

HPSM CPT Code Prior Authorization Required List

Last Updated: 3/1/2026

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 <i>(if applicable)</i>	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		

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17314		MOHS ADDL STAGE T/A/L	Yes		
17315		MOHS SURG ADDL BLOCK	Yes		
17999		UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE	Yes		07/01/23
19300		REMOVAL OF BREAST TISSUE	Yes		
19301		PARTIAL MASTECTOMY	Yes		
19302		P-MASTECTOMY W/LN REMOVAL	Yes		
19303		MAST SIMPLE COMPLETE	Yes		
19305		Mastectomy, radical	Yes		07/01/22
19306		Mastectomy, radical, urban type	Yes		07/01/22
19307		MASTECTOMY, MODIFIED RADICAL	Yes		12/01/23
19316		Mastopexy	Yes		07/01/22
19318		Breast reduction	Yes		11/01/22
19325		BREAST AUGMENTATION WITH IMPLANT	Yes		12/01/23
19340		INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	Yes		12/01/23
19342		Insertion or replacement of breast implant on separate day from mastectomy	Yes		07/01/22
19350		Nipple/areola reconstruction	Yes		07/01/22
19357		Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Yes		07/01/22
19361		Breast reconstruction; with latissimus dorsi flap	Yes		07/01/22
19364		Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Yes		07/01/22
19367		Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Yes		07/01/22
19368		Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Yes		07/01/22
19369		Breast reconstruction; with 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

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22514		PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; LUMBAR	Yes		12/01/23
22515		PERCUTANEOUS VERTEBRAL AUGMENTATION, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	Yes		12/01/23
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Conditional	PA required for CA only	07/01/23
22552		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Conditional	PA required for CA only	07/01/23
22586		ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE	Yes		12/01/23
22633		LUMBAR SPINE FUSION COMBINED	Yes		
22634		SPINE FUSION EXTRA SEGMENT	Yes		
22853		INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22854		INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22857		LUMBAR ARTIF DISCECTOMY	Yes		
22858		TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SECOND LEVEL, CERVICAL	Yes		12/01/23
22859		INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22862		REVISE LUMBAR ARTIF DISC	Yes		
22865		REMOVE LUMB ARTIF DISC	Yes		
22867		INSJ STABLJ DEV W/DCMPRN	Yes		
22868		INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22869		INSJ STABLJ DEV W/O DCMPRN	Yes		
22870		INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Yes		
22899		UNLISTED PROCEDURE, SPINE	Yes		07/01/23
22999		UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL	Yes		07/01/23
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	
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
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		
43290		Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Yes		03/01/23

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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		
43889		Gastric restrictive procedure, transoral, endoscopic sleeve gastropasty (ESG), including argon plasma coagulation, when performed	Yes		03/01/26
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		
52597		Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethro	Yes		03/01/26
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	
55708		Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion	Yes		03/01/26
55709		Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])	Yes		03/01/26
55710		Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion	Yes		03/01/26
55711		Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	Yes		03/01/26
55712		Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion	Yes		03/01/26
55713		Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion	Yes		03/01/26
55714		Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion	Yes		03/01/26
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

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58552		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Yes		09/01/21
58570		TLH UTERUS 250 G OR LESS	Yes		
58571		TLH W/T/O 250 G OR LESS	Yes		
58573		TLH W/T/O UTERUS OVER 250 G	Yes		
58578		UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	Yes		07/01/23
58579		UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	Yes		07/01/23
58674		LAPS ABLTJ UTERINE FIBROIDS	Yes		
58679		UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	Yes		07/01/23
58720		SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Yes		09/01/21
58940		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL	Yes		09/01/21
61715		Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	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		
62330		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Yes		03/01/26
62331		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Yes		03/01/26
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		
63032		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging gui	Yes		03/01/26
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		

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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		
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	

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78454		HT MUSC IMAGE PLANAR MULT	Conditional	PA not required if inpatient; required if outpatient	
78491		HEART IMAGE (PET) SINGLE	Yes	only covered under CA benefit	
78492		HEART IMAGE (PET) MULTIPLE	Yes	only covered under CA benefit	
78608		BRAIN IMAGING (PET)	Conditional	PA not required if inpatient; required if outpatient	
78609		BRAIN IMAGING (PET)	Conditional	PA not required if inpatient; required if outpatient	
78803		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S)	Conditional	PA not required if inpatient; required if outpatient	
78804		TUMOR IMAGING WHOLE BODY	Conditional	PA not required if inpatient; required if outpatient	
78811		PET IMAGE LTD AREA	Conditional	PA not required if inpatient; required if outpatient	
78812		PET IMAGE SKULL-THIGH	Conditional	PA not required if inpatient; required if outpatient	
78813		PET IMAGE FULL BODY	Conditional	PA not required if inpatient; required if outpatient	
78814		PET IMAGE W/CT LMTD	Conditional	PA not required if inpatient; required if outpatient	
78815		PET IMAGE W/CT SKULL-THIGH	Conditional	PA not required if inpatient; required if outpatient	
78816		PET IMAGE W/CT FULL BODY	Conditional	PA not required if inpatient; required if outpatient	
78999		NUCLEAR DIAGNOSTIC EXAM	Yes		
79403		HEMATOPOIETIC NUCLEAR TX	Conditional	PA not required if inpatient; required if outpatient	
81162		BRCA1, BRCA2 GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS	Yes		
81163		BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes		01/04/19
81164		BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Yes		01/04/19
81165		BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Yes		01/04/19
81166		BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Yes		01/04/19
81167		BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Yes		01/04/19
81173		AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; FULL GENE SEQUENCE	Yes		
81174		AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes		
81177		ATN1 GENE DETC ABNOR ALLELES	Yes		01/04/19
81178		ATXN1 GENE DETC ABNOR ALLELE	Yes		01/04/19
81179		ATXN2 GENE DETC ABNOR ALLELE	Yes		01/04/19
81180		ATXN3 GENE DETC ABNOR ALLELE	Yes		01/04/19
81181		ATXN7 GENE DETC ABNOR ALLELE	Yes		01/04/19
81182		ATXN80S 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

