CONTRLLR	Yes		
E2321	PWR WC ACSS HND CNTRL NO PRPRTNL	Yes		
E2322	PWR WC ACSS MX MECH SWTCH NOPRRTNL	Yes		
E2323	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	Yes		
E2324	PWR WC ACSS CHIN CUP CHIN CNTRL INT	Yes		
E2325	PWR WC ACSS SIP&PUFF NONPRRTNAL	Yes		
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUF	Yes		
E2327	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	Yes		
E2328	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	Yes		
E2329	PWR WC ACSS CNTC SWTCH NOPRRTNL	Yes		
E2330	PWR WC ACCSS PROX SWTCH NOPROPRTNL	Yes		
E2331	PWR WC ACSS ATDANT CNTRL PROPRTNAL	Yes		
E2340	POWER WC NONSTAND SEAT WD 20-23 IN	Yes		
E2341	PWR WC ACSS NONSTD SEAT W 24-27 IN	Yes		
E2342	PWR WC NONSTD SEAT DEPTH 20/21 IN	Yes		
E2343	PWR WC NONSTD SEAT DEPTH 22-25 IN	Yes		
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	Yes		
E2358	PWR WC GRP 34 NONSEALED LA BATT EA	Yes		
E2359	PWR WC GRP 34 SEALED LA BATT EA	Yes		
E2360	PWR WC ACSS 22 NF NON-SEALED BATTERY	Yes		
E2361	PWR WC ACSS 22NF SEALED LEAD BATTERY	Yes		
E2362	PWR WC ACSS GRP 24 NON-SEALED BATT	Yes		
E2363	PWR WC ACSS GRP 24 SEALED BATTERY	Yes		
E2364	PWR WC ACSS U-1 NON-SEALED BATTERY	Yes		
E2365	PWR WC ACSS U-1 SEALED BATTERY	Yes		
E2366	PWR WC ACSS BATTERY CHARGER 1 MODE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2367	PWR WC ACSS BATTERY CHARGER DUL MODE	Conditional	PA required for ages 21 and under; not required for ages over 21. Medi-Cal only benefit	07/01/23
E2368	PWR WC CMPNT DR WHEEL MTR REPL ONLY	Yes		
E2369	PWR WC CMPNNT DR WHL GR BX RPL ONLY	Yes		
E2370	P WC CMP INT DR WHL MTR&GB CMB RPL	Yes		
E2371	PWR WC GRP 27 SEALED LEAD ACID BATT	Yes		
E2372	PWR WC GRP 27 NONSEAL LED ACID BATT	Yes		
E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	Yes		
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	Yes		
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL	Yes		
E2376	PWR WC EXPANDABLE CONTROLLER REPL	Yes		
E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	Yes		
E2378	POWER WC CMPNT ACTUATOR REPL ONLY	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2381	PWR WC PNEUMATIC WHEEL TIRE REPL EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2382	PWR WC TUBE WHEEL TIRE REPL EA	Yes		
E2383	PWR WC INSERT WHEEL TIRE REPL EA	Yes		
E2384	PWR WC PNEUMATIC CASTR TIRE REPL EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2385	PWR WC TUBE CASTER TIRE REPL EA	Yes		
E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2387	PWR WC FOAM FILL CASTR TIRE REPL EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA	Conditional	PA required for ages 21 and under; not required for ages over 21	

Code	Description	PA*	Comments	Date Updated
E2389	PWR WC FORM CASTER TIRE REPL EACH	Yes		
E2390	PWR WC SOLID WHEEL TIRE REPL EACH	Yes		
E2391	PWR WC SOLID CASTER TIRE REPL EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2392	PWR WC S CASTR TIRE INTEGRT REPL EA	Yes		
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL	Yes		
E2396	PWR WC CASTER FORK REPL ONLY EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2397	POWER WC LITHIUM BASED BATTERY EACH	Yes		
E2402	NEGATIVE PRESSURE WOUND THERAPY PUMP	Yes		
E2500	SPEECH GEN DEV DIGTIZD</=8 MINS REC	Yes		
E2502	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	Yes		
E2504	SPCH GEN DEVC DGTZD>20</=40 MIN REC	Yes		
E2506	SPCH GEN DEVC DIGTIZD>40 MINS REC	Yes		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS	Yes		
E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	Yes		
E2511	SPEECH GENERATING SOFTWARE PROGRAM	Yes		
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2599	ACCESS SPEECH GENERATING DEVICE NOC	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	Yes		
E2602	GEN WC SEAT CSHN WDTN 22 IN/GT DPTH	Yes		
E2603	SKN PROTCT WC SEAT WDTN<22IN DPTH	Yes		
E2604	SKN PROTECT WC SEAT WDTN 22 IN/GT	Yes		
E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2606	PSTN WC SEAT CSHN WDTN 22IN/GT DPTH	Yes		
E2607	SKN PROTCT&PSTN WC SEAT WDTN <22IN	Yes		
E2608	SKN PROTCT&PSTN WC SEAT WDTN 22IN/>	Yes		
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2610	WHEELCHAIR SEAT CUSHION POWERED	Yes		
E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	Yes		
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	Yes		
E2613	PSTN WC BACK CUSHN POST WDTN <22 IN	Yes		
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	Yes		
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	Yes		
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	Yes		
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2619	REPL COVER WC SEAT/BACK CUSHN EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	Yes		
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	Yes		
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	Yes		
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	Yes		
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	Yes		
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	Yes		
E2626	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	Yes		
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	Yes		
E2628	WC SHLDR ELB MOBL SUPP RECLINING	Yes		
E2629	WC SHLDR ELB M SUPP FRICTN ARM SUPP	Yes		
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	Yes		
E2631	WC ADD MOBL ARM SUPP ELEV PROX ARM	Yes		
E2632	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	Yes		
E2633	WC ACSS ADD MOBL ARM SUPP SUPINATR	Yes		
G0127	TRIM NAIL(S)	Yes	Only covered under CA benefit.	11/01/22
G0128	CORF SKILLED NURSING SERVICE	Yes		
G0151	HHCP-SERV OF PT,EA 15 MIN	Yes		01/01/21
G0152	HHCP-SERV OF OT,EA 15 MIN	Yes		01/01/21
G0153	HHCP-SVS OF S/L PATH,EA 15MN	Yes		01/01/21
G0154	HHCP-SVS OF RN,EA 15 MI	Yes		01/01/21
G0155	HHCP-SVS OF CSW,EA 15 MIN	Yes		01/01/21
G0156	HHCP-SVS OF AIDE,EA 15 MIN	Yes		01/01/21
G0157	HHC PT ASSISTANT EA 15	Yes		01/01/21

Code	Description	PA*	Comments	Date Updated
G0158	HHC OT ASSISTANT EA 15	Yes		01/01/21
G0159	HHC PT MAINT EA 15 MIN	Yes		01/01/21
G0160	HHC OCCUP THERAPY EA 15	Yes		01/01/21
G0161	HHC SLP EA 15 MIN	Yes		01/01/21
G0162	HHC RN E&M PLAN SVS,15 MIN	Yes		01/01/21
G0276	PILD/PLACEBO CONTROL CLIN TR	Yes		
G0281	ELEC STIM UNATTEND FOR PRESS	Yes		
G0282	ELECT STIM WOUND CARE NOT PD	Yes		
G0283	ELEC STIM OTHER THAN WOUND	Yes		
G0299	HHS/HOSPICE OF RN EA 15 MIN	Yes		09/01/20
G0300	HHS/HOSPICE OF LPN EA 15 MIN	Yes		09/01/20
G0329	ELECTROMAGNTIC TX FOR ULCERS	Yes		
G0396	ALCOHOL/SUBS INTERV 15-30MN	Yes	CareAdvantage only code	04/14/21
G0397	ALCOHOL/SUBS INTERV >30 MIN	Yes	CareAdvantage only code	04/14/21
G0409	CORF RELATED SERV 15 MINS EA	Yes		
G0502	INT PS CCM 1ST 70 M 1ST CAL M B HCM	Yes	CareAdvantage only code	
G0503	SB PS CCM 1ST 60 M SB MO BEH HCM AC	Yes	CareAdvantage only code	
G0504	INIT/SB PS CCM E ADD 30 MN CM B HCM	Yes	CareAdvantage only code	
G0505	CF ASMT STD INST OFF/OTH OP/HOME	Yes	CareAdvantage only code	
G0506	CMP ASMT & C PLN PT RQR CC MGMT SVC	Yes	CareAdvantage only code	
G0507	CM BH CND AL 20 M CL STF TM PER CM	Yes	CareAdvantage only code	
G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	Yes		
G0509	TH C CC SB PHYS 50 M CMNCT PT&PROV	Yes		
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	Y		03/01/25
G0659	DRUG TEST DEF SIMPLE ALL CL	Yes		
G9008, U1, GQ	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services	Conditional	PA required only when billed with modifier U1, or modifier combination U1 and GQ	12/01/24
G9012, U2, GQ	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified	Conditional	PA required only when billed with modifier U2, or modifier combination U2 and GQ	12/01/24
G9148	MEDICAL HOME LEVEL 1	Yes		
G9149	MEDICAL HOME LEVEL II	Yes		
G9150	MEDICAL HOME LEVEL III	Yes		
G9151	MAPCP DEMO STATE	Yes		
G9152	MAPCP DEMO COMMUNITY	Yes		
G9153	MAPCP DEMO PHYSICIAN	Yes		
G9156	EVALUATION FOR WHEELCHAIR	Yes		
H0014, U6	Alcohol and/or drug services; ambulatory detoxification	Conditional	PA required only when billed with modifier U6	12/01/24
H0043, U6	Supported housing; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
H0044, U2	First month, last month and deposit	Conditional	PA required only when billed with modifier U2	12/01/24
H0044, U3	Supported housing, per month.	Conditional	Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.	12/01/24
H0045, U6	Respite care services, not in the home; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
H2014, U6	Skills training and development; per 15 minutes	Conditional	PA required only when billed with modifier U6	12/01/24
H2016, U6	Comprehensive community support services; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
H2022 U5	Community wrap-around services, per diem.	Conditional	PA required only when billed with modifier U5	12/01/24
H2024, U6	Supported employment; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
H2026, U6	Ongoing support to maintain employment; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
J0121	Injection, omadacycline, 1 mg	Yes		11/01/22
J0122	Injection, eravacycline, 1 mg	Yes		11/01/22
J0129	ABATACEPT INJECTION	Yes		01/10/19
J0172	Injection, aducanumab-awwa, 2 mg	Yes		3/1/2022
J0174	Lecanemab-irmb (LEQEMBI®)	Yes		3/1/2024
J0175	Donanemab-azbt (Kisunla)	Yes		12/01/24
J0177	Injection, aflibercept HD, 1 mg	Yes		06/01/24
J0178	INJ, AFLIBERCEPT	Yes		12/01/22
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	Yes		04/14/21
J0180	Injection, agalsidase beta, 1 mg	Yes		11/01/22
J0202	INJECTION, ALEMTUZUMAB	Yes		
J0206	Allopurinol Sodium for Injection (Aloprim®)	Yes		12/01/23

