# HPSM CPT Code Prior Authorization Required List

**Last Updated:** 12/1/2025

**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 | Modifiers *(if applicable)* | Description | PA* | Comments | Date Updated |
|---|---|---|---|---|---|
| **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 | **Yes** | | 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) | **Yes** | | 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 | **Yes** | | 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) | **Yes** | | 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 | **Yes** | | 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) | **Yes** | | 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 | **Yes** | | 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) | **Yes** | | 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** | | |
| **17313** | | MOHS 1 STAGE T/A/L | **Yes** | | |
| **17314** | | MOHS ADDL STAGE T/A/L | **Yes** | | |

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| **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 bipedicled 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 |
| **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 |

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| **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 DISKECTOMY | **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 |
| **25448** | | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed | **Yes** | | 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** | | |
| **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 |
| **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 | |

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| **27599** | | LEG SURGERY PROCEDURE | **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 |
| **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 | **Yes** | | 03/01/25 |
| **38226** | | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) | **Yes** | | 03/01/25 |
| **38227** | | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration | **Yes** | | 03/01/25 |
| **38228** | | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | **Yes** | | 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** | | |

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| **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 | **Yes** | | 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 | **Yes** | | 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 | **Yes** | | 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 | **Yes** | | 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 | **Yes** | | 03/01/25 |
| **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 |
| **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 |

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| **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 | **Yes** | | 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** | | |
| **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** | | |
| **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** | | |

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| **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 | **Yes** | | 03/01/25 |
| **67999** | | UNLISTED PROCEDURE, EYELIDS | **Yes** | | 07/01/23 |
| **69714** | | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | **Yes** | | 09/01/25 |
| **69716** | | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex | **Yes** | | 09/01/25 |
| **69717** | | Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor | **Yes** | | 09/01/25 |
| **69719** | | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex | **Yes** | | 09/01/25 |
| **69726** | | Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor | **Yes** | | 09/01/25 |
| **69727** | | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex | **Yes** | | 09/01/25 |
| **69728** | | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | **Yes** | | 09/01/25 |
| **69729** | | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | **Yes** | | 09/01/25 |
| **69730** | | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | **Yes** | | 09/01/25 |
| **69930** | | IMPLANT COCHLEAR DEVICE | **Yes** | | |
| **76391** | | MR ELASTOGRAPHY | **Yes** | | |
| **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 |

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| **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 |
| **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 | |

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| **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 | |
| **81289** | | FXN (FRATAXIN) (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 | |

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| **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** | | |
| **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 CHRMOML MICRODELTJ | **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 adenomatosis 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 CARDMYPTHY 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** | | |

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| **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 |
| **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) | **Yes** | | 03/01/25 |
| **82234** | | Beta-amyloid; 1-42 (Abeta 42) | **Yes** | | 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 | **Yes** | | 03/01/25 |
| **84394** | | Tau, total (tTau) | **Yes** | | 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 | **Yes** | | 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 | |

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| **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** | | |
| **90846** | | FAMILY PSYTX W/O PATIENT | **Conditional** | PA required for CareAdvantage only. No PA required for MC, HW, and ACE. | 09/01/25 |
| **90847** | | FAMILY PSYTX W/PATIENT | **Conditional** | PA required for CareAdvantage only. No PA required for MC, HW, and ACE. | 09/01/25 |
| **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** | | |
| **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<br>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<br>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** | | |
| **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 |
| **97014** | | ELECTRIC STIMULATION THERAPY | **Conditional** | PA required: Member < 21; SNF or LTC<br>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<br>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<br>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<br>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<br>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<br>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 |
| **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<br>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 |

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|---|---|---|---|---|---|
| **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<br>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<br>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<br>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<br>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<br>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<br>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<br>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 |
| **99082** | | Unusual travel | **Yes** | | 09/01/25 |
| **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** | | |
| **99429** | | Unlisted preventive medicine services | **Yes** | | 09/01/25 |
| **99499** | | UNLISTED E&M SERVICE | **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 |
| **0118U** | | Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cellfree DNA in the total cell-free DNA | **Yes** | | 06/01/25 |
| **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 |
| **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 |

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| **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 |
| **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 |

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| **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 |
| **0493U** | | Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA | **Yes** | | 6/1/2025 |
| **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 | **Yes** | | 03/01/25 |
| **0540U** | | Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection | **Yes** | | 6/1/2025 |
| **0543U** | | Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden | **Yes** | | 6/1/2025 |
| **0588U** | | Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RT-LAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days | **Yes** | | 12/01/25 |
| **0951T** | | Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor | **Yes** | | 09/01/25 |
| **0952T** | | Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor | **Yes** | | 09/01/25 |
| **0953T** | | Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor | **Yes** | | 09/01/25 |
| **0954T** | | Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers | **Yes** | | 09/01/25 |
| **0955T** | | Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components | **Yes** | | 09/01/25 |
| **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** | | Mirragen 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 |
| **A2017** | | PermeaDerm Glove, each | **Yes** | | 12/01/25 |
| **A2018** | | PermeaDerm C, per sq cm | **Yes** | | 12/01/22 |
| **A2019** | | Kerecis Omega3 MariGen Shield, per sq cm | **Yes** | | 12/01/25 |
| **A2020** | | AC5 ADVANCED WOUND SYSTEM (AC5) | **Yes** | | 07/01/23 |
| **A2021** | | NEOMATRIX, PER SQ CM | **Yes** | | 07/01/23 |
| **A2022** | | INNOVABURN OR INNOVAMATRIX XL | **Yes** | | 9/1/2024 |