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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
81228		Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	Yes		03/01/26
81229		Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	Yes		03/01/26
81232		DPYD (dihydropyrimidine dehydrogenase) gene analysis, common variant(s)	Yes		06/01/24
81234		DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	Yes		
81235		EGFR GENE COM VARIANTS	Conditional	PA not required if inpatient; required if outpatient	
81239		DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	Yes		
81250		G6PC GENE	Conditional	PA not required if inpatient; required if outpatient	
81256		HFE GENE	Conditional	PA not required if inpatient; required if outpatient	
81260		IKBKAP GENE	Conditional	PA not required if inpatient; required if outpatient	
81265		STR MARKERS SPECIMEN ANAL	Conditional	PA not required if inpatient; required if outpatient	
81266		STR MARKERS SPEC ANAL ADDL	Conditional	PA not required if inpatient; required if outpatient	
81267		CHIMERISM ANAL NO CELL SELEC	Conditional	PA not required if inpatient; required if outpatient	
81268		CHIMERISM ANAL W/CELL SELECT	Conditional	PA not required if inpatient; required if outpatient	
81270		JAK2 GENE	Conditional	PA not required if inpatient; required if outpatient	
81271		HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES	Yes		
81272		KIT GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS	Yes		
81274		HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)	Yes		
81278		IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	Yes		04/14/21
81280		LONG QT SYND GENE FULL SEQ	Conditional	PA not required if inpatient; required if outpatient	
81281		LONG QT SYND KNOWN FAM VAR	Conditional	PA not required if inpatient; required if outpatient	
81284		FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Yes		01/04/19
81285		FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Yes		01/04/19
81286		FXN GENE ANALYSIS FULL GENE SEQUENCE	Yes		01/04/19
81287		MGMT GENE METHYLATION ANAL	Conditional	PA not required if inpatient; required if outpatient	
81288		MLH1 GENE	Conditional	PA not required if inpatient; required if outpatient	
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

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81341		TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)	Yes		12/01/21
81342		TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	Yes		12/01/21
81343		PPP2R2B GEN DETC ABNOR ALLEL	Yes		01/04/19
81344		TBP GENE DETC ABNOR ALLELES	Yes		01/04/19
81345		TERT GENE TARGETED SEQ ALYS	Yes		01/04/19
81351		TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE	Yes		04/14/21
81352		TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Yes		04/14/21
81353		TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	Yes		04/14/21
81371		HLA I & II TYPE VERIFY LR	Conditional	PA not required if inpatient; required if outpatient	
81372		HLA I TYPING COMPLETE LR	Conditional	PA not required if inpatient; required if outpatient	
81373		HLA I TYPING 1 LOCUS LR	Conditional	PA not required if inpatient; required if outpatient	
81374		HLA I TYPING 1 ANTIGEN LR	Conditional	PA not required if inpatient; required if outpatient	
81375		HLA II TYPING AG EQUIV LR	Conditional	PA not required if inpatient; required if outpatient	
81376		HLA II TYPING 1 LOCUS LR	Conditional	PA not required if inpatient; required if outpatient	
81377		HLA II TYPE 1 AG EQUIV LR	Conditional	PA not required if inpatient; required if outpatient	
81378		HLA I & II TYPING HR	Conditional	PA not required if inpatient; required if outpatient	
81379		HLA I TYPING COMPLETE HR	Conditional	PA not required if inpatient; required if outpatient	
81380		HLA I TYPING 1 LOCUS HR	Conditional	PA not required if inpatient; required if outpatient	
81382		HLA II TYPING 1 LOC HR	Conditional	PA not required if inpatient; required if outpatient	
81383		HLA II TYPING 1 ALLELE HR	Conditional	PA not required if inpatient; required if outpatient	
81400		MOPATH PROCEDURE LEVEL 1	Conditional	PA not required if inpatient; required if outpatient	
81401		MOPATH PROCEDURE LEVEL 2	Conditional	PA not required if inpatient; required if outpatient	
81402		MOPATH PROCEDURE LEVEL 3	Conditional	PA not required if inpatient; required if outpatient	
81403		MOPATH PROCEDURE LEVEL 4	Conditional	PA not required if inpatient; required if outpatient	
81404		MOPATH PROCEDURE LEVEL 5	Conditional	PA not required if inpatient; required if outpatient	
81405		MOPATH PROCEDURE LEVEL 6	Yes		12/01/21
81406		MOPATH PROCEDURE LEVEL 7	Conditional	PA not required if inpatient; required if outpatient	
81407		MOPATH PROCEDURE LEVEL 8	Conditional	PA not required if inpatient; required if outpatient	
81408		MOPATH PROCEDURE LEVEL 9	Conditional	PA not required if inpatient; required if outpatient	
81412		ASHKENAZI JEWISH ASSOC DIS	Yes	CareAdvantage only code	
81413		CAR ION CHNNLPATH INC 10 GNS	Yes		
81414		CAR ION CHNNLPATH INC 2 GNS	Yes		
81419		EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRR2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	Yes		04/14/21
81422		FETAL CHRMOML MICRODELTA	Yes	CareAdvantage only code	
81425		Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Conditional	Covered only for beneficiaries one year of age or younger receiving inpatient hospital services in an intensive care unit.	3/1/2022
81425		Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Yes		03/01/26
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
81426		Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)	Yes		03/01/26
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
81427		Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Yes		03/01/26
81432		Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Yes		03/01/25
81434		HEREDITARY RETINAL DISORDERS	Yes	CareAdvantage only code	
81435		Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Yes		03/01/25
81437		Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	Yes	CareAdvantage only code	03/01/25
81439		INHERITED CARDIOMYOPATHY 5 GNS	Yes		
81440		NUCLEAR ENCODED MITOCHONDRIAL GENES	Yes		04/14/21