Code	Description	PA*	Comments	Date Updated
J0208	SODIUM THIOSULFATE (PEDMARK®)	Yes		07/01/23
J0217	Velmanase alfa-tycy (LAMZEDE)	Yes		3/1/2024
J0218	OLIPUDASE ALFA-RPCP (XENPOZYME)	Yes		07/01/23
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Yes		7/1/2022
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Yes		11/01/22
J0221	Injection, alglucosidase alfa, [Lumizyme], 10 mg	Yes		11/01/22
J0223	INJECTION, GIVOSIRAN, 0.5 MG	Yes		02/01/21
J0224	INJECTION, LUMASIRAN, 0.5 MG	Yes		09/01/21
J0225	Injection, vutrisiran, 1 mg	Yes		03/01/23
J0291	Injection, plazomicin, 5 mg	Yes		11/01/22
J0348	ANIDULAFUNGIN INJECTION	Yes		
J0349	Rezafungin (REZZAYO)	Yes		3/1/2024
J0391	Artesunate for injection	Yes		3/1/2024
J0402	Aripiprazole (ABILIFY ASIMTUFII®)	Yes		3/1/2024
J0475	Injection, baclofen, 10 mg	Yes		11/01/22
J0491	Injection, anifrolumab-fnia, 1 mg	Yes		07/01/22
J0517	INJECTION, BENRALIZUMAB, 1 MG	Yes		
J0567	INJ., CERLIPONASE ALFA 1 MG	Yes		01/04/19
J0584	INJECTION, BUROSUMAB-TWZA, 1 MG	Yes		01/07/19
J0585	INJECTION,ONABOTULINUMTOXINA	Yes		
J0586	ABOBOTULINUMTOXINA	Yes		
J0587	INJ, RIMABOTULINUMTOXINB	Yes		
J0588	INCOBOTULINUMTOXIN A	Yes		
J0595	BUTORPHANOL TARTRATE 1 MG	Yes		
J0599	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS	Yes		01/07/19
J0602	Renvela (Oral Powder)	C	PA required for MC, HW, and ACE. No PA required for CA.	03/01/25
J0603	Renagel®	C	PA required for MC, HW, and ACE. No PA required for CA.	03/01/25
J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Yes		04/14/21
J0605	Velphoro	C	PA required for MC, HW, and ACE. No PA required for CA.	03/01/25
J0606	Injection, etelcalcetide, 0.1 mg	Yes		11/01/22
J0607	Fosrenol	C	PA required for MC, HW, and ACE. No PA required for CA.	03/01/25
J0608	Fosrenol	C	PA required for MC, HW, and ACE. No PA required for CA.	03/01/25
J0609	Ferric Citrate Tablets (Auryxia)	C	PA required for MC, HW, and ACE. No PA required for CA.	03/01/25
J0638	CANAKINUMAB INJECTION	Yes		
J0691	INJECTION, LEFAMULIN, 1 MG	Yes		02/01/21
J0699	INJECTION, CEFIDEROCOL, 10 MG	Yes		12/01/21
J0717	CERTOLIZUMAB PEGOL INJ 1MG	Yes		
J0742	INJECTION, IMPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG	Yes		02/01/21
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Yes		02/01/21
J0801	Repository Corticotropin Injection (Acthar Gel)	Yes		3/1/2024
J0802	Repository Corticotropin Injection (Purified Cortrophin Gel)	Yes		3/1/2024
J0870	Imetelstat (RYTELO)	Y		03/01/25
J0872	Daptomycin (Xella Pharmaceuticals)	Yes		9/1/2024
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	Yes		07/01/22
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	Yes		
J0885	EPOETIN ALFA, NON-ESRD	Yes		
J0887	EPOETIN BETA ESRD USE	Yes		01/07/19
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	Yes		02/01/21
J0897	DENOSUMAB INJECTION	Conditional	Claims for 60 units per DOS do NOT require a PA; claims for over 60 units require a PA.	7/1/2022
J0901	Vadustat (VAFSEO)	Y		03/01/25
J1071	INJ TESTOSTERONE CYPIONATE	Yes		
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	Yes		11/01/22
J1105	Dexmedetomidine, oral, 1 mcg	Yes		3/1/2024
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	Yes		
J1202	Miglustat, oral, 65 mg	Yes		06/01/24
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Yes		06/01/24
J1290	ECALLANTIDE INJECTION	Yes		
J1300	ECULIZUMAB INJECTION	Yes		
J1301	INJECTION, EDARAVONE, 1 MG	Yes		01/04/19

Code	Description	PA*	Comments	Date Updated
J1302	Injection, sutimlimab-jome, 10 mg	Yes		12/01/22
J1303	Injection, ravulizumab-cwvz, 10 mg	Yes		3/1/2022
J1304	Tofersen (QALSODY)	Yes		3/1/2024
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Yes		12/01/21
J1306	Injection, inclisiran, 1 mg	Yes		11/01/22
J1307	Crovalimab-akkz (PIASKY)	Y		03/01/25
J1322	ELOSULFASE ALFA, INJECTION	Yes		
J1411	ETRANACOGENE DEZAPARVOVEC-DLB (HEMGENIX)	Yes		07/01/23
J1412	Valoctocogene Roxaparovec-rvox (ROCTAVIAN™)	Yes		3/1/2024
J1413	Delandistrogene Moxeparovec (ELEVIDYS™)	Yes		3/1/2024
J1414	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose	Y		01/01/25
J1426	INJECTION, CASIMERSEN, 10 MG	Yes		12/01/21
J1427	INJECTION, VILTOLARSEN, 10 MG	Yes		09/01/21
J1428	INJ, ETEPLIRSEN, 10 MG	Yes		01/10/19
J1429	INJECTION, GOLODIRSEN, 10 MG	Yes		02/01/21
J1434	Fosaprepitant (FOCINVEZ)	Yes		06/01/24
J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	Yes		03/01/24
J1439	INJ FERRIC CARBOXYMALTOS 1MG	Yes		
J1440	Fecal Microbiota, Live – jslm (Rebyota™)	Yes		12/01/23
J1442	INJ FILGRASTIM EXCL BIOSIMIL	Yes		
J1443	INJ FERRIC PYROPHOSPHATE CIT	Yes		
J1445	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU), 0.1 MG OF IRON	Yes		12/01/21
J1446	INJ, TBO-FILGRASTIM, 5 MCG	Yes		
J1448	INJECTION, TRILACICLIB, 1 MG	Yes		12/01/21
J1449	EFLAPEGRASTIM-XNST (ROLVEDON™)	Yes		07/01/23
J1455	FOSCARNET SODIUM INJECTION	Yes		
J1458	Injection, galsulfase, 1 mg	Yes		11/01/22
J1459	INJ IVIG PRIVIGEN 500 MG	Yes		
J1460	GAMMA GLOBULIN 1 CC INJ	Yes		
J1551	Injection, immune globulin (Cutaquig), 100 mg	Yes		11/01/22
J1552	Immune globulin (ayglo)	Y		03/01/25
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Yes		09/01/21
J1556	INJ, IMM GLOB BIVIGAM, 500MG	Yes		
J1557	GAMMAPLEX INJECTION	Yes		
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Yes		02/01/21
J1561	GAMUNEX-C/GAMMAKED	Yes		
J1566	IMMUNE GLOBULIN, POWDER	Yes		
J1568	OCTAGAM INJECTION	Yes		
J1569	GAMMAGARD LIQUID INJECTION	Yes		
J1572	FLEBOGAMMA INJECTION	Yes		
J1574	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	Yes		03/01/23
J1575	HYQVIA 100MG IMMUNEGLOBULIN	Yes		
J1576	Immune Globulin (Panzyga)	Yes		12/01/23
J1602	GOLIMUMAB FOR IV USE 1MG	Yes		
J1627	Injection, granisetron extended release, 0.1 mg	Yes		07/01/22
J1628	Injection, guselkumab, 1 mg	Yes		11/01/22
J1632	INJECTION, BREXANOLONE, 1 MG	Yes		02/01/21
J1675	Histrelin acetate, 10 mcg	Yes		07/01/22
J1740	IBANDRONATE SODIUM INJECTION	Yes		
J1743	Injection, idursulfase, 1 mg	Yes		11/01/22
J1745	INFLIXIMAB INJECTION	Yes		
J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	Yes		01/04/19
J1747	SPELIMAB-SBZO (SPEVIGO®)	Yes		07/01/23
J1748	Infliximab-dyyb Injection (Zymfentra)	Yes		9/1/2024
J1786	Injection, imiglucerase, per10 units	Yes		11/01/22
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Yes		04/14/21
J1931	Injection, laronidase, 0.1 mg	Yes		11/01/22
J1941	Furosemide (FUROSCIX)	Yes		12/01/23

Code	Description	PA*	Comments	Date Updated
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Conditional	No authorization required for claims submitted w/ the following ICD-10 codes: D25.0 thru D25.9, E30.1, F64.0 thru F64.9, N80.0 thru N80.9, Z87.890	07/01/23
J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	Yes		09/01/21
J1952	Leuprolide injectable, camcevi, 1 mg	Yes		3/1/2022
J2182	INJECTION, MEPOLIZUMAB, 1 MG	Yes		
J2186	INJECTION, MEROPENEM, VABORBACTAM, 10 MG/10 MG, (20 MG)	Yes		01/07/19
J2248	MICAFUNGIN SODIUM INJECTION	Yes		
J2267	Mirikizumab (OMVOH)	Yes		9/1/2024
J2277	Motixafortide (APHEXDA™)	Yes		06/01/24
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	07/01/23
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	07/01/23
J2326	INJ, NUSINERSEN, 0.1MG	Yes		01/10/19
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Yes		03/01/23
J2329	Ublituximab-xiiy (Briumvi™)	Yes		12/01/23
J2353	OCTREOTIDE INJECTION, DEPOT	Yes		
J2354	OCTREOTIDE INJ, NON-DEPOT	Yes		
J2356	Injection, tezepelumab-ekko, 1 mg	Yes		11/01/22
J2357	OMALIZUMAB INJECTION	Yes		
J2406	INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	Yes		12/01/21
J2430	PAMIDRONATE DISODIUM /30 MG	Yes		
J2508	Pegunigalsidase alfa-iwxj (ELFABRIO)	Yes		3/1/2024
J2562	PLERIXAFOR INJECTION	Yes		
J2777	Injection, faricimab-svoa, 0.1 mg	Yes		12/01/22
J2778	RANIBIZUMAB INJECTION	Yes		
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Yes		11/01/22
J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Yes		12/01/23
J2782	Injection, avacincaptad pegol, 0.1 mg	Yes		06/01/24
J2786	INJECTION, RESLIZUMAB, 1 MG	Yes		
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Yes		03/01/23
J2793	RILONACEPT INJECTION	Yes		
J2799	Risperidone (UZEDY)	Yes		3/1/2024
J2801	Injection, risperidone (Rykindo), 0.5 mg	Yes		06/01/24
J2802	Injection, romiplostim, 1 microgram	Y		01/01/25
J2820	SARGRAMOSTIM INJECTION	Yes		
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	Yes		
J2860	INJECTION, SILTUXIMAB, 10 MG	Yes		
J2998	Injection, plasminogen, human-tvmh, 1 mg	Yes		11/01/22
J3031	Injection, fremanezumab-vfrm, 1 mg	Yes		11/01/22
J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Yes		02/01/21
J3060	INJ, TALIGLUCERACE ALFA 10 U	Yes		
J3095	TELAVANCIN INJECTION	Yes		
J3111	Injection, romosozumab-aqqg, 1 mg	Yes		11/01/22
J3145	TESTOSTERONE UNDECANOATE 1MG	Yes		
J3240	Injection, thyrotropin alpha, 0.9 mg	Yes		11/01/22
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Yes		04/14/21
J3243	TIGECYCLINE INJECTION	Yes		
J3245	INJECTION, TILDRAKIZUMAB-ASMN, 1 MG	Yes		01/07/19
J3247	Secukinumab (COSENTYX)	Yes		9/1/2024
J3262	TOCILIZUMAB INJECTION	Yes		01/07/19
J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	Yes		11/01/22
J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	Yes		09/01/20
J3316	INJ., TRIPTORELIN XR 3.75 MG	Yes		01/04/19
J3357	USTEKINUMAB INJECTION	Yes		
J3358	Ustekinumab, for intravenous injection, 1 mg	Yes		11/01/22
J3380	INJECTION, VEDOLIZUMAB	Yes		
J3385	VELAGLUCERASE ALFA	Yes		
J3392	Exagamglogene autotemcel (CASGEVY)	Y		03/01/25