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|---|---|---|---|---|---|
| **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 |
| **A2030** | | Miro3D Fibers, per mg | **Yes** | | 6/1/2025 |
| **A2031** | | MiroDry Wound Matrix, per sq cm | **Yes** | | 6/1/2025 |
| **A2032** | | Myriad Matrix, per sq cm | **Yes** | | 6/1/2025 |
| **A2033** | | Myriad Morcells, 4 mg | **Yes** | | 6/1/2025 |
| **A2034** | | Foundation DRS Solo, per sq cm | **Yes** | | 6/1/2025 |
| **A2035** | | Corplex P or Theracor P or Allacor P, per mg | **Yes** | | 6/1/2025 |
| **A2036** | | Cohealyx Collagen Dermal Matrix, per sq cm | **Yes** | | 12/01/25 |
| **A2037** | | G4Derm Plus, per ml | **Yes** | | 12/01/25 |
| **A2038** | | MariGen Pacto, per sq cm | **Yes** | | 12/01/25 |
| **A2039** | | InnovaMatrix FD, per sq cm | **Yes** | | 12/01/25 |
| **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 moisutrzr 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 |
| **A6515** | | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM | **Yes** | | 09/01/25 |
| **A6516** | | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM | **Yes** | | 09/01/25 |
| **A6517** | | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM | **Yes** | | 09/01/25 |
| **A6518** | | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM | **Yes** | | 09/01/25 |
| **A6519** | | GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH | **Yes** | | 09/01/25 |
| **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 |
| **A6576** | | Gradient compression arm sleeve, custom, medium weight, each | **Yes** | | 3/1/2024 |

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| **A6610** | | Gradient compression stocking, below knee, 18-30 mm Hg, custom, each | **Yes** | | 3/1/2024 |
| **A6611** | | GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH, CUSTOM | **Yes** | | 09/01/25 |
| **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** | | |
| **A9513** | | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | **Yes** | | 12/01/25 |
| **A9542** | | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi | **Yes** | | 12/01/25 |
| **A9543** | | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi | **Yes** | | 12/01/25 |
| **A9590** | | Iodine I-131 iobenguane, 1 mCi | **Yes** | | 06/01/24 |
| **A9591** | | Fluoroestradiol F-18, diagnostic, 1 mCi | **Yes** | | 12/01/25 |
| **A9592** | | Copper Cu-64, dotatate, diagnostic, 1 mCi | **Yes** | | 12/01/25 |
| **A9593** | | Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi | **Yes** | | 12/01/25 |
| **A9594** | | Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi | **Yes** | | 12/01/25 |
| **A9595** | | Piflufolastat F-18, diagnostic, 1 mCi | **Yes** | | 12/01/25 |
| **A9596** | | Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi | **Yes** | | 12/01/25 |
| **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** | | |
| **A9601** | | Flortaucipir F-18 injection, diagnostic, 1 mCi | **Yes** | | 12/01/25 |
| **A9602** | | Fluorodopa F-18, diagnostic, per mCi | **Yes** | | 12/01/25 |
| **A9604** | | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi | **Yes** | | 12/01/25 |
| **A9606** | | Radium RA-223 dichloride, therapeutic, per UCI | **Yes** | | 12/01/25 |
| **A9607** | | Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi | **Yes** | | 12/01/22 |
| **A9699** | | Radiopharmaceutical, therapeutic, not otherwise classified | **Yes** | | 12/01/25 |
| **A9800** | | Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi | **Yes** | | 12/01/25 |
| **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** | | |
| **B4164** | | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix | **Yes** | | 12/01/25 |
| **B4168** | | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix | **Yes** | | 12/01/25 |
| **B4172** | | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix | **Yes** | | 12/01/25 |
| **B4176** | | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix | **Yes** | | 12/01/25 |
| **B4178** | | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix | **Yes** | | 12/01/25 |
| **B4180** | | Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix | **Yes** | | 12/01/25 |
| **B4185** | | Parenteral nutrition solution, not otherwise specified, 10 g lipids | **Yes** | | 12/01/25 |
| **B4187** | | Omegaven, 10 g lipids | **Yes** | | 12/01/25 |
| **B4216** | | Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day | **Yes** | | 12/01/25 |
| **C1741** | | Anchor/screw for bone fixation, absorbable (implantable) | **Yes** | | 12/01/25 |
| **C1742** | | Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application | **Yes** | | 12/01/25 |
| **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, avalglucosidase alfa-ngpt, 4 mg | **Yes** | | 3/1/2022 |
| **C9086** | | Injection, anifrolumab-fnia, 1 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 |