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
81442		NOONAN SPECTRUM DISORDERS	Yes	CareAdvantage only code	
81445		TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-50 GENES	Yes		02/01/21
81455		GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES	Yes		01/07/19
81457		Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Yes		3/1/2024
81458		Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Yes		3/1/2024
81459		Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Yes		3/1/2024
81460		WHOLE MITOCHONDRIAL GENOME	Yes		04/14/21
81462		Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Yes		3/1/2024
81465		WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL	Yes		04/14/21
81479		MOLECULAR PATHOLOGY PROCEDURE	Yes		
81490		AUTOIMMUNE RHEUMATOID ARTHR	Yes	CareAdvantage only code	
81493		COR ARTERY DISEASE MRNA	Yes	CareAdvantage only code	
81500		ONCO (OVAR) TWO PROTEINS	Yes		
81503		ONCO (OVAR) FIVE PROTEINS	Yes		
81506		ENDO ASSAY SEVEN ANAL	Yes		
81508		FTL CGEN ABNOR TWO PROTEINS	Yes		
81509		FTL CGEN ABNOR 3 PROTEINS	Yes		
81510		FTL CGEN ABNOR THREE ANAL	Yes		
81511		FTL CGEN ABNOR FOUR ANAL	Yes		
81512		FTL CGEN ABNOR FIVE ANAL	Yes		
81518		ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY	Yes		
81519		ONCOLOGY BREAST MRNA	Yes		
81523		Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Yes		3/1/2022
81525		ONCOLOGY COLON MRNA	Yes	CareAdvantage only code	
81538		ONCOLOGY LUNG	Yes	CareAdvantage only code	
81539		ONCOLOGY PROSTATE PROB SCORE	Yes	CareAdvantage only code	
81540		ONCOLOGY TUM UNKNOWN ORIGIN	Yes	CareAdvantage only code	
81541		ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	Yes		01/07/20
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

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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		
87627		Infectious agent detection by nucleic acid (DNA or RNA); joint space pathogens and drug resistance genes, multiplex amplified probe technique, 26 or more targets	Yes		03/01/26
87902		GENOTYPE DNA/RNA HEP C	Yes		
87910		GENOTYPE CYTOMEGALOVIRUS	Conditional	PA not required if inpatient; required if outpatient	
87912		GENOTYPE DNA HEPATITIS B	Conditional	PA not required if inpatient; required if outpatient	
87999		MICROBIOLOGY PROCEDURES	Yes		
88230		TISSUE CULTURE LYMPHOCYTE	Conditional	Auth required for CCS members	
88245		CHROMOSOME ANALYSIS 20-25	Conditional	Auth required for CCS members	
88248		CHROMOSOME ANALYSIS 50-100	Conditional	Auth required for CCS members	
88249		CHROMOSOME ANALYSIS 100	Conditional	Auth required for CCS members	
88261		CHROMOSOME ANALYSIS 5	Conditional	Auth required for CCS members	
88262		CHROMOSOME ANALYSIS 15-20	Conditional	Auth required for CCS members	
88263		CHROMOSOME ANALYSIS 45	Conditional	Auth required for CCS members	
88264		CHROMOSOME ANALYSIS 20-25	Conditional	Auth required for CCS members	
88267		CHROMOSOME ANALYS PLACENTA	Conditional	Auth required for CCS members	
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	Conditional	Auth required for CCS members	
88749		UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	Yes		07/01/23
89398		UNLISTED REPROD MED LAB PROC	Yes		
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 PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
92508		SPEECH/HEARING THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
92521		EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	Conditional	PA not required if in acute inpatient; required if outpatient, skilled or LTC	
92523		EVALUATION OF SPEECH SOUND PRODUCTION	Yes		
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Conditional	PA not required if in acute inpatient; required if outpatient, skilled or LTC	
92700		OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	Yes		
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

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97014		ELECTRIC STIMULATION THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97026		INFRARED THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97032		ELECTRICAL STIMULATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97039		UNLISTED MODALITY	Yes		07/01/23
97110		THERAPEUTIC EXERCISES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97113		AQUATIC THERAPY/EXERCISES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97116		GAIT TRAINING THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97129		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	12/01/24
97130		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	12/01/24
97139		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED PROCEDURE	Yes		07/01/23
97140		MANUAL THERAPY 1/> REGIONS	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
97153		Adaptive behavior treatment by protocol; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97154		Group adaptive behavior treatment by protocol; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97155		Adaptive behavior treatment with protocol modification; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97156		Family adaptive behavioral treatment guidance; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97157		Multiple-family group adaptive behavior treatment guidance; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97158		Group adaptive behavior treatment with protocol modification; per 15 min.	Yes	Covered only for members under age 21.	10/1/2024
97161		PT EVAL LOW COMPLEX 20 MIN	Conditional	PA required: Member < 21; SNF/LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined) or in acute inpatient.	02/01/21
97162		PT EVAL MOD COMPLEX 30 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97163		PT EVAL HIGH COMPLEX 45 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97164		PT RE-EVAL EST PLAN CARE	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97165		OT EVAL LOW COMPLEX 30 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97167		OT EVAL HIGH COMPLEX 60 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient	02/01/21
97530		THERAPEUTIC ACTIVITIES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
98940		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	Conditional	Authorization required after 24 visits	10/01/23
98941		CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	Conditional	Authorization required after 24 visits	10/01/23
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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
0134U		Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)	Yes		03/01/26
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
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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
0340U		Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Yes		03/01/26
0356U		Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Yes		03/01/26
0388U		Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Yes		03/01/26
0445U		B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Yes		03/01/26
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
0459U		B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Yes		03/01/26
0471U		Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Yes		9/1/2024
0473U		Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	Yes		9/1/2024
0475U		Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	Yes		9/1/2024
0485U		Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	Yes		03/01/26
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
0606U		Hematology (red cell membrane disorders), RBCs, osmotic gradient ektacytometry, whole blood, quantitative	Yes		03/01/26