Code	Description	PA*	Comments	Date Updated
J3393	Betibeglogene autotemcel (ZYNTEGLO)	Yes		9/1/2024
J3393	Injection, betibeglogene autotemcel, per treatment	Yes		12/01/24
J3394	Lovotibeglogene autotemcel (LYFGENIATM)	Yes		9/1/2024
J3394	Injection, lovotibeglogene autotemcel, per treatment	Yes		12/01/24
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	Yes		01/07/19
J3398	INJ LUXTURN A 1 BILLION VEC G	Yes		01/04/19
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10	Yes		02/01/21
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	Yes		3/1/2024
J3490	DRUGS UNCLASSIFIED INJECTION	Conditional	J3490 claims submitted ≤ \$50 will NOT require a PA; J3490 claims submitted > \$50 will require a PA	11/01/22
J3590	UNCLASSIFIED BIOLOGICS	Yes		12/01/23
J7131	Hypertonic saline solution, 1milliliters	Yes		11/01/22
J7168	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY	Yes		09/01/21
J7169	INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG	Yes		02/01/21
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	03/01/25
J7175	INJECTION, FACTOR X, (HUMAN), 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG	Yes		01/07/19
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG	Yes		07/01/23
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 IU VWF:RCO	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7180	FACTOR XIII ANTI-HEM FACTOR	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7181	FACTOR XIII RECOMB A-SUBUNIT	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7182	FACTOR VIII RECOMB NOVOEIGHT	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7183	WILATE INJECTION	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7185	XYNTHA INJ	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7186	ANTIHEMOPHILIC VIII/VWF COMP	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7187	HUMATE-P, INJ	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7188	FACTOR VIII RECOMB OBIZUR	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7189	FACTOR VIIA	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7190	FACTOR VIII	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7191	FACTOR VIII (PORCINE)	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7192	FACTOR VIII RECOMBINANT NOS	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7193	FACTOR IX NON-RECOMBINANT	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7194	FACTOR IX COMPLEX	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7195	FACTOR IX RECOMBINANT NOS	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7197	ANTITHROMBIN III INJECTION	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7198	ANTI-INHIBITOR	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7199	HEMOPHILIA CLOT FACTOR NOC	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7200	FACTOR IX RECOMBINAN RIXUBIS	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7201	FACTOR IX FC FUSION RECOMB	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20

Code	Description	PA*	Comments	Date Updated
J7202	FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7203	FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7204	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	12/01/23
J7205	FACTOR VIII FC FUSION RECOMB	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7207	FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7208	FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED- AUCL, (JIVI), 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7209	FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7210	FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7211	FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 IU	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	07/01/23
J7213	INJECTION, COAGULATION FACTOR IX (RECOMBINANT), IXINITY, 1 I.U.	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	12/01/23
J7214	INJECTION, FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX, RECOMBINANT (ALTUVIII0), PER FACTOR VIII I.U.	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	12/01/23
J7308	AMINOLEVULINIC ACID HCL TOP	Yes		
J7310	GANCICLOVIR LONG ACT IMPLANT	Yes		
J7311	FLUOCINOLONE ACETONIDE IMPLT	Yes		01/07/19
J7313	FLUOCINOL ACET INTRAVIT IMP	Yes		
J7318	Durolane: hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Yes		07/01/22
J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes		07/01/23
J7321	HYALGAN/SUPARTZ INJ PER DOSE	Yes		
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes		07/01/23
J7323	EUFLEXXA INJ PER DOSE	Yes		
J7324	ORTHOVISC INJ PER DOSE	Yes		
J7325	SYNVISC OR SYNVISC-ONE	Yes		
J7326	Hyaluronan or derivative, GelOne®, for intra-articular injection, per dose	Yes		07/01/22
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection	Yes		07/01/22
J7328	GEL-SYN INJECTION 0.1 MG	Yes		
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes		07/01/23
J7331	Synjoynt: Hyaluranon or derivative, synjoynt, for intra-articular injection, 1 mg	Yes		07/01/22
J7332	Trilon: Hyaluranon or derivative, trilon, for intra-articular injection, 1 mg	Yes		07/01/22
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Yes		11/01/22
J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MCG	Yes		02/01/21
J7352	AFAMELANOTIDE IMPLANT, 1 MG	Yes		04/14/21
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	Yes		06/01/24
J7355	Travoprost (iDose® TR)	Yes		9/1/2024
J7402	MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG	Yes		09/01/21
J7514	Mycophenolate mofetil (MYHIBBIN)	Y		03/01/25
J7601	Ensifentrine (OHTUVAYRE)	Y		03/01/25
J8499	PRESCRIPTION DRUG, ORAL	Yes	Not covered by CA	
J8597	ANTIEMETIC DRUG, ORAL	Yes		
J8670	ROLAPITANT, ORAL, 1 MG	Yes		
J9010	ALEMTUZUMAB INJECTION	Yes		
J9019	ERWINAZE INJECTION	Yes		
J9020	ASPARAGINASE, NOS	Yes		
J9027	Injection, clofarabine, 1 mg	Yes		07/01/22
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Y		01/01/25
J9029	Nadofaragene firadenovec-vncg (Adstiladrin®)	Yes		12/01/23
J9033	BENDAMUSTINE INJECTION	Yes		
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	Yes		

Code	Description	PA*	Comments	Date Updated
J9035	BEVACIZUMAB INJECTION	Conditional	Claims for >2 units per DOS require a prior authorization. Claims for ≤2 units per DOS do not require a prior authorization.	12/01/22
J9036	INJ., BELRAPZO, 1 MG	Yes		01/10/19
J9041	BORTEZOMIB INJECTION	Yes		
J9042	BRENTUXIMAB VEDOTIN INJ	Yes		
J9043	CABAZITAXEL INJECTION	Yes		
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	Yes		01/04/19
J9047	INJECTION, CARFILZOMIB, 1 MG	Yes		
J9055	CETUXIMAB INJECTION	Yes		
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	Yes		12/01/23
J9063	Mirvetuximab Soravtansine-gynx (Elahere™)	Yes		12/01/23
J9076	Cyclophosphamide (baxter)	Y		03/01/25
J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	Yes		07/01/23
J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Yes		01/07/19
J9155	DEGARELIX INJECTION	Yes		
J9160	Injection, denileukin diftiox, 300 mcg	Yes		07/01/22
J9177	Injection, enfortumab vedotin-efv, 0.25 mg	Yes		12/01/23
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG (ZOLADEX®)	Yes		10/01/23
J9207	IXABEPILONE INJECTION	Yes		
J9210	Injection, emapalumab-lzsg, 1mg	Yes		11/01/22
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Conditional	No authorization required for claims submitted w/ ICD-10 code of C61.	07/01/23
J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Yes		04/14/21
J9225	VANTAS IMPLANT	Yes		
J9226	SUPPRELIN LA IMPLANT	Yes		
J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	Yes		01/07/19
J9245	INJECTION, MELPHALAN HCL, NOS, 50 MG	Yes		02/01/21
J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	Yes		02/01/21
J9249	Melphalan Injection (Apotex)	Yes		06/01/24
J9258	Paclitaxel Protein-Bound Particles (Teva)	Yes		3/1/2024
J9261	NELARABINE INJECTION	Yes		
J9271	INJ PEMBROLIZUMAB	Yes		
J9285	Injection, olaratumab, 10 mg	Yes		11/01/22
J9292	Pemetrexed (avyxa)	Y		03/01/25
J9297	PEMETREXED (PEMFEXYTM, SANDOZ)	Yes		07/01/23
J9299	Injection, nivolumab, 1 mg	Yes		03/01/23
J9301	OBINUTUZUMAB INJ	Yes		
J9302	OFATUMUMAB INJECTION	Yes		
J9303	PANITUMUMAB INJECTION	Yes		
J9304	INJECTION, PEMETREXED (PEMFEXY), 10 MG	Yes		02/01/21
J9306	INJECTION, PERTUZUMAB, 1 MG	Yes		
J9311	INJ RITUXIMAB, HYALURONIDASE	Yes		01/04/19
J9312	INJ., RITUXIMAB, 10 MG	Yes		01/04/19
J9315	ROMIDEPSIN INJECTION	Yes		
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Yes		12/01/21
J9324	Pemetrexed (Pemydi RTU)	Yes		3/1/2024
J9325	INJ T-VEC PER 1 M PLAQUE FORM UNITS	Yes		
J9328	TEMOZOLOMIDE INJECTION	Yes		
J9329	Tislelizumab-jsgr (TEVIMBRA)	Yes		12/01/24
J9330	TEMSIROLIMUS INJECTION	Yes		
J9332	Injection, efgartigimod alfa-fcab, 2 mg	Yes		11/01/22
J9333	Rozanolixizumab-noli Injection (RYSTIGGO®)	Yes		3/1/2024
J9334	Efgartigimod alfa-fcab and hyaluronidase-qvfc (Vyvgart™)	Yes		3/1/2024
J9345	Retifanlimab-dlwr (ZNYZ™)	Yes		3/1/2024
J9348	INJECTION, NAXITAMAB-GQGK, 1 MG	Yes		09/01/21
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Yes		09/01/21
J9352	INJECTION TRABECTEDIN 0.1 MG	Yes		
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	Yes		
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes	Effective 6/1/22	07/01/22
J9376	Injection, pozelimab-bbfg, 1 mg	Yes		06/01/24
J9381	Teplizumab-mzwv (TZIELD™)	Yes		12/01/23

Code	Description	PA*	Comments	Date Updated
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	Yes		
J9999	CHEMOTHERAPY DRUG	Yes		
K0001	STANDARD WHEELCHAIR	Yes		
K0002	STANDARD HEMI WHEELCHAIR	Yes		
K0003	LIGHTWEIGHT WHEELCHAIR	Yes		
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	Yes		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes		
K0006	HEAVY-DUTY WHEELCHAIR	Yes		
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Yes		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Yes		
K0009	OTHER MANUAL WHEELCHAIR/BASE	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	Yes		
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	Yes		
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	Yes		
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR B	Yes		
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE	Yes		
K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0017	DTACHBL ADJUSTBL HT ARMREST BASE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0018	DTACHBL ADJUSTBL ARMREST UP PRTN EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0019	ARM PAD EACH	Yes		
K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0038	LEG STRAP EACH	Yes		
K0039	LEG STRAP H STYLE EACH	Yes		
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	Yes		
K0041	LARGE SIZE FOOTPLATE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0042	STANDARD SIZE FOOTPLATE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0043	FOOTREST LOWER EXTENSION TUBE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0044	FOOTREST UPPER HANGER BRACKET EACH	Yes		
K0045	FOOTREST COMPLETE ASSEMBLY	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0046	ELEV LEGREST LOWER EXT TUBE EA	Yes		
K0047	ELEV LEGREST UP HANGER BRACKET EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0050	RATCHET ASSEMBLY	Yes		
K0051	CAM RLSE ASSMBL FOOTREST/LEGREST EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0052	SWINGAWAY DETACHABLE FOOTRESTS EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0053	ELEVATING FOOTRESTS ARTICULATING EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0056	SEAT HT<17/>=>21 IN LTWT/ULTRLT WC	Yes		
K0069	REAR WHL ASSMBL-SOLID TIRE SPOKE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0070	REAR WHL ASSMBL-PNEUMAT TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0071	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0072	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0073	CASTER PIN LOCK EACH	Yes		
K0077	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0098	DRIVE BELT FOR POWER WHEELCHAIR	Yes		
K0105	IV HANGER EACH	Yes		
K0108	WC COMPONENT/ACCESSORY NOS	Yes		
K0195	ELEVATING LEGREST PAIR	Yes		
K0455	INFUS PUMP UNINTRPT PARNTRAL MED	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0552	SPL EXT INFUSION PUMP STERILE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY	Yes	Applicable for claims w/ date of service on or before 12/31/22 only (superseded with new code A4239 beginning 1/1/23).	01/01/23
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC CONTINUOUS GLUCOSE MONITOR SYSTEM.	Yes	Applicable for claims w/ date of service on or before 12/31/22 only (superseded with new code E2103 beginning 1/1/23).	01/01/23
K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0602	REPL BATTERY SILVER OXIDE 3 V EA	Yes		
K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	Yes		
K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	Yes		
K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	Yes		
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	Yes	Modifier KF required	12/01/23