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| **C9097** | | Injection, faricimab-svoa, 0.1 mg | **Yes** | | 11/01/22 |
| **C9098** | | 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** | | 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 |
| **C9143** | | Cocaine HCl nasal solution (Numbrino), 1 mg | **Yes** | | 12/01/25 |
| **C9144** | | Injection, bupivacaine (Posimir), 1 mg | **Yes** | | 12/01/25 |
| **C9145** | | Injection, aprepitant, (Aponvie), 1 mg | **Yes** | | 12/01/25 |
| **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 |
| **C9305** | | Nipocalimab-aahu | **Yes** | | 12/01/25 |
| **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** | | |
| **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** | | |
| **E0201** | | PENILE CONTRACTURE DEVICE, MANUAL, GREATER THAN 3 LBS TRACTION FORCE | **Yes** | | 09/01/25 |
| **E0240** | | BATH/SHOWER CHAIR W/WO 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/WO COMMODE | **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** | | |

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| **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/WO TOP ENC | **Yes** | | |
| **E0303** | | HOS BED HEVY DUTY WT CAP >350<=600 | **Yes** | | |
| **E0304** | | HOS BED XTRA HD WT CAP>600 MTTRSS | **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 | |
| **E0467** | | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | **Yes** | | 12/01/25 |
| **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** | | |
| **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** | | |
| **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** | | |
| **E0691** | | Ultraviolet light therapy system, includes bulbs, lamps, timer and eye protection; treatment area two square feet or less | **Yes** | | 6/1/2025 |
| **E0694** | | Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs, lamps, timer and eye protection | **Yes** | | 6/1/2025 |
| **E0720** | | Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation | **Yes** | | 12/01/25 |
| **E0730** | | Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation | **Yes** | | 12/01/25 |
| **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 |
| **E0767** | | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories | **Yes** | | 6/1/2025 |
| **E0770** | | FES TRANSQ STIM NERV&/MUSC CMPL NOS | **Yes** | | |
| **E0784** | | EXTERNAL AMB INFUSION PUMP INSULIN | **Yes** | | |

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| **E0849** | | TRAC EQP CERV FREESTND FRME PNEUMAT | **Yes** | | |
| **E0910** | | TRAPEZ BAR PT HLPR 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 ARMRST 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 ACCSS 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** | | |
| **E1018** | | HEAVY DUTY SHOCK ABSORBR PWR WC EA | **Yes** | | |
| **E1020** | | RES LIMB SUP SYS WHEELCHAIR ANY TYP | **Yes** | | |
| **E1022** | | Wheelchair transportation securement system, any type, includes all components and accessories | **Yes** | | 6/1/2025 |
| **E1023** | | Wheelchair transit securement system, includes all components and accessories | **Yes** | | 6/1/2025 |
| **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** | | |
| **E1032** | | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface | **Yes** | | 6/1/2025 |
| **E1033** | | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type | **Yes** | | 6/1/2025 |
| **E1034** | | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type | **Yes** | | 6/1/2025 |
| **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** | | |

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|---|---|---|---|---|---|
| **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%/>02 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/WO HAND SUPPORT EACH | **Yes** | | |
| **E2210** | | WC ACESS BEARINGS ANY TYPE REPL EA | **Yes** | | |
| **E2211** | | MNL WC ACESS 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 ACESS 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 | |
| **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** | | |

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| **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 NOPRPRTNL | **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 NONPRPRTNAL | **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 NOPRPRTNL | **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 BATTRY | **Yes** | | |
| **E2361** | | PWR WC ACSS 22NF SEALED LEAD BATTRY | **Yes** | | |
| **E2362** | | PWR WC ACSS GRP 24 NON-SEALED BATT | **Yes** | | |
| **E2363** | | PWR WC ACSS GRP 24 SEALED BATTRY | **Yes** | | |
| **E2364** | | PWR WC ACSS U-1 NON-SEALED BATTRY | **Yes** | | |
| **E2365** | | PWR WC ACSS U-1 SEALED BATTRY | **Yes** | | |
| **E2366** | | PWR WC ACSS BATTRY CHARGER 1 MODE | **Conditional** | PA required for ages 21 and under; not required for ages over 21 | |
| **E2367** | | PWR WC ACSS BATTRY 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 | |
| **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** | | |

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|---|---|---|---|---|---|
| **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 WDTH 22 IN/GT DPTH | **Yes** | | |
| **E2603** | | SKN PROTCT WC SEAT WDTH<22IN DPTH | **Yes** | | |
| **E2604** | | SKN PROTECT WC SEAT WDTH 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 WDTH 22IN/GT DPTH | **Yes** | | |
| **E2607** | | SKN PROTCT&PSTN WC SEAT WDTH <22IN | **Yes** | | |
| **E2608** | | SKN PROTCT&PSTN WC SEAT WDTH 22IN/> | **Yes** | | |
| **E2609** | | CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE | **Yes** | | |
| **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 WDTH <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 | **Yes** | | |
| **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 MOBIL 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 MOBIL ARM SUPP ELEV PROX ARM | **Yes** | | |
| **E2632** | | WC ADD MOBL SUP OFFSET/LAT RCKR ARM | **Yes** | | |
| **E2633** | | WC ACSS ADD MOBIL ARM SUPP SUPINATR | **Yes** | | |
| **E3000** | | Speech volume modulation system, any type, including all components and accessories | **Yes** | | 12/01/25 |
| **E3200** | | Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only | **Yes** | | 6/1/2025 |
| **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 |
| **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 |