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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
0988T		Integrated Neurostimulation System Procedures On Posterior Tibial Nerve	Yes		03/01/26
0989T		Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial	Yes		03/01/26
0991T		Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging	Yes		03/01/26
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		SUPRATHHEL, 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
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

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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
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

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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 COMPLETE 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
C7566		Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	Yes		03/01/26
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		FLUROESTRADIOL 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
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
C9358		DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX),	Yes		9/1/2024

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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		
D2710		Indirect Resin-Based Crown - Crown restoration made of a resin based restorative material	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710 through D2791 and D6056 through D6065	03/01/26
D2712		Crown-3/4 resin comp(indirect) - Crown restoration made of a 3/4 resin based restorative material	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D2721		Crown-resin w/ most base metal - Crown restoration made of a resin with predominantly base metal	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D2740		Crown-porcelain/ceramic - Crown restoration made of porcelain/ceramic (very life-like)	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D2751		Crown-porc fused to base metal - Crown restoration made of porcelain fused to predominantly base metal	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D2781		Crown-3/4 cast most base metal - Crown restoration made of 3/4 cast predominantly base metal	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D2783		Crown-3/4 porcelain/ceramic - Crown restoration made of 3/4 porcelain/ceramic	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D2791		Crown-full cast base metal - Crown restoration made of full cast predominantly base metal (a strong, fracture proof crown)	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D6056		Prefabricated abutment – includes modification and placement	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D6057		Custom fabricated abutment – includes placement	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D6058		Abutment supported porcelain/ceramic crow	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D6060		Abutment supported porcelain fused to metal crown (predominantly base metal)	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D6063		Abutment supported cast metal crown (predominantly base metal)	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
D6065		Implant supported porcelain/ceramic crown	C	A combined limit of 4 crown units per calendar year across all CDT codes D2710-D2791 and D6056-D6065	03/01/26
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	

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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		
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 MTRSS	Yes		
E0305		BEDSIDE RAILS HALF-LENGTH	Yes		
E0310		BEDSIDE RAILS FULL-LENGTH	Yes		
E0316		SFTY ENCLOS FRME/CANOPY W/HOSP BED	Yes		
E0328		HOSP BED PED MANUAL INCL MATTRESS	Yes		
E0329		HOSP BED PED ELECTRIC INCL MATTRESS	Yes		
E0371		NONPWR PRSS RDUC OVRLAY MATTRSS STD	Yes		
E0372		PWR AIR OVRLAY MATTRSS STD LEN&WDTH	Yes		
E0373		NONPWR ADVD PRESS REDUCING MATTRSS	Yes		
E0465		HOME VENT INVASIVE INTERFACE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E0466		HOME VENT NON-INVASIVE INTER	Conditional	PA required for ages 21 and under; not required for ages over 21	
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

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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		
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 ACSS 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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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		
E1039		TRNSPRT CHAIR ADLT PT WT CAP>300 LB	Yes		
E1161		MANUAL ADLT SZ WC INCL TILT SPACE	Yes		
E1220		WHEELCHAIR; SPCL SIZED/CONSTRUCTED	Yes		
E1225		WC ACCESS MNL SEMIRECLINING BACK EA	Yes		
E1226		WC ACCESS MNL FULL RECLIN BACK EA	Yes		
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR	Yes		
E1229		WHEELCHAIR PEDIATRIC SIZE NOS	Yes		
E1230		PWR OP VEH SPEC BRAND&MODEL NUMBER	Yes		
E1231		WC PED SZ TILT-IN-SPACE RIGD W/SEAT	Yes		
E1232		WC PED SZ TILT-IN-SPACE FOLD W/SEAT	Yes		
E1233		WC PED SZ TILT-IN-SPCE RIGD NO SEAT	Yes		
E1234		WC PED SZ TILT-IN-SPCE FOLD NO SEAT	Yes		
E1235		WC PED SZ RIGD ADJUSTBL W/SEAT SYS	Yes		
E1236		WC PED SZ FOLD ADJUSTBL W/SEAT SYS	Yes		
E1237		WC PED SZ RIGD ADJUSTBL NO SEAT SYS	Yes		
E1238		WC PED SZ FOLD ADJUSTBL NO SEAT SYS	Yes		
E1239		POWER WHEELCHAIR PEDIATRIC SIZE NOS	Yes		
E1296		SPECIAL WHEELCHAIR SEAT HT FROM FLR	Yes		
E1297		SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	Conditional	PA required for ages 21 and under; not required for ages over 21	
E1298		SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	Yes		
E1390		O2 CONC 85%/>O2 CONC PRSC FLW RATE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E1399		DME MISCELLANEOUS	Yes		
E1810		DYN ADJUSTABLE KNEE EXT/FLX DEVC	Yes		
E2100		BLD GLU MON INTEGRT VOICE SYNTHESZR	Yes		
E2101		BLD GLU MON INTGRT LANCING/BLD SAMP	Yes		
E2102		Adjunctive continuous glucose monitor or receiver	Yes		07/01/22
E2103		RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC CONTINUOUS GLUCOSE MONITOR SYSTEM.	Yes		01/01/23
E2104		Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	Yes		06/01/24
E2202		MNL WC ACSS SEAT WIDTH 24-27 IN	Yes		
E2203		MNL WC ACSS SEAT DEPTH 20 < 11 IN	Yes		
E2204		MNL WC ACSS SEAT DEPTH 22-25 IN	Yes		
E2205		MNL WC HANDRIM W/O PROJ REPL EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2206		MNL WC ACSS WHL LOCK ASSMBL Cmpl EA	Yes		
E2207		WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	Yes		
E2208		WHEELCHAIR ACCESS CYL TANK CARR EA	Yes		
E2209		ARM TROUGH W/NO HAND SUPPORT EACH	Yes		
E2210		WC ACCESS BEARINGS ANY TYPE REPL EA	Yes		
E2211		MNL WC ACCESS PNEUMAT PROPULSN TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2212		MNL WC TUBE PNEUMAT PROPULSION TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2213		MNL WC INSRT PNEUMAT PROPULSN TIRE	Yes		
E2214		MNL WC ACCESS PNEUMAT CASTER TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2215		MNL WC ACSS TUBE PNEUMAT CASTR TIRE	Yes		
E2218		MNL WC ACCSS FOAM PROPULSION TIRE	Yes		
E2219		MNL WC ACSS FOAM CASTER TIRE ANY SZ	Yes		
E2220		MNL WC ACCESS SOLID PROPULSION TIRE	Yes		
E2221		MNL WHLCHAIR ACSS SOLID CASTER TIRE	Yes		
E2222		MNL WC SOLID CASTR TIRE INTGR WHL	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2224		MNL WC PROPULSION WHL EXCLD TIRE	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2225		MNL WC CASTR WHL EXCLD TIRE REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2226		MNL WC ACSS CASTR FORK REPL ONLY	Conditional	PA required for ages 21 and under; not required for ages over 21	