Code	Description	PA*	Comments	Date Updated
K0669	WC ACCSS SEAT/BK CUSHN NO DME PDAC	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0672	ADD LOW EXT ORTHOSIS REPL EACH	Yes		
K0733	PWR WC 12-24 AMP HR LEAD BATT EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Conditional	PA required for ages 21 and under; not required for ages over 21	12/01/22
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0740	REPR/SRVC O2 EQP TECH PER 15 MINS	Yes		
K0743	SX PUMP HOME MDL PORT FOR WOUNDS	Yes		
K0744	ABSRB WD DR H MDL PAD 16 SQ IN/LESS	Yes		
K0745	ABS WD DR PAD>16 SQ IN<= 48 SQ IN	Yes		
K0746	ABSRB WD DR H MDL PAD SZ >48 SQ IN	Yes		
K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	Yes		
K0801	PWR OP VEH GRP 1 HVY PT 301-450 LBS	Yes		
K0802	PWR OP VEH GRP 1 HVY PT 451-600 LBS	Yes		
K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	Yes		
K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	Yes		
K0808	PWR OP VEH GRP 2 PT 451-600 LBS	Yes		
K0812	POWER OPERATED VEHICLE NOC	Yes		
K0813	PWR WC GRP 1 SLING SEAT PT TO 300	Yes		
K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	Yes		
K0815	PWR WC GRP 1 SLING PT UP TO 300	Yes		
K0816	PWR WC GRP 1 CAPT CHAIR PT TO 300	Yes		
K0820	PWR WC GRP 2 SLING SEAT PT TO 300	Yes		
K0821	PWR WC GRP 2 CAPT CHAIR TO 300	Yes		
K0822	PWR WC GRP 2 SLING SEAT PT TO 300	Yes		
K0823	PWR WC GRP 2 CAPT CHAIR PT TO 300	Yes		
K0824	PWR WC GRP 2 SLING SEAT PT 301-450	Yes		
K0825	PWR WC GRP 2 CAPT CHAIR PT 301-450	Yes		
K0826	PWR WC GRP 2 SLING SEAT PT 451-600	Yes		
K0827	PWR WC GRP 2 CAPT CHAIR PT 451-600	Yes		
K0828	PWR WC GRP 2 SLING SEAT PT 601/>	Yes		
K0829	PWR WC GRP 2X HVY DUTY CHR PT 601/>	Yes		
K0830	PWR WC 2 SEAT ELEV SLING PT TO 300	Yes		
K0831	PWR WC 2 SEAT ELEV CAPT PT TO 300	Yes		
K0835	PWR WC GRP 2 1 PWR SLING PT TO 300	Yes		
K0836	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	Yes		
K0837	PWR WC GRP 2 1 PWR SLING PT 301-450	Yes		
K0838	PWR WC 2 1 PWR CAPT CHR PT 301-450	Yes		
K0839	PWR WC 2 1 PWR SLNG SEAT PT 451-600	Yes		
K0840	PWR WC GRP 2 1 PWR SLING PT 601/>	Yes		
K0841	PWR WC GRP 2 MX PWR SLING PT TO 300	Yes		
K0842	PWR WC 2 MX PWR CAPT CHR PT TO 300	Yes		
K0843	PWR WC 2 MX PWR SLING PT 301-450	Yes		
K0848	PWR WC GRP 3 SLING SEAT PT TO &=300	Yes		
K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	Yes		
K0850	PWR WC GRP 3 SLING SEAT PT 301-450	Yes		
K0851	PWR WC GRP 3 CAPT CHAIR PT 301-450	Yes		
K0852	PWR WC GRP 3 SLING SEAT PT 451-600	Yes		
K0853	PWR WC GRP 3 CAPT CHAIR PT 451-600	Yes		
K0854	PWR WC GRP 3 SLING SEAT PT 601 LB/>	Yes		
K0855	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	Yes		
K0856	PWR WC 3 1 PWR SLING SEAT PT TO 300	Yes		
K0857	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	Yes		
K0858	PWR WC 3 1 PWR SLNG SEAT PT 301-450	Yes		
K0859	PWR WC 3 1 CAP CHAIR PT 301-450	Yes		
K0860	PWR WC 3 1 PWR SLNG SEAT PT 451-600	Yes		
K0861	PWR WC 3 MX PWR SLNG SEAT PT TO 300	Yes		
K0862	PWR WC 3 MX PWR SLING PT 301-450	Yes		
K0863	PWR WC 3 MX PWR SLING PT 451-600	Yes		

Code	Description	PA*	Comments	Date Updated
K0864	PWR WC 3 MX PWR SLNG SEAT PT 601/>	Yes		
K0868	PWR WC GRP 4 SLING SEAT PT TO &=300	Yes		
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	Yes		
K0870	PWR WC GRP 4 SLING SEAT PT 301-450	Yes		
K0871	PWR WC GRP 4 SLING SEAT PT 451-600	Yes		
K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300	Yes		
K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	Yes		
K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450	Yes		
K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600	Yes		
K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300	Yes		
K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300	Yes		
K0886	PWR WC 4 MX PWR SLING PT 301-450	Yes		
K0890	PWR WC 5 PED 1 PWR SLING PT TO 125	Yes		
K0891	PWR WC 5 PED MX PWR SLING PT TO 125	Yes		
K0898	POWER WHEELCHAIR NOC	Yes		
L0643	LSO SAGITTAL CNTRL RIGID POST PANEL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L1620	HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	Yes		
L1843	KNEE ORTHOS 1 UPRT THI&CALF PREFAB	Conditional	PA required for ages 21 and under; not required for ages over 21	
L1851	KNEE ORTHOS SNG UPRT THIGH & CALF	Yes		
L1960	AFO POST SOLID ANK PLSTC CSTM FAB	Yes		
L1971	ANK FT ORTHOT PLSTC/OTH MATL PREFAB	Conditional	PA required for ages 21 and under; not required for ages over 21	
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	Yes		
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	Yes		
L3221	ORTHOPD FTWEAR MENS SHOE DPTH INLAY	Conditional	PA required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3740	EO DBL UPRT W/CUFF ADJ LOCK CSTM	Yes		
L3809	WHF ORTHO NO JOINTS PREFAB ANY TYPE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	Yes		
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	Yes		
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	Yes		
L5610	ADD LW EXTRM ENDO AK HYDRACADENCE	Yes		
L5611	ADD LW EXT AK-DISARTC W/FRICT CNTRL	Yes		
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	Yes		
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	Yes		
L5616	ADD LW EXT AK UNIVRSL MXPLX FRICT	Yes		
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	Yes		
L5618	ADD LOW EXTREM TEST SOCKT SYMES	Yes		
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	Yes		
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTC	Yes		
L5624	ADD LOW EXTREM TEST SOCKT ABVE KNEE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	Yes		
L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	Yes		
L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	Yes		
L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	Yes		
L5631	ADD LW EXT ABVE KNEE/DISARTC ACRYLC	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	Yes		
L5634	ADD LW EXT SYMS POST OPENING SOCKT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5636	ADD LW EXT SYMS MED OPENING SOCKT	Yes		
L5637	ADD LOW EXTREM BELW KNEE TOTAL CNTC	Yes		
L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	Yes		
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT	Yes		
L5640	ADD LW EXT KNEE DISARTC LEATHR SCKT	Yes		
L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	Yes		
L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME	Yes		
L5644	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	Yes		
L5645	ADD LW EXTRM BK FLX INNR EXT FRME	Yes		
L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	Yes		
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	Yes		
L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKT	Yes		

Code	Description	PA*	Comments	Date Updated
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	Yes		
L5650	ADD LW EXTRM TOT CONTACT AK/DISARTC	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5651	ADD LW EXTRM AK FLX INNR EXT FRME	Yes		
L5652	ADD LW EXTRM SUCTN SUSP AK/DISARTC	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	Yes		
L5654	ADD LOW EXTREM SOCKT INSERT SYMES	Yes		
L5655	ADD LOW EXTRM SOCKT INSRT BELW KNEE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5656	ADD LW EXT SOCKT INSRT KNEE DISARTC	Yes		
L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	Yes		
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	Yes		
L5665	ADD LW EXT INSRT MXDROMTR BELW KNEE	Yes		
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	Yes		
L5671	ADD LW EXTRM BK/AK SUSP LOCK MECH	Yes		
L5672	ADD LW EXTRM BK REMV MED BRIM SUSP	Yes		
L5673	ADD LW EXT BK/AK CSTM FAB XST MOLD	Yes		
L5676	ADD LW EXT BK KNEE JNT 1 AXIS PAIR	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5677	ADD LW EXT BK KNEE JNT POLYCNRTRC PR	Yes		
L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	Yes		
L5679	ADD LW EXT BK/AK CSTM FAB XST MOLD	Yes		
L5680	ADD LW EXTRM BK THI LACER NONMOLD	Yes		
L5681	ADD LW EXT INSRT CONGN/AMPUTEE INIT	Yes		
L5682	ADD LW EXT BK THIGH LACER MOLD	Yes		
L5683	ADD LW EXT INSRT NO CONGN/AMP INIT	Yes		
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	Yes		
L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	Yes		
L5688	ADD LW EXTRM BK WAIST BELT WEB	Yes		
L5690	ADD LW EXTRM BK WAIST BELT PAD	Yes		
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	Yes		
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5696	ADD LW EXTRM AK/DISARTIC PELV JNT	Yes		
L5697	ADD LW EXTRM AK/DISARTIC PELV BAND	Yes		
L5698	ADD LW EXTRM AK/KD SILESIA BANDAGE	Yes		
L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	Yes		
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	Yes		
L5701	REPL SCKT AK/DISARTIC W/ATTCH PLAT	Yes		
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	Yes		
L5703	ANK SYMES MLD PT MDL SACH FT REPL	Yes		
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	Yes		
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	Yes		
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	Yes		
L5707	CUSTOM SHAPED COVER HIP DISARTIC	Yes		
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	Yes		
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	Yes		
L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Yes		
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	Yes		
L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	Yes		
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Yes		
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	Yes		
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	Yes		
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	Yes		
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	Yes		
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	Yes		
L5781	ADD LW LIMB PROS LIMB MGMT SYS	Yes		
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	Yes		
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	Conditional	PA required for ages 21 and under; not required for ages over 21	