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| **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** | | |
| **G0330** | | Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room | **Yes** | | 12/01/25 |
| **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) | **Yes** | | 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 when billed with modifier U2* | 12/01/24 |
| **H0044** | **U3** | Supported housing, per month. | **Conditional** | *PA required when billed with modifier U3. 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-avwa, 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 |
| **J0208** | | SODIUM THIOSULFATE (PEDMARK®) | **Yes** | | 07/01/23 |
| **J0217** | | Velmanase alfa-tycy (LAMZEDE) | **Yes** | | 3/1/2024 |

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|---|---|---|---|---|---|
| **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, algucosidase 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 |
| **J0458** | | Aztreonam/avibactam | **Yes** | | 12/01/25 |
| **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 |
| **J0570** | | Buprenorphine implant | **Yes** | Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS) | 12/01/25 |
| **J0582** | | Bivalirudin (endo) | **Yes** | | 12/01/25 |
| **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 |
| **J0614** | | Treosulfan | **Yes** | | 12/01/25 |
| **J0638** | | CANAKINUMAB INJECTION | **Yes** | | |
| **J0668** | | Bupivacaine and meloxicam | **Yes** | | 12/01/25 |
| **J0675** | | Carboprost | **Yes** | | 12/01/25 |
| **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, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG | **Yes** | | 02/01/21 |
| **J0759** | | Clevidipine | **Yes** | | 12/01/25 |
| **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) | **Yes** | | 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** | | Injection, epoetin alfa, (for non-ESRD use), 1000 units | **Conditional** | No prior authorization for the following ICD-10 codes: N18.1 thru N18.5, N18.9, B20, B97.35, D64.81, Z41.8, D46.0 thru D46.9 | 12/01/25 |
| **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) | **Yes** | | 03/01/25 |
| **J1072** | | Testosterone cypionate (Azmiro) | **Yes** | | 6/1/2025 |

| Code | Modifiers *(if applicable)* | Description | PA* | Comments | Date Updated |
|---|---|---|---|---|---|
| **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** | | |
| **J1299** | | Eculizumab | **Yes** | | 6/1/2025 |
| **J1301** | | INJECTION, EDARAVONE, 1 MG | **Yes** | | 01/04/19 |
| **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) | **Yes** | | 03/01/25 |
| **J1322** | | ELOSULFASE ALFA, INJECTION | **Yes** | | |
| **J1370** | | Espomeprazole | **Yes** | | 12/01/25 |
| **J1411** | | ETRANACOGENE DEZAPARVOVEC-DLB (HEMGENIX) | **Yes** | | 07/01/23 |
| **J1412** | | Valoctocogene Roxaparvovec-rvox (ROCTAVIAN™) | **Yes** | | 3/1/2024 |
| **J1413** | | Delandistrogene Moxeparvovec (ELEVIDYS™) | **Yes** | | 3/1/2024 |
| **J1414** | | Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose | **Yes** | | 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) | **Yes** | | 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** | | |

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|---|---|---|---|---|---|
| **J1743** | | Injection, idursulfase, 1 mg | **Yes** | | 11/01/22 |
| **J1745** | | INFLIXIMAB INJECTION | **Yes** | | |
| **J1746** | | INJECTION, IBALIZUMAB-UIYK, 10 MG | **Yes** | | 01/04/19 |
| **J1747** | | SPESOLIMAB-SBZO (SPEVIGO®) | **Yes** | | 07/01/23 |
| **J1748** | | Infliximab-dyyb Injection (Zymfentra) | **Yes** | | 9/1/2024 |
| **J1786** | | Injection, imiglucerase, per10 units | **Yes** | | 11/01/22 |
| **J1807** | | Ethacrynate sodium | **Yes** | | 12/01/25 |
| **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 |
| **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 |
| **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 |

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|---|---|---|---|---|---|
| **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** | | |
| **J3391** | | Atidarsagene autotemcel (LENMELDY) | **Yes** | | 09/01/25 |
| **J3393** | | Injection, betibeglogene autotemcel, per treatment | **Yes** | | 12/01/24 |
| **J3397** | | INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG | **Yes** | | 01/07/19 |
| **J3398** | | INJ LUXTURNA 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 109 PFU/ml vector genomes, per 0.1 ml | **Yes** | | 3/1/2024 |
| **J3402** | | Remestemcel-L-rknd (RYONCIL) | **Yes** | | 12/01/25 |
| **J3403** | | Revakinagene taroretcel-lwey (ENCELTO) | **Yes** | | 12/01/25 |
| **J3490** | | UNCLASSIFIED DRUGS | **Conditional** | J3490 claims submitted for less than or equal to $100 will NOT require a PA; J3490 claims submitted for greater than $100 will require a PA. | 05/01/25 |
| **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 |
| **J7172** | | Marstacimab-hncq (HYMPAVZI) | **Yes** | | 09/01/25 |
| **J7173** | | Concizumab-mtci (ALHEMO) | **Yes** | | 12/01/25 |
| **J7174** | | Fitusiran (QFITLIA) | **Yes** | | 12/01/25 |
| **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 |