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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
E2389		PWR WC FORM CASTER TIRE REPL EACH	Yes		
E2390		PWR WC SOLID WHEEL TIRE REPL EACH	Yes		
E2391		PWR WC SOLID CASTER TIRE REPL EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2392		PWR WC S CASTR TIRE INTEGRT REPL EA	Yes		
E2394		PWR WC DRIVE WHEEL EXCL TIRE REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2395		PWR WC CASTER WHEEL EXCL TIRE REPL	Yes		
E2396		PWR WC CASTER FORK REPL ONLY EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2397		POWER WC LITHIUM BASED BATTERY EACH	Yes		
E2402		NEGATIVE PRESSURE WOUND THERAPY PUMP	Yes		
E2500		SPEECH GEN DEV DIGTIZD<8 MINS REC	Yes		
E2502		SPCH GEN DEVC DGTZD>8<= 20 MINS REC	Yes		
E2504		SPCH GEN DEVC DGTZD>20<=40 MIN REC	Yes		
E2506		SPCH GEN DEVC DIGTIZD>40 MINS REC	Yes		
E2508		SPCH GEN DEVC SYNTHSIZD REQ MESS	Yes		
E2510		SPCH GEN DVC SYNTHSIZD MX METH MESS	Yes		
E2511		SPEECH GENERATING SOFTWARE PROGRAM	Yes		
E2512		ACSS SPCH GEN DEVICE MOUNTING SYS	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2599		ACCESS SPEECH GENERATING DEVICE NOC	Conditional	PA required for ages 21 and under; not required for ages over 21	
E2601		GEN WC SEAT CUSHN WIDTH < 22 DEPTH	Yes		
E2602		GEN WC SEAT CSHN 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 MOBIL 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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
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 I	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
J0013		Esketamine Nasal Spray (Spravato®)	Y		03/01/26
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
J0174		Lecanemab-irmb (LEQEMBI®)	Yes		3/1/2024
J0175		Donanemab-azbt (Kisunla)	Yes		12/01/24

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
J0218		OLIPUDASE ALFA-RPCP (XENPOZYME)	Yes		07/01/23
J0219		Injection, avalglucosidase alfa-ngpt, 4 mg	Yes		7/1/2022
J0220		Injection, alglucosidase alfa, 10 mg, not otherwise specified	Yes		11/01/22
J0221		Injection, alglucosidase alfa, [Lumizyme], 10 mg	Yes		11/01/22
J0223		INJECTION, GIVOSIRAN, 0.5 MG	Yes		02/01/21
J0224		INJECTION, LUMASIRAN, 0.5 MG	Yes		09/01/21
J0225		Injection, vutrisiran, 1 mg	Yes		03/01/23
J0291		Injection, plazomicin, 5 mg	Yes		11/01/22
J0348		ANIDULAFUNGIN INJECTION	Yes		
J0349		Rezafungin (REZZAYO)	Yes		3/1/2024
J0391		Artesunate for injection	Yes		3/1/2024
J0402		Aripiprazole (ABILIFY ASIMTUFI®)	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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
J1073		Testosterone Pellet (TESTOPEL)	Y		03/01/26
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 Roxaparvec-rvox (ROCTAVIAN™)	Yes		3/1/2024
J1413		Delandistrogene Moxeparvec (ELEVIDYS™)	Yes		3/1/2024
J1414		Injection, fidanacogene elaparvec-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 – jsIm (Rebyota™)	Yes		12/01/23
J1442		INJ FILGRASTIM EXCL BIOSIMIL	Yes		
J1443		INJ FERRIC PYROPHOSPHATE CIT	Yes		
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		
J1574		Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	Yes		03/01/23
J1575		HYQVIA 100MG IMMUNEGLOBULIN	Yes		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
J1737		Injection, meloxicam (Azurity), 1 mg	Y		03/01/26
J1740		IBANDRONATE SODIUM INJECTION	Yes		
J1743		Injection, idursulfase, 1 mg	Yes		11/01/22
J1745		INFLIXIMAB INJECTION	Yes		
J1746		INJECTION, IBALIZUMAB-UIYK, 10 MG	Yes		01/04/19
J1747		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
J1837		Injection, posaconazole, 1 mg	Y		03/01/26
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		
J2711		Injection, neostigmine methylsulfate 0.1 mg and glycopyrrolate 0.02 mg	Y		03/01/26
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