Code	Description	PA*	Comments	Date Updated
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	Yes		
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	Yes		
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	Yes		
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	Yes		
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	Yes		
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	Yes		
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	Yes		
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	Yes		
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	Yes		
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	Yes		
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	Yes		
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	Yes		
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	Yes		
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	Yes		
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	Yes		
L5848	ADD ENDOSKEL KNEE-SHIN FLUID EXT	Yes		
L5850	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5855	ADD ENDO HIP DISARTIC MECH EXT ASST	Yes		
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	Yes		
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	Yes		
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE	Yes		
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT	Yes		
L5910	ADD ENDOSKEL BELW KNEE ALIGNBL SYS	Yes		
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Yes		3/1/2024
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	Yes		
L5940	ADD ENDOSKEL BELW KNEE ULTRA-LGHT	Yes		
L5950	ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	Yes		
L5960	ADD ENDOSKL HIP DISARTIC ULTRA-LGHT	Yes		
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	Yes		
L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	Yes		
L5964	ADD ENDO AK FLXBL PROTVE OTR COVR	Yes		
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	Yes		
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	Yes		
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	Yes		
L5971	ALL LW EXT PROS SACH FOOT REPL ONLY	Yes		
L5972	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR	Yes		
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	Yes		
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	Yes		
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Yes		
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	Yes		
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	Yes		
L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	Yes		
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	Yes		
L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	Yes		
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	Yes		
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	Yes		
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDOC	Yes		
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	Yes		
L6000	PARTIAL HAND THUMB REMAINING	Yes		
L6010	PART HAND LITTLE &/ RING FINGER REM	Yes		
L6020	PARTIAL HAND NO FINGER REMAINING	Yes		
L6026	TRANSCARPL/MC/PART HAND DISART PROS	Yes		
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	Yes		

Code	Description	PA*	Comments	Date Updated
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	Yes		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	Yes		
L6110	BELOW ELBOW MOLDED SOCKET	Yes		
L6120	BELW ELB STEP-UP HINGES HALF CUFF	Yes		
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	Yes		
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	Yes		
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	Yes		
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	Yes		
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	Yes		
L6310	SHLDR DISART PASS REST COMPL PROSTH	Yes		
L6320	SHLDR DISART PASS REST SHLDR CAP	Yes		
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	Yes		
L6360	INTERSCAPULAR THOR COMPLT PROSTH	Yes		
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY	Yes		
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	Yes		
L6382	IMMED POSTSURG RIGD DRSG ELB DSRTC	Yes		
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	Yes		
L6386	IMMED POSTSURG EA ADD CAST CHANGE	Yes		
L6388	IMMED POSTSURG RIGID DRSG ONLY	Yes		
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	Yes		
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	Yes		
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	Yes		
L6550	SHLDR DISARTIC MOLD SOCKET ENDOSKEL	Yes		
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	Yes		
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	Yes		
L6582	PREP WRST DISARTIC ELB SCKT DIR FORM	Yes		
L6584	PREP ELB DISARTIC PLASTIC SOCKT MOLD	Yes		
L6586	PREP ELB DISARTIC SOCKET DIR FORM	Yes		
L6588	PREP SHLDR DSRTC THOR PLSTC SOCKT	Yes		
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	Yes		
L6600	UP EXTREM ADD POLYCNTRC HINGE PAIR	Yes		
L6605	UPPER EXTREM ADD 1 PIVOT HINGE PAIR	Yes		
L6610	UP EXT ADD FLEX METAL HINGE PAIR	Yes		
L6611	ADD UP EXT PROS EXT PWR ADD SWITCH	Yes		
L6615	UP EXTREM ADD DISCNCT LOCK WRST U	Yes		
L6616	UP EXT ADD-DSCNCT INSRT LCK WRST EA	Yes		
L6620	UP EXT ADD FLEX/EXT WRIST UNIT	Yes		
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST	Yes		
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	Yes		
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	Yes		
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	Yes		
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	Yes		
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	Conditional	PA required for ages 21 and under; not required for ages over 21	
L6630	UP EXTREM ADD STAINLESS STEEL WRIST	Yes		
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	Yes		
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	Yes		
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	Yes		
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	Yes		
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	Yes		
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	Yes		
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	Yes		
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	Yes		
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	Yes		
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	Yes		
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	Yes		
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	Yes		
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	Yes		
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L6665	UP EXTREM ADD TEFLON/= CABLE LINING	Conditional	PA required for ages 21 and under; not required for ages over 21	

Code	Description	PA*	Comments	Date Updated
L6670	UP EXTREM ADD HOOK HND CABLE ADAPTR	Yes		
L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	Yes		
L6675	UP EXT ADD HARNESS 1 CABLE DESIGN	Yes		
L6676	UP EXT ADD HARNESS 2 CABLE DESIGN	Yes		
L6677	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	Yes		
L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	Yes		
L6682	UP EXTRM ADD TST SOCKT ELB DISARTIC	Yes		
L6684	UP EXTRM ADD TST SCKT SHLDR DISARTC	Yes		
L6686	UPPER EXTREM ADDITION SUCTION SOCKT	Yes		
L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	Yes		
L6688	UP EXT ADD FRME TYPE SOCKT ABOVE ELB	Yes		
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	Yes		
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	Yes		
L6691	UPPER EXTREM ADD REMV INSERT EA	Yes		
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA	Yes		
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	Yes		
L6694	ADD UP EXT PROS CSTM W/LOCK MECH	Yes		
L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	Yes		
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	Yes		
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	Yes		
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	Yes		
L6703	TERMINAL DEVICE PASSIVE HAND/MITT	Yes		
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	Yes		
L6706	TERMINAL DEVC HOOK MECH VOL OPENING	Yes		
L6707	TERMINAL DEVC HOOK MECH VOL CLOSING	Yes		
L6708	TERMINAL DEVC HAND MECH VOL OPENING	Yes		
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	Yes		
L6711	TERM DVC HOOK MECH VOL OPN PED	Yes		
L6712	TERM DVC HOOK MECH VOL CLOS PED	Yes		
L6713	TERM DVC HAND MECH VOL OPN PED	Yes		
L6714	TERM DEVC HAND MECH VOL CLOS PED	Yes		
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL	Yes		
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN	Yes		
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS	Yes		
L6805	ADD TERM DEVICE MODIFIER WRIST UNIT	Yes		
L6810	ADD TERM DEVC PRECISION PINCH DEVC	Yes		
L6880	ELEC HND SW/MYOLELEC CNTRL ARTC DIG	Yes		
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC	Yes		
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	Yes		
L6883	REPL SOCKET BE/WD MOLDED TO PT MDL	Yes		
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT	Yes		
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT	Yes		
L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	Yes		
L6895	ADD UP EXT PROSTH GLOV TERM CSTM	Yes		
L6900	HND REST PART W/GLOV THUMB/1 FNGR	Yes		
L6905	HND REST PART HND W/GLOV MX FNGR	Yes		
L6910	HND REST PART HND W/GLOV NO FNGR	Yes		
L6915	HAND REST REPL GLOVE FOR ABOVE	Yes		
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	Yes		
L6925	WRST DSRTC OTTO BOCK/=MYOELC CNTRL	Yes		
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL	Yes		
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL	Yes		
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	Yes		
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	Yes		
L6950	ABVE ELB OTTO BOCK/=SWITCH CONTROL	Yes		
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL	Yes		
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	Yes		
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	Yes		
L6970	INTRSCAP-THOR OTTO BOCK/=SWITCH	Yes		

Code	Description	PA*	Comments	Date Updated
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC	Yes		
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT	Yes		
L7008	ELEC HAND SWITCH/MYOELEC CNTRL PED	Yes		
L7009	ELEC HOOK SWITCH/MYOELEC CNTRL ADULT	Yes		
L7040	PREHENSILE ACTUATOR SWITCH CONTROL	Yes		
L7045	ELEC HOOK SWITCH MYOELEC CNTRL PED	Yes		
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	Yes		
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	Yes		
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	Yes		
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH	Yes		
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	Yes		
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	Yes		
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	Yes		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Yes		
L7360	SIX VOLT BATTERY EACH	Yes		
L7362	BATTERY CHARGER 6 VOLT EACH	Yes		
L7364	TWELVE VOLT BATTERY EACH	Yes		
L7366	BATTERY CHARGER TWELVE VOLT EACH	Yes		
L7367	LITHIUM ION BATT RECHARGEABLE REPL	Yes		
L7368	LITHIUM ION BATT CHARGER REPL ONLY	Yes		
L7400	ADD UP EXT PROS BE/WD ULTRALT MATL	Yes		
L7401	ADD UP EXT PROS ABV ED ULTRALT MATL	Yes		
L7402	ADD UP EXT PROS SD/INTRSCAP THOR	Yes		
L7403	ADD UP EXT PROS BE/WD ACRYLIC MATL	Yes		
L7404	ADD UP EXT PROS ABVE ED ACRYLC MATL	Yes		
L7405	ADD UP EXT PROS SD/INTERSCAP THOR	Yes		
L7510	REP PROS DEVC REP/REPL MINOR PART	Conditional	PA required for ages 21 and under; not required for ages over 21	
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	Yes		
L8000	BREAST PROS MAST BRA NO INTEG FORM	Yes		
L8001	BREAST PROS MAST BRA INTEG FORM UNI	Yes		
L8002	BREAST PROS MAST BRA INTEG FORM BIL	Yes		
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	Yes		
L8015	EXT BREAST PROS GARMNT POST-MASTECT	Yes		
L8020	BREAST PROSTHESIS MASTECTOMY FORM	Yes		
L8030	BREAST PROS SILCON/=NO INTGRL ADHES	Yes		
L8031	BREAST PROS SILCON/= W/NTGRL ADHES	Yes		
L8032	NIPPLE PROSTH REUSABLE ANY TYPE EA	Yes		
L8035	CSTM BRST PROSTH POST MASTECT MOLD	Yes		
L8300	TRUSS SINGLE WITH STANDARD PAD	Yes		
L8310	TRUSS DOUBLE WITH STANDARD PADS	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8320	TRUSS ADDITION STANDARD PAD H2O PAD	Yes		
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	Yes		
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	Yes		
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	Yes		
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	Yes		
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	Yes		
L8470	PROSTH SOCK 1 PLY FIT BELW KNEE EA	Yes		
L8480	PROSTH SOCK 1 PLY FIT ABVE KNEE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	Yes		
L8500	ARTIFICIAL LARYNX ANY TYPE	Yes		
L8501	TRACHEOSTOMY SPEAKING VALVE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8505	ARTIFCL LARYNX REPLCMT BATTERY/ACSS	Yes		
L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT	Yes		