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| **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 |
| **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 (ALTUVIIIO), 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 DERIVITIVE, 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** | | Synojoynt: Hyaluranon or derivative, synojoynt, for intra-articular injection, 1 mg | **Yes** | | 07/01/22 |
| **J7332** | | Triluron: Hyaluranon or derivative, triluron, 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 |
| **J7356** | | Foscarbidopa and foslevodopa (VYALEV) | **Yes** | | 09/01/25 |
| **J7402** | | MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG | **Yes** | | 09/01/21 |
| **J7514** | | Mycophenolate mofetil (MYHIBBIN) | **Yes** | | 03/01/25 |

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| **J7521** | | Tacrolimus (PROGRAF) | **Yes** | | 6/1/2025 |
| **J7601** | | Ensifentrine (OHTUVAYRE) | **Yes** | | 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 | **Yes** | | 01/01/25 |
| **J9029** | | Nadofaragene firadenovec-vncg (Adstiladrin®) | **Yes** | | 12/01/23 |
| **J9033** | | BENDAMUSTINE INJECTION | **Yes** | | |
| **J9034** | | INJ BENDAMUSTINE HCL BENDEKA 1 MG | **Yes** | | |
| **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 |
| **J9038** | | Axatilimab-csfr (NIKTIMVO) | **Yes** | | 6/1/2025 |
| **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) | **Yes** | | 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 diftitox, 300 mcg | **Yes** | | 07/01/22 |
| **J9161** | | Denileukin diftitox-cxdl (LYMPHIR) | **Yes** | | 6/1/2025 |
| **J9177** | | Injection, enfortumab vedotin-ejfv, 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 |
| **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** | | |
| **J9276** | | Zanidatamab-hrii (ZIIHERA®) | **Yes** | | 09/01/25 |
| **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** | | |

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| **J9318** | | INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG | **Yes** | | 12/01/21 |
| **J9324** | | Pemetrexed (Pemrydi 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 |
| **J9341** | | Thiotepa (Tepylute) | **Yes** | | 09/01/25 |
| **J9345** | | Retifanlimab-dlwr (ZYNYZ™) | **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 |
| **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 | |

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| **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 |
| **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** | | |

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| **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** | | |
| **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** | | |

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| **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** | | |
| **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 POLYCNTRC 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 SILESIAN BANDAGE | **Yes** | | |
| **L5699** | | ALL LOW EXTREM PROSTH SHLDR HARNESS | **Yes** | | |

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| **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 | |
| **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** | | |
| **L5827** | | ENDOSKELETAL KNEE- SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING | **Yes** | | 09/01/25 |
| **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 DISARTC 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 OUTR COVR | **Yes** | | |

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|---|---|---|---|---|---|
| **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 RDUC | **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** | | |
| **L6028** | | PARTIAL HAND INCLUDING FINGERS, FLEXIBLE OR NON - FLEXIBLE INTERFACE, ENDOSKELETAL SYSTEM, MOLDED TO PATIENT MODEL, FOR USE WITHOUT EXTERNAL POWER, NOT INCLUDING INSERTS DESCRIBED BY L6692 | **Yes** | | 09/01/25 |
| **L6029** | | UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS | **Yes** | | 09/01/25 |
| **L6030** | | UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS | **Yes** | | 09/01/25 |
| **L6031** | | REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER | **Yes** | | 09/01/25 |
| **L6032** | | ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) | **Yes** | | 09/01/25 |
| **L6033** | | ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL | **Yes** | | 09/01/25 |
| **L6050** | | WRST DSRTC MOLD SOCKET FLEX ELB HNG | **Yes** | | |
| **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 DISRTC | **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 DISARTC MOLD SOCKET ENDOSKEL | **Yes** | | |
| **L6570** | | INTRSCAP THOR MOLD SOCKET ENDOSKEL | **Yes** | | |

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|---|---|---|---|---|---|
| **L6580** | | PREP WRST DISARTIC PLSTC SOCKT MOLD | **Yes** | | |
| **L6582** | | PREP WRST DISARTC ELB SCKT DIR FORM | **Yes** | | |
| **L6584** | | PREP ELB DISARTC PLASTIC SOCKT MOLD | **Yes** | | |
| **L6586** | | PREP ELB DISARTIC SOCKET DIR FORM | **Yes** | | |
| **L6588** | | PREP SHLDR DISRTC 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 | |
| **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 ABVE 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** | | |
| **L6700** | | UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS, PATTERN - RECOGNITION DECODING INTENT MOVEMENT | **Yes** | | 09/01/25 |