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J3032		INJECTION, EPTINEZUMAB-JJMR, 1 MG	Yes		02/01/21
J3060		INJ, TALIGLUCERACE ALFA 10 U	Yes		
J3095		TELAVANCIN INJECTION	Yes		
J3111		Injection, romosozumab-aqqg, 1 mg	Yes		11/01/22
J3145		TESTOSTERONE UNDECANOATE 1MG	Yes		
J3240		Injection, thyrotropin alpha, 0.9 mg	Yes		11/01/22
J3241		INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Yes		04/14/21
J3243		TIGECYCLINE INJECTION	Yes		
J3245		INJECTION, TILDRAKIZUMAB-ASMN, 1 MG	Yes		01/07/19
J3247		Secukinumab (COSENTYX)	Yes		9/1/2024
J3262		TOCILIZUMAB INJECTION	Yes		01/07/19
J3299		Injection, triamcinolone acetoneide (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		
J3387		Injection, elivaldogene autotemcel, per treatment	Y		03/01/26
J3389		Topical administration, prademagene zamikeracel, per treatment	Y		03/01/26
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 10 ⁹ 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

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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 VIIIA	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7190		FACTOR VIII	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7191		FACTOR VIII (PORCINE)	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7192		FACTOR VIII RECOMBINANT NOS	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7193		FACTOR IX NON-RECOMBINANT	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7194		FACTOR IX COMPLEX	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7195		FACTOR IX RECOMBINANT NOS	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7197		ANTITHROMBIN III INJECTION	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7198		ANTI-INHIBITOR	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7199		HEMOPHILIA CLOT FACTOR NOC	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7200		FACTOR IX RECOMBINAN RIXUBIS	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
J7201		FACTOR IX FC FUSION RECOMB	Yes	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	01/01/20
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 VIIIA (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 (ALTUVIII), 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		
J7311		FLUOCINOLONE ACETONIDE IMPLT	Yes		01/07/19
J7313		FLUOCINOL ACET INTRAVIT IMP	Yes		
J7318		Durolane: hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Yes		07/01/22
J7320		HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes		07/01/23
J7321		HYALGAN/SUPARTZ INJ PER DOSE	Yes		
J7322		HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes		07/01/23
J7323		EUFLEXXA INJ PER DOSE	Yes		
J7324		ORTHOVISC INJ PER DOSE	Yes		
J7325		SYNVISC OR SYNVISC-ONE	Yes		
J7326		Hyaluronan or derivative, GelOne®, for intra-articular injection, per dose	Yes		07/01/22
J7327		Hyaluronan or derivative, monovisc, for intra-articular injection	Yes		07/01/22

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J7328		GEL-SYN INJECTION 0.1 MG	Yes		
J7329		HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	Yes		07/01/23
J7331		Synojynt: Hyaluranon or derivative, synojynt, 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
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		
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-efv, 0.25 mg	Yes		12/01/23
J9202		GOSERELIN ACETATE IMPLANT, PER 3.6 MG (ZOLADEX®)	Yes		10/01/23
J9207		IXABEPILONE INJECTION	Yes		
J9210		Injection, emapalumab-lzsg, 1mg	Yes		11/01/22
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
J9256		Injection, nipocalimab-aahu, 3 mg	Y		03/01/26
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

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J9292		Pemetrexed (avyxa)	Y		03/01/25
J9297		PEMETREXED (PEMFEXYTM, SANDOZ)	Yes		07/01/23
J9299		Injection, nivolumab, 1 mg	Yes		03/01/23
J9301		OBINUTUZUMAB INJ	Yes		
J9302		OFATUMUMAB INJECTION	Yes		
J9303		PANITUMUMAB INJECTION	Yes		
J9304		INJECTION, PEMETREXED (PEMFEXY), 10 MG	Yes		02/01/21
J9306		INJECTION, PERTUZUMAB, 1 MG	Yes		
J9311		INJ RITUXIMAB, HYALURONIDASE	Yes		01/04/19
J9312		INJ., RITUXIMAB, 10 MG	Yes		01/04/19
J9315		ROMIDEPSIN INJECTION	Yes		
J9318		INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG	Yes		12/01/21
J9324		Pemetrexed (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 (ZNYZ™)	Yes		3/1/2024
J9348		INJECTION, NAXITAMAB-GQGK, 1 MG	Yes		09/01/21
J9349		INJECTION, TAFASITAMAB-CXIX, 2 MG	Yes		09/01/21
J9352		INJECTION TRABECTEDIN 0.1 MG	Yes		
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	Yes		
J9355		INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Yes	Effective 6/1/22	07/01/22
J9376		Injection, pozelimab-bbfg, 1 mg	Yes		06/01/24
J9381		Teplizumab-mzww (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		