Code	Description	PA*	Comments	Date Updated
L8509	TRACHEO-ESOPH VOICE PROS INSRT PROV	Yes		
L8510	VOICE AMPLIFIER	Yes		
L8603	INJ COLL IMPL URIN TRACT 2.5 ML SYR	Yes		
L8604	INJ BULKING AGT URINARY TRACT 1 ML	Yes		
L8605	INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	Yes		
L8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR	Yes		
L8607	INJ VOCAL CORD BULKING AGENT	Yes		
L8614	COCHLEAR DEVC INCL INT&EXT COMPNENT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8619	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	Yes		
L8623	LITH ION BATT NOT EAR LEVEL REPL EA	Yes		
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	Yes		
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	Yes		
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	Yes		
L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	Yes		
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	Yes		
L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	Yes		
L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	Yes		
L8686	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	Yes		
L8687	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	Yes		
L8688	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	Yes		
L8689	EXT RECHARG SYS IMPL NEUROSTIM REPL	Yes		
L8690	Auditory osseointegrated device, includes all internal and external components	Yes		11/01/22
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Yes		11/01/22
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Yes		11/01/22
L8693	Auditory osseointegrated device abutment, any length, replacement only	Yes		11/01/22
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Yes		11/01/22
L8695	EXT RECHARG SYS IMPL NEUROSTIM REPL	Yes		
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	Yes		
L8699	PROSTHETIC IMPLANT NOS	Conditional	PA required for ages 21 and under; not required for ages over 21	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another L code	Yes		11/01/22
M0224	Intravenous infusion, 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, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	Y		03/01/25
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Yes		3/1/2024
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Yes		3/1/2024
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	Y		03/01/25
Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE	Yes		
Q2041	AXICABTAGENE CILOLEUCEL CAR+	Yes		01/10/19
Q2042	TISAGENLECLEUCEL CAR-POS T	Yes		01/04/19
Q2043	SIPULEUCEL-T AUTO CD54+	Yes		
Q2048	DOXIL INJECTION	Yes		
Q2049	IMPORTED LIPODOX INJ	Yes		
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL	Yes		
Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Yes		09/01/21
Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Yes		12/01/21
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes		3/1/2022
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	Yes		12/01/22

Code	Description	PA*	Comments	Date Updated
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	Yes		02/01/21
Q4050	CAST SUPPLIES UNLISTED	Yes		
Q4100	SKIN SUBSTITUTE, NOS	Yes		
Q4102	OASIS WOUND MATRIX	Yes		
Q4103	OASIS BURN MATRIX	Yes		
Q4105	INTEGRA DRT	Yes		
Q4107	GRAFTJACKET	Yes		
Q4108	INTEGRA MATRIX	Yes		
Q4110	PRIMATRIX	Yes		
Q4111	GAMMAGRAFT	Yes		
Q4112	CYMETRA INJECTABLE	Yes		
Q4113	GRAFTJACKET XPRESS	Yes		
Q4114	INTEGRA FLOWABLE WOUND MATRI	Yes		
Q4115	ALLOSKIN, PER SQ CM	Yes		11/01/22
Q4116	ALLODERM	Yes		
Q4117	HYALOMATRIX	Yes		
Q4118	MATRISTEM MICROMATRIX	Yes		
Q4119	MATRISTEM WOUND MATRIX	Yes		
Q4120	MATRISTEM BURN MATRIX	Yes		
Q4121	THERASKIN	Yes		
Q4122	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQ CM	Yes		11/01/22
Q4123	ALLOSKIN RT, PER SQ CM	Yes		11/01/22
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQ CM	Yes		11/01/22
Q4125	ARTHROFLEX, PER SQ CM	Yes		11/01/22
Q4126	MEMODERM, DERMASPERM, TRANZGRAFT OR INTEGUPLY, PER SQ CM	Yes		11/01/22
Q4127	TALYMED, PER SQ CM	Yes		11/01/22
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQ CM	Yes		11/01/22
Q4129	UNITE BIOMATRIX, PER SQ CM	Yes		11/01/22
Q4130	STRATTICE TM, PER SQ CM	Yes		11/01/22
Q4131	EPIFIX OR EPICORD, PER SQ CM	Yes		11/01/22
Q4134	HMATRIX	Yes		
Q4135	MEDISKIN	Yes		
Q4136	EZDERM	Yes		
Q4137	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQ CM	Yes		11/01/22
Q4138	BIODFENCE DRYFLEX, PER SQ CM	Yes		11/01/22
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	Yes		11/01/22
Q4140	BIODFENCE, PER SQ CM	Yes		11/01/22
Q4141	ALLOSKIN AC, PER SQ CM	Yes		11/01/22
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQ CM	Yes		11/01/22
Q4143	REPRIZA, PER SQ CM	Yes		11/01/22
Q4145	EPIFIX, INJECTABLE, 1 MG	Yes		11/01/22
Q4146	TENSIX, PER SQ CM	Yes		11/01/22
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQ CM	Yes		11/01/22
Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQ CM	Yes		11/01/22
Q4149	EXCELLAGEN, 0.1 CC	Yes		11/01/22
Q4150	ALLOWRAP DS OR DRY, PER SQ CM	Yes		11/01/22
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	Yes		04/14/21
Q4152	DERMAPURE, PER SQ CM	Yes		11/01/22
Q4153	DERMAVEST, PLURIVEST, PER SQ CM	Yes		11/01/22
Q4154	BIOVANCE, PER SQ CM	Yes		11/01/22
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	Yes		11/01/22
Q4156	NEOX 100 OR CLARIX 100, PER SQ CM	Yes		11/01/22
Q4157	REVITALON, PER SQ CM	Yes		11/01/22
Q4158	KERECIS OMEGA3, PER SQ CM	Yes		11/01/22
Q4159	AFFINITY1 SQUARE CM	Yes		01/09/18
Q4160	NUSHIELD 1 SQUARE CM	Yes		01/09/18
Q4161	BIO-CONNKT WOUND MATRIX, PER SQ CM	Yes		11/01/22
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	Yes		11/01/22
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	Yes		11/01/22

Code	Description	PA*	Comments	Date Updated
Q4164	HELICOLL, PER SQUARE CM	Yes		11/01/22
Q4165	KERAMATRIX OR KERASORB, PER SQ CM	Yes		11/01/22
Q4166	CYTAL, PER SQUARE CENTIMETER	Yes		
Q4167	TRUSKIN, PER SQ CENTIMETER	Yes		
Q4168	AMNIOBAND, 1 MG	Yes		
Q4169	ARTACENT WOUND, PER SQ CM	Yes		
Q4170	CYGNUS, PER SQ CM	Yes		
Q4171	INTERFYL, 1 MG	Yes		
Q4172	PURAPLY OR PURAPLY AM, PER SQ CM	Yes		11/01/22
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CM	Yes		
Q4174	PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC	Yes		
Q4175	MIRODERM, PER SQUARE CENTIMETER	Yes		
Q4176	NEOPATCH, PER SQUARE CENTIMETER	Yes		01/01/18
Q4177	FLOWERAMNIOFLO, 0.1 CC	Yes		01/01/18
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETER	Yes		01/01/18
Q4179	FLOWERDERM, PER SQUARE CENTIMETER	Yes		01/01/18
Q4180	REVITA, PER SQUARE CENTIMETER	Yes		01/01/18
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	Yes		01/01/18
Q4182	TRANSCYTE, PER SQUARE CENTIMETER	Yes		01/01/18
Q4183	SURGIGRAFT, PER SQ CM	Yes		11/01/22
Q4184	CELLESTA OR DUO PER SQ CM	Yes		11/01/22
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC	Yes		11/01/22
Q4187	EPICORD, PER SQ CM	Yes		11/01/22
Q4188	AMNIOARMOR, PER SQ CM	Yes		11/01/22
Q4189	ARTACENT AC, 1 MG	Yes		11/01/22
Q4190	ARTACENT AC, PER SQ CM	Yes		11/01/22
Q4191	RESTORIGIN, PER SQ CM	Yes		11/01/22
Q4192	RESTORIGIN, 1 CC	Yes		11/01/22
Q4193	COLL-E-DERM, PER SQ CM	Yes		11/01/22
Q4194	NOVACHOR, PER SQ CM	Yes		11/01/22
Q4195	PURAPLY, PER SQ CM	Yes		11/01/22
Q4196	PURAPLY AM, PER SQ CM	Yes		11/01/22
Q4197	PURAPLY XT, PER SQ CM	Yes		11/01/22
Q4198	GENESIS AMNIO MEMBRANE, PER SQ CM	Yes		11/01/22
Q4199	Cygnus matrix, per sq cm	Yes		3/1/2022
Q4200	SKIN TE, PER SQ CM	Yes		11/01/22
Q4201	MATRION, PER SQ CM	Yes		11/01/22
Q4202	KEROXX (2.5G/CC), 1CC	Yes		11/01/22
Q4203	DERMA-GIDE, PER SQ CM	Yes		11/01/22
Q4204	XWRAP, PER SQ CM	Yes		11/01/22
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQ CM	Yes		11/01/22
Q4206	FLUID FLOW OR FLUID GF, 1 CC	Yes		11/01/22
Q4208	NOVAFIX, PER SQ CM	Yes		11/01/22
Q4209	SURGRAFT, PER SQ CM	Yes		11/01/22
Q4211	AMNION BIO OR AXOBIOMEMBRANE, PER SQ CM	Yes		11/01/22
Q4212	ALLOGEN, PER CC	Yes		11/01/22
Q4213	ASCENT, 0.5 MG	Yes		11/01/22
Q4214	CELLESTA CORD, PER SQ CM	Yes		11/01/22
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.1 MG	Yes		11/01/22
Q4216	ARTACENT CORD, PER SQ CM	Yes		11/01/22
Q4217	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, BIOWOUND PLUS, WOUNDFIX XPLUS OR BIOWOUND XPLUS, PER SQ CM	Yes		11/01/22
Q4218	SURGICORD, PER SQ CM	Yes		11/01/22
Q4219	SURGIGRAFT-DUAL, PER SQ CM	Yes		11/01/22
Q4220	BELLACELL HD OR SUREDERM, PER SQ CM	Yes		11/01/22
Q4221	AMNIOWRAP2, PER SQ CM	Yes		11/01/22
Q4222	PROGENAMATRIX, PER SQ CM	Yes		11/01/22
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Yes		07/01/22
Q4225	AmnioBind, per sq cm	Yes		07/01/22
Q4226	MYOWN SKIN, INCLUDES HARVESTING AND PREPARATION PROCEDURES, PER SQ CM	Yes		11/01/22