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|---|---|---|---|---|---|
| **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** | | INTERSCAP-THOR OTTO BOCK/=SWITCH | **Yes** | | |
| **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/MYOELC CNTRL ADULT | **Yes** | | |
| **L7040** | | PREHENSILE ACTUATOR SWITCH CONTROL | **Yes** | | |
| **L7045** | | ELEC HOOK SWITCH MYOELEC CONTRL 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** | | |

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|---|---|---|---|---|---|
| **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** | | |
| **L7406** | | ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM | **Yes** | | 09/01/25 |
| **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** | | |
| **L8001** | | BREAST PROS MAST BRA INTEG FORM UNI | **Yes** | | |
| **L8002** | | BREAST PROS MAST BRA INTEG FORM BIL | **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** | | ARTFICL LARYNX REPLCMT BATTRY/ACSS | **Yes** | | |
| **L8507** | | TRACHEO-ESOPH VOICE PROSTH PT INSRT | **Yes** | | |
| **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/CNTLR 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** | | |

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| **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 | **Yes** | | 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 | **Yes** | | 03/01/25 |
| **Q0508** | | MISC. supply or accessory for use with implanted VAD | **Yes** | | 6/1/2025 |
| **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 |
| **Q2057** | | Afamitresgene autoleucel (TECELRA) | **Yes** | | 6/1/2025 |
| **Q2058** | | Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion | **Yes** | | 09/01/25 |
| **Q3001** | | RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH | **Yes** | | 02/01/21 |
| **Q4050** | | CAST SUPPLIES UNLISTED | **Yes** | | |
| **Q4081** | | Injection, epoetin alfa, 100 units (for ESRD on dialysis) | **C** | No prior authorization requirement for ICD-10 code N18.6 | 12/01/25 |
| **Q4100** | | SKIN SUBSTITUTE, NOS | **Yes** | | |
| **Q4103** | | OASIS BURN MATRIX | **Yes** | | |
| **Q4108** | | INTEGRA MATRIX | **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** | | |

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| **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, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQ CM | **Yes** | | 11/01/22 |
| **Q4127** | | TALYMED, 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 |
| **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 |
| **Q4161** | | BIO-CONNEKT 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 |
| **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 |
| **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 |

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| **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 |
| **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 |
| **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 |
| **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 |

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| **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 |
| **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 |

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| **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 Matrx 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 | **Yes** | | 03/01/25 |
| **Q4347** | | Rampart DL Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4348** | | Sentry SL Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4349** | | Mantle DL Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4350** | | Palisade DM Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4351** | | Enclose TL Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4352** | | Overlay SL Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4353** | | Xceed TL Matrix, per sq cm | **Yes** | | 03/01/25 |
| **Q4354** | | PalinGen Dual-Layer Membrane, per sq cm | **Yes** | | 6/1/2025 |
| **Q4355** | | Abiomend Xplus Membrane and Abiomend Xplus Hydromemb | **Yes** | | 6/1/2025 |
| **Q4356** | | Abiomend Membrane and Abiomend Hydromembrane, per sq | **Yes** | | 6/1/2025 |
| **Q4357** | | XWRAP Plus, per sq cm | **Yes** | | 6/1/2025 |
| **Q4358** | | XWRAP Dual, per sq cm | **Yes** | | 6/1/2025 |
| **Q4359** | | ChoriPly, per sq cm | **Yes** | | 6/1/2025 |
| **Q4360** | | AmchoPlast FD, per sq cm | **Yes** | | 6/1/2025 |
| **Q4361** | | EPIXPRESS, per sq cm | **Yes** | | 6/1/2025 |
| **Q4362** | | CYGNUS Disk, per sq cm | **Yes** | | 6/1/2025 |
| **Q4363** | | Amnio Burgeon Membrane and Hydromembrane, per sq cm | **Yes** | | 6/1/2025 |
| **Q4364** | | Amnio Burgeon Xplus Membrane and Xplus Hydromembrane | **Yes** | | 6/1/2025 |
| **Q4365** | | Amnio Burgeon Dual-Layer Membrane, per sq cm | **Yes** | | 6/1/2025 |
| **Q4366** | | Dual Layer Amnio Burgeon X-Membrane, per sq cm | **Yes** | | 6/1/2025 |
| **Q4367** | | AmnioCore SL, per sq cm | **Yes** | | 6/1/2025 |
| **Q4368** | | AmchoThick, per sq cm | **Yes** | | 09/01/25 |
| **Q4369** | | AmnioPlast 3, per sq cm | **Yes** | | 09/01/25 |
| **Q4370** | | AeroGuard, per sq cm | **Yes** | | 09/01/25 |
| **Q4371** | | NeoGuard, per sq cm | **Yes** | | 09/01/25 |
| **Q4372** | | AmchoPlast EXCEL, per sq cm | **Yes** | | 09/01/25 |
| **Q4373** | | Membrane Wrap-Lite, per sq cm | **Yes** | | 09/01/25 |