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K0045		FOOTREST COMPLETE ASSEMBLY	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0046		ELEV LEGREST LOWER EXT TUBE EA	Yes		
K0047		ELEV LEGREST UP HANGER BRACKET EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0050		RATCHET ASSEMBLY	Yes		
K0051		CAM RLSE ASSMBL FOOTREST/LEGREST EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0052		SWINGAWAY DETACHABLE FOOTRESTS EACH	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0053		ELEVATING FOOTRESTS ARTICULATING EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0056		SEAT HT<17/=>21 IN LTWT/ULTRLT WC	Yes		
K0069		REAR WHL ASSMBL-SOLID TIRE SPOKE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0070		REAR WHL ASSMBL-PNEUMAT TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0071		FRONT CASTR ASSMBL-PNEUMAT TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0072		FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0073		CASTER PIN LOCK EACH	Yes		
K0077		FRNT CASTR ASSMBL CMPL-SLID TIRE EA	Conditional	PA required for ages 21 and under; not required for ages over 21	
K0098		DRIVE BELT FOR POWER WHEELCHAIR	Yes		
K0105		IV HANGER EACH	Yes		
K0108		WC COMPONENT/ACCESSORY NOS	Yes		
K0195		ELEVATING LEGREST PAIR	Yes		
K0455		INFUS PUMP UNINTRPT PARNTAL 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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
K0826		PWR WC GRP 2 SLING SEAT PT 451-600	Yes		
K0827		PWR WC GRP 2 CAPT CHAIR PT 451-600	Yes		
K0828		PWR WC GRP 2 SLING SEAT PT 601/>	Yes		
K0829		PWR WC GRP 2X HVY DUTY CHR PT 601/>	Yes		
K0830		PWR WC 2 SEAT ELEV SLING PT TO 300	Yes		
K0831		PWR WC 2 SEAT ELEV CAPT PT TO 300	Yes		
K0835		PWR WC GRP 2 1 PWR SLING PT TO 300	Yes		
K0836		PWR WC 2 1 PWR CAPT CHAIR PT TO 300	Yes		
K0837		PWR WC GRP 2 1 PWR SLING PT 301-450	Yes		
K0838		PWR WC 2 1 PWR CAPT CHR PT 301-450	Yes		
K0839		PWR WC 2 1 PWR SLNG SEAT PT 451-600	Yes		
K0840		PWR WC GRP 2 1 PWR SLING PT 601/>	Yes		
K0841		PWR WC GRP 2 MX PWR SLING PT TO 300	Yes		
K0842		PWR WC 2 MX PWR CAPT CHR PT TO 300	Yes		
K0843		PWR WC 2 MX PWR SLING PT 301-450	Yes		
K0848		PWR WC GRP 3 SLING SEAT PT TO &=300	Yes		
K0849		PWR WC GRP 3 CAPT CHAIR PT TO &=300	Yes		
K0850		PWR WC GRP 3 SLING SEAT PT 301-450	Yes		
K0851		PWR WC GRP 3 CAPT CHAIR PT 301-450	Yes		
K0852		PWR WC GRP 3 SLING SEAT PT 451-600	Yes		
K0853		PWR WC GRP 3 CAPT CHAIR PT 451-600	Yes		
K0854		PWR WC GRP 3 SLING SEAT PT 601 LB/>	Yes		
K0855		PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	Yes		
K0856		PWR WC 3 1 PWR SLING SEAT PT TO 300	Yes		
K0857		PWR WC 3 1 PWR CAPT CHAIR PT TO 300	Yes		
K0858		PWR WC 3 1 PWR SLNG SEAT PT 301-450	Yes		
K0859		PWR WC 3 1 CAP CHAIR PT 301-450	Yes		
K0860		PWR WC 3 1 PWR SLNG SEAT PT 451-600	Yes		
K0861		PWR WC 3 MX PWR SLNG SEAT PT TO 300	Yes		
K0862		PWR WC 3 MX PWR SLING PT 301-450	Yes		
K0863		PWR WC 3 MX PWR SLING PT 451-600	Yes		
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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
L5000		PART FT SHOE INSRT W/LNGTUDNL ARCH	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5301		BK MOLD SCKT SHIN SACH FT ENDO SYS	Yes		
L5321		AK OPEN END SACH FT ENDO SYS 1 AXIS	Yes		
L5610		ADD LW EXTRM ENDO AK HYDRACADENCE	Yes		
L5611		ADD LW EXT AK-DISARTC W/FRICT CNTRL	Yes		
L5613		ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	Yes		
L5614		ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	Yes		
L5616		ADD LW EXT AK UNIVRSL MXPLX FRICT	Yes		
L5617		ADD LW EXTREM QUICK CHANGE AK/BK EA	Yes		
L5618		ADD LOW EXTREM TEST SOCKT SYMES	Yes		
L5620		ADD LOW EXTREM TEST SOCKT BELW KNEE	Yes		
L5622		ADD LW EXTRM TST SOCKT KNEE DISARTC	Yes		
L5624		ADD LOW EXTREM TEST SOCKT ABVE KNEE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5626		ADD LW EXTRM TST SOCKT HIP DISARTIC	Yes		
L5628		ADD LOW EXTRM TST SOCKT HEMIPELVECT	Yes		
L5629		ADD LW EXTRM BELW KNEE ACRYLC SOCKT	Yes		
L5630		ADD LW EXT SYMS TYPE XPND WALL SCKT	Yes		
L5631		ADD LW EXT ABVE KNEE/DISARTC ACRYLC	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5632		ADD LW EXT SYMS PTB BRIM DESN SOCKT	Yes		
L5634		ADD LW EXT SYMS POST OPENING SOCKT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5636		ADD LW EXT SYMS MED OPENING SOCKT	Yes		
L5637		ADD LOW EXTREM BELW KNEE TOTAL CNTC	Yes		
L5638		ADD LW EXTRM BELW KNEE LEATHR SOCKT	Yes		