Code	Description	PA*	Comments	Date Updated
Q4227	AMNIOCORE, PER SQ CM	Yes		11/01/22
Q4228	BIONEXTPATCH, PER SQ CM	Yes		11/01/22
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQ CM	Yes		11/01/22
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	Yes		02/01/21
Q4231	CORPLEX P, PER CC	Yes		02/01/21
Q4232	CORPLEX, PER SQ CM	Yes		02/01/21
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	Yes		02/01/21
Q4234	XCELLERATE, PER SQ CM	Yes		02/01/21
Q4235	AMNIOREPAIR OR ALTIPLY, PER SQ CM	Yes		02/01/21
Q4236	CAREPATCH	Yes		9/1/2024
Q4237	CRYO-CORD, PER SQ CM	Yes		02/01/21
Q4238	DERM-MAXX, PER SQ CM	Yes		02/01/21
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER SQ CM	Yes		02/01/21
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes		02/01/21
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER 0.5 CC	Yes		02/01/21
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	Yes		02/01/21
Q4245	AMNIOTEXT, PER CC	Yes		02/01/21
Q4246	CORETEXT OR PROTEXT, PER CC	Yes		02/01/21
Q4247	AMNIOTEXT PATCH, PER SQ CM	Yes		02/01/21
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	Yes		02/01/21
Q4249	AMNIPLY, FOR TOPICAL USE ONLY, PER SQ CM	Yes		02/01/21
Q4250	AMNIOAMP-MP, PER SQ CM	Yes		02/01/21
Q4251	VIM, PER SQ CM	Yes		12/01/21
Q4252	VENDAJE, PER SQ CM	Yes		12/01/21
Q4253	ZENITH AMNIOTIC MEMBRANE, PER SQ CM	Yes		12/01/21
Q4254	NOVAFIX DL, PER SQ CM	Yes		02/01/21
Q4255	REGUARD, FOR TOPICAL USE ONLY, PER SQ CM	Yes		02/01/21
Q4256	MLG-Complete, per sq cm	Yes		07/01/22
Q4257	Relese, per sq cm	Yes		07/01/22
Q4258	Enverse, per sq cm	Yes		07/01/22
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	Yes		11/01/22
Q4260	Signature APatch, per sq cm	Yes		11/01/22
Q4261	TAG, per sq cm	Yes		11/01/22
Q4262	DUAL LAYER IMPAX MEMBRANE	Yes		9/1/2024
Q4263	SURGRAFT TL	Yes		9/1/2024
Q4264	COCOON MEMBRANE	Yes		9/1/2024
Q4265	NEOSTIM TL, PER SQ CM	Yes		07/01/23
Q4266	NEOSTIM MEMBRANE, PER SQ CM	Yes		07/01/23
Q4267	NEOSTIM DL, PER SQ CM	Yes		07/01/23
Q4268	SURGRAFT FT, PER SQ CM	Yes		07/01/23
Q4269	SURGRAFT XT, PER SQ CM	Yes		07/01/23
Q4270	COMPLETE SL, PER SQ CM	Yes		07/01/23
Q4271	COMPLETE FT, PER SQ CM	Yes		07/01/23
Q4272	ESANO A, PER SQ CM	Yes		12/01/23
Q4273	ESANO AAA, PER SQ CM	Yes		12/01/23
Q4274	ESANO AC, PER SQ CM	Yes		12/01/23
Q4275	ESANO ACA, PER SQ CM	Yes		12/01/23
Q4276	ORION, PER SQ CM	Yes		12/01/23
Q4278	EPIEFFECT, PER SQ CM	Yes		12/01/23
Q4279	Vendaje AC, per sq cm	Yes		3/1/2024
Q4280	XCELL AMNIO MATRIX, PER SQ CM	Yes		12/01/23
Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Yes		12/01/23
Q4282	CYGNUS DUAL, PER SQ CM	Yes		12/01/23
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Yes		12/01/23
Q4284	DERMABIND SL, PER SQ CM	Yes		12/01/23
Q4285	NUDYN DL OR DL MESH	Yes		9/1/2024
Q4286	NUDYN SL OR SLW	Yes		9/1/2024
Q4287	DermaBind DL, per sq cm	Yes		3/1/2024
Q4288	DermaBind CH, per sq cm	Yes		3/1/2024

Code	Description	PA*	Comments	Date Updated
Q4289	RevoShield+ Amniotic Barrier, per sq cm	Yes		3/1/2024
Q4290	Membrane Wrap-Hydro TM, per sq cm	Yes		3/1/2024
Q4291	Lamellas XT, per sq cm	Yes		3/1/2024
Q4292	Lamellas, per sq cm	Yes		3/1/2024
Q4293	Acesso DL, per sq cm	Yes		3/1/2024
Q4294	Amnio Quad-Core, per sq cm	Yes		3/1/2024
Q4295	Amnio Tri-Core Amniotic, per sq cm	Yes		3/1/2024
Q4296	Rebound Matrix, per sq cm	Yes		3/1/2024
Q4297	Emerge Matrix, per sq cm	Yes		3/1/2024
Q4298	AmniCore Pro, per sq cm	Yes		3/1/2024
Q4299	AmniCore Pro+, per sq cm	Yes		3/1/2024
Q4300	Acesso TL, per sq cm	Yes		3/1/2024
Q4301	Activate Matrix, per sq cm	Yes		3/1/2024
Q4302	Complete ACA, per sq cm	Yes		3/1/2024
Q4303	Complete AA, per sq cm	Yes		3/1/2024
Q4304	GRAFIX PLUS, per sq cm	Yes		3/1/2024
Q4305	American Amnion AC Tri-Layer, per sq cm	Yes		06/01/24
Q4306	American Amnion AC, per sq cm	Yes		06/01/24
Q4307	American Amnion, per sq cm	Yes		06/01/24
Q4308	Sanopellis, per sq cm	Yes		06/01/24
Q4309	VIA Matrix, per sq cm	Yes		06/01/24
Q4310	Procenta, per 100 mg	Yes		06/01/24
Q4311	Acesso, per sq cm	Yes		9/1/2024
Q4312	Acesso AC, per sq cm	Yes		9/1/2024
Q4313	DermaBind FM, per sq cm	Yes		9/1/2024
Q4314	Reeva FT, per sq cm	Yes		9/1/2024
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Yes		9/1/2024
Q4316	AmchoPlast, per sq cm	Yes		9/1/2024
Q4317	VitoGraft, per sq cm	Yes		9/1/2024
Q4318	E-Graft, per sq cm	Yes		9/1/2024
Q4319	SanoGraft, per sq cm	Yes		9/1/2024
Q4320	PelloGraft, per sq cm	Yes		9/1/2024
Q4321	RenoGraft, per sq cm	Yes		9/1/2024
Q4323	alloPLY, per sq cm	Yes		9/1/2024
Q4324	AmnioTX, per sq cm	Yes		9/1/2024
Q4325	ACApatch, per sq cm	Yes		9/1/2024
Q4326	WoundPlus, per sq cm	Yes		9/1/2024
Q4327	DuoAmnion, per sq cm	Yes		9/1/2024
Q4328	MOST, per sq cm	Yes		9/1/2024
Q4329	Singlay, per sq cm	Yes		9/1/2024
Q4330	TOTAL, per sq cm	Yes		9/1/2024
Q4331	Axolotl Graft, per sq cm	Yes		9/1/2024
Q4332	Axolotl DualGraft, per sq cm	Yes		9/1/2024
Q4333	ArdeoGraft, per sq cm	Yes		9/1/2024
Q4334	Amnioplast 1 per sq cm	Yes		12/01/24
Q4335	Amnioplast 2 per sq cm	Yes		12/01/24
Q4336	Artecent C per sq cm	Yes		12/01/24
Q4337	Artecent Trident per sq cm	Yes		12/01/24
Q4338	Artacent Velos per sq cm	Yes		12/01/24
Q4339	Artacent Vericlen per sq cm	Yes		12/01/24
Q4340	Simpligraft per sq cm	Yes		12/01/24
Q4341	Simplimax per sq cm	Yes		12/01/24
Q4342	Theramend per sq cm	Yes		12/01/24
Q4343	Dermacyte AC Matr per sq cm	Yes		12/01/24
Q4344	Tri Membrane Wrap per sq cm	Yes		12/01/24
Q4345	Matrix HD Allogrft per sq cm	Yes		12/01/24
Q4346	Shelter DM Matrix, per sq cm	Y		03/01/25
Q4347	Rampart DL Matrix, per sq cm	Y		03/01/25
Q4348	Sentry SL Matrix, per sq cm	Y		03/01/25

Code	Description	PA*	Comments	Date Updated
Q4349	Mantle DL Matrix, per sq cm	Y		03/01/25
Q4350	Palisade DM Matrix, per sq cm	Y		03/01/25
Q4351	Enclose TL Matrix, per sq cm	Y		03/01/25
Q4352	Overlay SL Matrix, per sq cm	Y		03/01/25
Q4353	Xceed TL Matrix, per sq cm	Y		03/01/25
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLXIS), 10 MG	Yes		07/01/22
Q5108	INJECTION, FULPHILA	Yes		12/01/24
Q5109	INJECTION, IXIFI, 10 MG	Yes		01/04/19
Q5111	INJECTION, UDENYCA 0.5 MG	Yes		10/01/23
Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Yes	Effective 6/1/22	07/01/22
Q5113	INJ HERZUMA 10 MG	Yes		12/01/24
Q5114	INJ OGIVRI 10 MG	Yes		12/01/24
Q5115	INJECTION, RITUXIMAB-ABBS BIOSIMILAR, (TRUXIMA), 10 MG	Yes		07/01/22
Q5120	INJ, ZIEXTENZO	Yes		06/01/24
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Yes		02/01/21
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	Yes		09/01/21
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	Yes		07/01/22
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Yes		12/01/22
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	Yes		03/01/23
Q5127	PEGFILGRASTIM-FPGK (STIMUFEND®)	Yes		07/01/23
Q5128	RANIBIZUMAB-EQRN (CIMERLI)	Yes		07/01/23
Q5129	BEVACIZUMAB-ADCD (VEGZELMA)	Yes		07/01/23
Q5130	INJ, FYLNETRA, 0.5 MG	Yes		10/01/23
Q5131	Adalimumab-aacf (Idacio®)	Yes		12/01/23
Q5132	Adalimumab-afzb (Abridada™) and Adalimumab-aacf (Idacio®)	Yes		3/1/2024
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	Yes		06/01/24
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	Yes		06/01/24
Q5135	Tocilizumab-aazg (TYENNE®)	Yes		12/01/24
Q5136	Injection, denosumab-bbdz (jubonti/wyost), biosimilar, 1 mg	Yes		12/01/24
Q5137	Ustekinumab-auub (WEZLANA™), biosimilar, subcutaneous, 1 mg	Yes		9/1/2024
Q5138	Ustekinumab-auub (WEZLANA™), biosimilar, intravenous, 1 mg	Yes		9/1/2024
Q5139	Eculizumab-aeab (BKEMV)	Y		03/01/25
Q5141	Adalimumab	Y		03/01/25
Q5142	Adalimumab	Y		03/01/25
Q5143	Adalimumab	Y		03/01/25
Q5144	Adalimumab	Y		03/01/25
Q5145	Adalimumab	Y		03/01/25
Q9987	PATHOGENTEST FOR PLATELETS	Yes		
Q9989	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1MG, STELARA, FOR PLAQUE PSORIASIS AND PSORIATIC ARTHRITIS	Yes		
Q9991	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	07/01/23
Q9992	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS)	07/01/23
Q9995	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Yes		01/04/19
Q9996	Ustekinumab-ttwe (PYZCHIVA®)	Y		03/01/25
Q9997	Ustekinumab-ttwe (PYZCHIVA®)	Y		03/01/25
Q9998	Ustekinumab-aeen (SELARSDI™)	Y		03/01/25
S0140	SAQUINAVIR, 200 MG	Yes		
S0500	DISPOSABLE CONTACT LENS, PER LENS	Yes		09/01/21
S0512	DAILY WEAR SPECIALTY CONTACT LENS, PER LENS	Yes		09/01/21
S0514	COLOR CONTACT LENS, PER LENS	Yes		09/01/21
S0516	SAFETY EYEGLASS FRAMES	Yes		09/01/21
S1040	CRANIAL REMOLDING ORTHOSIS	Yes		
S1091	STENT, NONCORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)	Yes		09/01/21
S2080	LAUP	Yes		
S2118	TOTAL HIP RESURFACING	Yes		
S3626	MATERNAL SERUM QUAD SCREEN	Yes		
S3713	KRAS MUTATION ANALYSIS	Yes		