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|---|---|---|---|---|---|
| **Q4375** | | duoGRAFT AC, per sq cm | Yes | | 09/01/25 |
| **Q4376** | | Duograft AA, per sq cm | Yes | | 09/01/25 |
| **Q4377** | | triGRAFT FT, per sq cm | Yes | | 09/01/25 |
| **Q4378** | | Renew FT Matrix, per sq cm | Yes | | 09/01/25 |
| **Q4379** | | AmnioDefend FT Matrix, per sq cm | Yes | | 09/01/25 |
| **Q4380** | | AdvoGraft One, per sq cm | Yes | | 09/01/25 |
| **Q4382** | | AdvoGraft Dual, per sq cm | Yes | | 09/01/25 |
| **Q4383** | | Axolotl Graft Ultra, per sq cm | Yes | | 12/01/25 |
| **Q4384** | | Axolotl DualGraft Ultra, per sq cm | Yes | | 12/01/25 |
| **Q4385** | | Apollo FT, per sq cm | Yes | | 12/01/25 |
| **Q4386** | | Acesso TrifACA, per sq cm | Yes | | 12/01/25 |
| **Q4387** | | NeoThelium FT, per sq cm | Yes | | 12/01/25 |
| **Q4388** | | NeoThelium 4L, per sq cm | Yes | | 12/01/25 |
| **Q4389** | | NeoThelium 4L Plus, per sq cm | Yes | | 12/01/25 |
| **Q4390** | | Ascendion, per sq cm | Yes | | 12/01/25 |
| **Q4391** | | AmnioPlast Double, per sq cm | Yes | | 12/01/25 |
| **Q4392** | | GRAFIX Duo, per sq cm | Yes | | 12/01/25 |
| **Q4393** | | SurGraft AC, per sq cm | Yes | | 12/01/25 |
| **Q4394** | | SurGraft ACA, per sq cm | Yes | | 12/01/25 |
| **Q4395** | | Acelagraft, per sq cm | Yes | | 12/01/25 |
| **Q4396** | | Variable concentration mask | Yes | | 12/01/25 |
| **Q4397** | | Summit AAA, per sq cm | Yes | | 12/01/25 |
| **Q5098** | | Ustekinumab-srlf (Imuldosa) | Yes | | 09/01/25 |
| **Q5099** | | Ustekinumab-stba (Steqeyma) | Yes | | 09/01/25 |
| **Q5104** | | INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG | Yes | | 07/01/22 |
| **Q5105** | | Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units | C | Conditional Requirements: no prior authorization requirement for ICD-10 code D63.1 | 12/01/25 |
| **Q5106** | | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units | C | No prior authorization for the following ICD-10 codes: B20, B97.35, D46.0 thru D46.9, D46A thru D46Z, D61.1, D61.810, D61.811. D630, D63.8, D64.81, Y83.0 thru Y83.9) | 12/01/25 |
| **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 |
| **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 |
| **Q5121** | | INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG | Yes | | 02/01/21 |
| **Q5122** | | Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg | Yes | | 12/01/25 |
| **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 |
| **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 (Abrilada™) 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 (jubbonti/wyost), biosimilar, 1 mg | Yes | | 12/01/24 |
| **Q5137** | | Ustekinumab-auub (WEZLANA™), biosimilar, subcutaenous, 1 mg | Yes | | 9/1/2024 |
| **Q5138** | | Ustekinumab-auub (WEZLANA™), biosimilar, intravenous, 1 mg | Yes | | 9/1/2024 |
| **Q5141** | | Adalimumab | Yes | | 03/01/25 |
| **Q5142** | | Adalimumab | Yes | | 03/01/25 |
| **Q5143** | | Adalimumab | Yes | | 03/01/25 |
| **Q5144** | | Adalimumab | Yes | | 03/01/25 |
| **Q5145** | | Adalimumab | Yes | | 03/01/25 |
| **Q5146** | | Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg | Yes | | 12/01/25 |
| **Q5147** | | Aflibercept-ayyh (PAVBLU) | Yes | | 6/1/2025 |

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| **Q5149** | | Aflibercept-abzv (ENZEEVU) | **Yes** | | 6/1/2025 |
| **Q5150** | | Aflibercept-mrbb (AHZANTIVE) | **Yes** | | 6/1/2025 |
| **Q5151** | | Eculizumab-aagh (EPYSQLI) | **Yes** | | 6/1/2025 |
| **Q5152** | | Eculizumab-aeeb (BKEMV) | **Yes** | | 6/1/2025 |
| **Q5153** | | Aflibercept-yszy (Opuviz) | **Yes** | | 09/01/25 |
| **Q5154** | | Omalizumab-igec (OMLYCLO) | **Yes** | | 12/01/25 |
| **Q5155** | | Aflibercept | **Yes** | | 12/01/25 |
| **Q5156** | | Tocilizumab-anoh (AVTOZMA) | **Yes** | | 12/01/25 |
| **Q5157** | | Denosumab-bmwo (STOBLOCO, OSENVELT) | **Yes** | | 12/01/25 |
| **Q5158** | | Denosumab-bnht (BOMYNTRA, CONEXXENCE) | **Yes** | | 12/01/25 |
| **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®) | **Yes** | | 03/01/25 |
| **Q9997** | | Ustekinumab-ttwe (PYZCHIVA®) | **Yes** | | 03/01/25 |
| **Q9998** | | Ustekinumab-aekn (SELARSDI™) | **Yes** | | 03/01/25 |
| **Q9999** | | Ustekinumab-aauz (OTULFI) | **Yes** | | 6/1/2025 |
| **S0013** | | Esketamine, nasal spray, 1 mg | **Yes** | | 12/01/25 |
| **S0117** | | Tretinoin, topical, 5 g | **Yes** | | 12/01/25 |
| **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 |
| **S2065** | | Simultaneous pancreas kidney transplantation | **Yes** | | 12/01/25 |
| **S2066** | | Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral | **Yes** | | 12/01/25 |
| **S2067** | | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral | **Yes** | | 12/01/25 |
| **S2068** | | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral | **Yes** | | 12/01/25 |
| **S2080** | | LAUP | **Yes** | | |
| **S2118** | | TOTAL HIP RESURFACING | **Yes** | | |
| **S2230** | | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear | **Yes** | | 12/01/25 |
| **S2235** | | Implantation of auditory brain stem implant | **Yes** | | 12/01/25 |
| **S3626** | | MATERNAL SERUM QUAD SCREEN | **Yes** | | |
| **S3713** | | KRAS MUTATION ANALYSIS | **Yes** | | |
| **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 |
| **S5160** | | Emergency response system; installation and testing | **Yes** | | 12/01/25 |
| **S5161** | | Emergency response system; service fee, per month (excludes installation and testing) | **Yes** | | 12/01/25 |
| **S5165** | **U5, U6** | Home modifications; per service | **Yes** | | 12/01/25 |
| **S5170** | **U6** | Home delivered prepared meal | **Conditional** | *PA required only when billed with modifier U6* | 12/01/24 |

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| **S8035** | | Magnetic source imaging | **Yes** | | 12/01/25 |
| **S8037** | | Magnetic resonance cholangiopancreatography (MRCP) | **Yes** | | 12/01/25 |
| **S8130** | | INTERFERENTIAL STIM 2 CHAN | **Yes** | | |
| **S8131** | | INTERFERENTIAL STIM 4 CHAN | **Yes** | | |
| **S9122** | | Home health aide or certified nurse assistant, providing care in the home; per hour | **Yes** | | 12/01/25 |
| **S9123** | | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | **Yes** | | 12/01/25 |
| **S9124** | | Nursing care, in the home; by licensed practical nurse, per hour | **Yes** | | 12/01/25 |
| **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** | **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 |
| **T1002** | | RN services, up to 15 minutes | **Yes** | | 12/01/25 |
| **T1003** | | LPN/LVN services, up to 15 minutes | **Yes** | | 12/01/25 |
| **T1005** | | Respite care services, up to 15 minutes | **Yes** | | 12/01/25 |
| **T1019** | **U6** | Personal care services; per 15 minutes | **Yes** | | 12/01/25 |
| **T1023** | | PROGRAM INTAKE ASSESSMENT | **Yes** | | |
| **T1026** | | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour | **Yes** | | 12/01/25 |
| **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 |
| **T2017** | | Habilitation, residential, waiver; 15 minutes | **Yes** | | 12/01/25 |
| **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 | **Yes** | | 12/01/25 |
| **T2035** | | Utility services to support medical equipment and assistive technology/devices, waiver | **Yes** | | 12/01/25 |
| **T2038** | **U4, U5** | Case management for transition including RCFE search, move in and stabilization. Includes admin rate and travel (first eight months and 9+ months) | **Yes** | | 12/01/25 |
| **T2039** | | Vehicle modifications, waiver; per service | **Yes** | | 12/01/25 |
| **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 |
| **T2045** | | Hospice general inpatient care; per diem | **Yes** | | 12/01/25 |
| **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 |

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|---|---|---|---|---|---|
| **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 |
| **T5001** | | Positioning seat for persons with special orthopedic needs | **Yes** | | 12/01/25 |
| **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** | | |

| Code | Modifiers *(if applicable)* | Description | PA* | Comments | Date Updated |
|---|---|---|---|---|---|
| **V2799** | | VISION ITEM OR SERVICE, MISCELLANEOUS | **Yes** | | 09/01/21 |
| **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 CONDCT | **Yes** | | 01/01/06 |
| **V5040** | | HEAR AID MONAURL BDY WORN BN CONDCT | **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 |
| **V5267** | | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified | **Yes** | | 12/01/25 |
| **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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | |
| **X3922** | | PHYSICAL THERAPY | **Conditional** | PA required: Member < 21; SNF or LTC<br>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<br>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<br>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<br>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<br>PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 01/01/20 |

| Code | Modifiers *(if applicable)* | Description | PA* | Comments | Date Updated |
|---|---|---|---|---|---|
| **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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>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<br>PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient. | 09/01/20 |
| **X4310** | | SPEECH GENERATING DEVICE (SGD) – RELATED BUNDLED SPEECH THERAPY SERVICES, PER VISIT | **Conditional** | PA required: Member < 21; SNF or LTC<br>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<br>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<br>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<br>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<br>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** | | |