Code	Description	PA*	Comments	Date Updated
S3820	COMP BRCA1/BRCA2	Yes		
S3823	3 MUTATION BRST/OVAR	Yes		
S3860	GENET TEST CARDIAC ION-COMP	Yes		
S3862	GENET TEST CARDIAC ION-SPEC	Yes		
S5102	ADULT DAY CARE PER DIEM	Yes	CBAS	
S5110	FAMILY HOMECARE TRAINING 15M	Yes		
S5130, U6	Homemaker services; per 15 minutes	Conditional	PA required only when billed with modifier U6	12/01/24
S5151, U6	Unskilled respite care, not hospice; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
S5165, U5	Home modifications; per service	Conditional	PA required only when billed with modifier U5	12/01/24
S5165, U6	Home modifications; per service	Conditional	PA required only when billed with modifier U6	12/01/24
S5170, U6	Home delivered prepared meal	Conditional	PA required only when billed with modifier U6	12/01/24
S8130	INTERFERENTIAL STIM 2 CHAN	Yes		
S8131	INTERFERENTIAL STIM 4 CHAN	Yes		
S9125, U6	Respite care, in the home; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
S9349	HIT TOCOLYSIS DIEM	Yes		
S9445	PATIENT EDUCATION	Yes		
S9446	PATIENT EDUCATION, GROUP	Yes		
S9470, U6	Nutritional counseling, diet	Conditional	PA required only when billed with modifier U6	12/01/24
S9976	Lodging, per diem, not otherwise classified	Yes		03/01/23
S9977	Meals, per diem, not otherwise classified	Yes		03/01/23
S9977, U6	Meals; per diem, not otherwise specified	Conditional	PA required only when billed with modifier U6	12/01/24
S9996	MEALS FOR CLINICAL TRIAL PAR	Yes		01/07/20
T1019, U6	Personal care services; per 15 minutes	Conditional	PA required only when billed with modifier U6	12/01/24
T1023	PROGRAM INTAKE ASSESSMENT	Yes		
T2002	N-ET; PER DIEM	Yes		
T2003	N-ET; ENCOUNTER/TRIP	Yes		
T2004	N-ET; COMMERC CARRIER PASS	Yes		
T2005	N-ET; STRETCHER VAN	Conditional	Auth not required for hospital to nursing facility (modifier HN), hospital to custodial facility (modifier HE), hospital to residence (HR), or hospital to hospital (modifier HH) rides	01/01/21
T2012, U6	Habilitation, educational; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
T2014, U6	Habilitation, prevocational; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
T2018, U6	Habilitation, supported employment; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
T2020, U6	Day habilitation; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
T2025	WAIVER SERVICES	Yes		
T2028	WAIVER SERVICES	Yes		
T2033, U6	Residential care, not otherwise specified (NOS), waiver; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
T2038, U4	Case management for transition including RCFE search, move in and stabilization. Includes admin rate and travel (first eight months and 9+ months)	Conditional	PA required only when billed with modifier U4	12/01/24
T2038, U5	Community transition; per service. (Transition services from home to home or from nursing facility to home. Includes admin rate and travel)	Conditional	PA required only when billed with modifier U5	12/01/24
T2040, U6	Financial management, self directed; per 15 minutes	Conditional	PA required only when billed with modifier U6	12/01/24
T2041, U6	Support brokerage, self-directed; per 15 minutes	Conditional	PA required only when billed with modifier U6	12/01/24
T2050, U6	Financial management, self-directed; per diem	Conditional	PA required only when billed with modifier U6	12/01/24
T4521	Adult disposable incont brief/diaper SM	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4522	Adult disposable incont brief/diaper MD	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4523	Adult disposable incont brief/diaper LG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4524	Adult disposable incont brief/diaper XLG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4525	Adult disposable incont underwear SM	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4526	Adult disposable incont underwear MD	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4527	Adult disposable incont underwear LG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4528	Adult disposable incont underwear XLG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23

Code	Description	PA*	Comments	Date Updated
T4529	Ped disposable incont brief/diaper S/M	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4530	Ped disposable incont brief/diaper LG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4531	Ped disposable incont underwear S/M	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4532	Ped disposable incont underwear LG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4533	Youth disposable incont brief/diaper	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4534	Youth disposable incont underwear	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4535	Disposable Liner/Pad/Undergarment IC	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4536	IC Underwear/Pullon reusable	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4537	IC UNDERPAD REUSABLE BED	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	10/01/23
T4541	IC disposable Underpad LG	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4542	IC disposable Underpad SM	Conditional	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T4543	Disposable IC brief/diaper Bariatric	Yes	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	04/01/23
T5999	SUPPLY, NOS	Yes	Refer to HPSM Incontinence Supply Policy: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf?sfvrsn=4b403cfd_6	
V2025	DELUXE FRAME	Yes		09/01/21
V2199	NOT OTHERWISE CLASSIFIED; SINGLE VISION LENS	Yes		09/01/21
V2299	SPECIALTY BIFOCAL	Yes		09/01/21
V2399	SPECIALTY TRIFOCAL	Yes		09/01/21
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	Yes		09/01/21
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	Yes		09/01/21
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	Yes		09/01/21
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	Yes		09/01/21
V2511	CONTACT LENS, GAS PERMEABLE, TORIC OR PRISM BALLAST, PER LENS	Yes		09/01/21
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	Yes		09/01/21
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	Yes		09/01/21
V2521	CONTACT LENS, HYDROPHILIC, TORIC OR PRISM BALLAST, PER LENS	Yes		09/01/21
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	Yes		09/01/21
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	Yes		01/01/20
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	Yes	TAR is not required when the billed amount is less than \$100.00	09/01/21
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Yes	TAR is not required when the billed amount is less than \$100.00	09/01/21
V2615	TELESCOPE AND OTHER COMPOUND LENS SYSTEM	Yes	TAR is not required when the billed amount is less than \$100.00	09/01/21
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	Yes		09/01/21
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Yes		09/01/21
V2626	REDUCTION OF OCULAR PROSTHESIS	Yes		09/01/21
V2627	SCLERAL COVER SHELL	Yes		09/01/21
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	Yes		09/01/21
V2629	PROSTHETIC EYE, OTHER TYPE	Yes		09/01/21
V2702	DELUXE LENS FEATURE	Yes		09/01/21
V2750	ANTIREFLECTIVE COATING, PER LENS	Yes		09/01/21
V2760	SCRATCH RESISTANT COATING, PER LENS	Yes		09/01/21
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	Yes		09/01/21
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	Yes		09/01/21
V2781	PROGRESSIVE LENS, PER LENS	Yes		09/01/21
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDING POLYCARBONATE, PER LENS	Yes		09/01/21
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS	Yes		09/01/21
V2784	POLYCARBONATE LENSES	Yes		
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	Yes		09/01/21

Code	Description	PA*	Comments	Date Updated
V5014	HEARING AID REPAIR/MODIFICATION	Yes		
V5014 RB	REPAIR/MODIFICATION OF HEARING AID	Conditional	PA required for charges over \$25; PA not required for charges \$25 or less. Applies to claims submitted with an RB modifier indicating a repair.	
V5030	HEAR AID MONAURL BDY WRN AIR CONDUCT	Yes		01/01/06
V5040	HEAR AID MONAURL BDY WORN BN CONDUCT	Yes		01/01/06
V5050	HEARING AID MONAURAL IN THE EAR	Yes		01/01/06
V5060	HEARING AID MONAURAL BEHIND THE EAR	Yes		01/01/06
V5070	GLASSES AIR CONDUCTION	Yes		01/01/06
V5080	GLASSES BONE CONDUCTION	Yes		01/01/06
V5120	BINAURAL BODY	Yes		01/01/06
V5130	BINAURAL IN THE EAR	Yes		01/01/06
V5140	BINAURAL BEHIND THE EAR	Yes		01/01/06
V5150	BINAURAL GLASSES	Yes		01/01/06
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	Yes		01/01/19
V5172	HA CONTRALAT RTE DVC MONAURAL ICT	Yes		01/01/19
V5181	HA CONTRALAT RTE DVC MONAURAL BTE	Yes		01/01/19
V5190	HA CONTRALAT RTE MONAURAL GLASSES	Yes		01/01/06
V5211	HA CONTRALAT RS BINAURAL ITE/ITE	Yes		01/01/19
V5212	HA CONTRALAT RS BINAURAL ITE/ITE	Yes		01/01/19
V5213	HA CONTRA RTE SYS BINAURAL ITE/ITC	Yes		01/01/19
V5214	HA CONTRA ROUT SYS BINAURAL ITE/BTE	Yes		01/01/19
V5215	HA CONTRA ROUT SYS BINAURAL ITC/ITC	Yes		01/01/19
V5221	HA CONTRA ROUT SYS BINAURAL ITC/BTE	Yes		01/01/19
V5230	HA CONTRALAT RTE SYS BINAUR GLASSES	Yes		01/01/06
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	Yes		
V5299	HEARING SERVICE	Yes		
X3900	SINGLE MODALITY TO ONE AREA – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3902	SINGLE MODALITY TO ONE AREA – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3904	SINGLE PROCEDURE TO ONE AREA – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3906	SINGLE PROCEDURE TO ONE AREA – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3908	PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3910	PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3912	HUBBARD TANK – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3914	HUBBARD TANK – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3916	PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3918	PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3920	PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	

Code	Description	PA*	Comments	Date Updated
X3922	PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3924	PHYSICAL THERAPY PRELIMINARY EVALUATION REHABILITATION CENTER, SNF, ICF	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3926	CASE CONFERENCE AND REPORT – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3928	CASE CONSULTATION AND REPORT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3930	CASE CONFERENCE AND REPORT – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3932	HOME OR LONG TERM CARE FACILITY VISIT – ADD MILEAGE, PER MILE ONE- WAY BEYOND 10-MILE RADIUS 1.77 OF POINT OF ORIGIN (OFFICE OR HOME)	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3934	MILEAGE, PER MILE ONE-WAY BEYOND 10-MILE RADIUS	Yes		
X3936	UNLISTED	Yes		
X4100	OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4102	OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4104	OCC THER CSE CONF INI 30 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4106	OCC THER CSE CONF EA ADD 15 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4110	OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4112	OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4118	OCC THER ! UNLISTED	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4120	OCC THERAPY, CASE CONSULTATION AND	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4300	LANGUAGE EVALUATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	02/01/21
X4301	SPEECH EVALUATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	02/01/21
X4302	SPEECH-LANGUAGE THERAPY (GROUP), EACH PATIENT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4303	SPEECH-LANGUAGE THERAPY, INDIVIDUAL, PER HOUR (FOLLOWING PROCEDURES X4300 OR X4301)	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4304	SPEECH-LANGUAGE THERAPY, INDIVIDUAL, 1/2 HOUR	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20

Code	Description	PA*	Comments	Date Updated
X4310	SPEECH GENERATING DEVICE (SGD) – RELATED BUNDLED SPEECH THERAPY SERVICES, PER VISIT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4312	SPEECH GENERATING DEVICE (SGD) RECIPIENT ASSESSMENT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4500	SP HR HR DIAG AUDIOLOG EVALUATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4501	SP HR HR PURE TONE AUDIOMETRY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4504	SP HR O HR S AUDIOMETRY DURING SUR	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4512	SP HR HR BEKESY AUDIOMETRY	Yes		
X4514	SP HR HR SHORT INCREMENT SENSITIVI	Yes		
X4518	SP HR HR TONE DECAY TEST	Yes		
Z5414	TRAVEL EXPENSES	Conditional	No authorization required for CCS members.	03/01/23
Z5499	UNLISTED SERVICE & PROCEDURES	Yes		
Z5835	EPSDT SHARED NURSING LVN (HHA): ONE HOUR	Yes	CCS only code	
Z5946	NON-CONVENTIONAL HEARING AIDS	Yes		04/14/21
Z7600	POLYSOMNOGRAPHY, SLEEP EVALUATION,	Yes		
Z7602	POLYSOMNOGRAPHY, SLEEP EVALUATION,	Yes		
Z7606	HYPERBARIC OXYGEN CHAMBER, FIRST 15 MINUTES OR FRACTION THEREOF, AT ATMOSPHERE ABSOLUTE	Yes		
Z7608	HYPERBARIC OXYGEN CHAMBER, EACH SUBSEQUENT 15 MINUTES OR MAJOR PORTION THEREOF, AT ATMOSPHERE ABSOLUTE	Yes		
Z7612	UNLISTED SERVICES	Yes		