L5639		ADD LOW EXTREM BELW KNEE WOOD SOCKT	Yes		
L5640		ADD LW EXT KNEE DISARTC LEATHR SCKT	Yes		
L5642		ADD LW EXTRM ABVE KNEE LEATHR SOCKT	Yes		
L5643		ADD LW EXT HIP DISRTC FLX EXT FRAME	Yes		
L5644		ADD LOW EXTREM ABVE KNEE WOOD SOCKT	Yes		
L5645		ADD LW EXTRM BK FLX INNR EXT FRME	Yes		
L5646		ADD LOW EXT BELOW KNEE CUSHN SOCKT	Yes		
L5647		ADD LOW EXTRM BELW KNEE SUCTN SOCKT	Yes		
L5648		ADD LOW EXT ABOVE KNEE CUSHN SOCKT	Yes		
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/AMPUTE E 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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
L5685		ADD LOW EXT PROS BELW KNEE SLEEVE	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5686		ADD LOW EXTREM BELW KNEE BACK CHECK	Yes		
L5688		ADD LW EXTRM BK WAIST BELT WEB	Yes		
L5690		ADD LW EXTRM BK WAIST BELT PAD	Yes		
L5692		ADD LW EXTRM AK PELVIC CONTROL BELT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5694		ADD LW EXTRM AK PELV CNTRL BELT PAD	Yes		
L5695		ADD LW EXT AK PELV CNTRL SLV NEOPRN	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5696		ADD LW EXTRM AK/DISARTIC PELV JNT	Yes		
L5697		ADD LW EXTRM AK/DISARTIC PELV BAND	Yes		
L5698		ADD LW EXTRM AK/KD SILESIA BANDAGE	Yes		
L5699		ALL LOW EXTREM PROSTH SHLDR HARNESS	Yes		
L5700		REPL SOCKET BELOW KNEE MOLD PT MDL	Yes		
L5701		REPL SCKT AK/DISARTIC W/ATTCH PLAT	Yes		
L5702		REPL SCKT HIP DISRTC W/HIP JNT MOLD	Yes		
L5703		ANK SYMES MLD PT MDL SACH FT REPL	Yes		
L5704		CUSTOM SHAP PROTVE COVER BELOW KNEE	Yes		
L5705		CUSTOM SHAP PROTVE COVER ABOVE KNEE	Yes		
L5706		CUSTOM SHAPED COVER KNEE DISARTIC	Yes		
L5707		CUSTOM SHAPED COVER HIP DISARTIC	Yes		
L5710		ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	Yes		
L5711		ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	Yes		
L5712		ADD EXO KNEE-SHIN FRICT SWING CNTRL	Yes		
L5714		ADD EXO KNEE-SHIN VARBL FRICT SWING	Yes		
L5716		ADD EXO KNEE-SHIN MECH STANCE LOCK	Yes		
L5718		ADD EXO KNEE-SHIN FRICT SWING CNTRL	Yes		
L5722		ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	Yes		
L5724		ADD KNEE-SHIN 1 AXIS FL SWING PHASE	Yes		
L5726		ADD EXO KNEE-SHIN EXT JNT FL SWING	Yes		
L5728		ADD EXO KNEE-SHIN FL SWING&STANCE	Yes		
L5780		ADD EXO KNEE-SHIN PNEUMAT/HYDRA	Yes		
L5781		ADD LW LIMB PROS LIMB MGMT SYS	Yes		
L5782		ADD LW LIMB PROS LIMB MGMT HVY DUTY	Yes		
L5785		ADD EXOSKEL BELW KNEE ULTRA-LT MATL	Conditional	PA required for ages 21 and under; not required for ages over 21	
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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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 OTR COVR	Yes		
L5966		ADD ENDO HIP DISRTC FLX PROTVE COVR	Yes		
L5968		ADD LW LIMB PROSTH MX-AXIAL ANKLE	Yes		
L5970		ALL LW EXTRM PROSTH FOOT SACH FOOT	Yes		
L5971		ALL LW EXT PROS SACH FOOT REPL ONLY	Yes		
L5972		ALL LOW EXT PROS FOOT FLEXIBLE KEEL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5973		ENDO ANK FOOT MICROPROCSS CNTRL PWR	Yes		
L5974		ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5975		ALL LW EXTRM PROSTH COMB 1 AXIS ANK	Conditional	PA required for ages 21 and under; not required for ages over 21	
L5976		ALL LW EXTRM PROSTH ENERGY STOR FT	Yes		
L5978		ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	Yes		
L5979		ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Yes		
L5980		ALL LOW EXTREM PROSTH FLX-FOOT SYS	Yes		
L5981		ALL LOW EXTRM PROSTH FLX-WALK SYS/=	Yes		
L5982		ALL EXOSKEL LW EXT PROS AXIAL ROTAT	Yes		
L5984		ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	Yes		
L5985		ALL ENDOSKL LW XTRM PROSTH DYNAMIC	Yes		
L5986		ALL LW EXTRM PROSTH MX-AXIAL ROT U	Yes		
L5987		ALL LW EXTRM PROSTH SHANK FOOT SYS	Yes		
L5988		ADD LW LMB PRSTH VERTCL SHOCK RDUUC	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 DISARTIC 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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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 DISARTIC MOLD SOCKET ENDOSKEL	Yes		
L6570		INTRSCAP THOR MOLD SOCKET ENDOSKEL	Yes		
L6580		PREP WRST DISARTIC PLSTC SOCKT MOLD	Yes		
L6582		PREP WRST DISARTIC ELB SCKT DIR FORM	Yes		
L6584		PREP ELB DISARTIC PLASTIC SOCKT MOLD	Yes		
L6586		PREP ELB DISARTIC SOCKET DIR FORM	Yes		
L6588		PREP SHLDR 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 DISARTIC	Yes		
L6682		UP EXTRM ADD TST SOCKT ELB DISARTIC	Yes		
L6684		UP EXTRM ADD TST SCKT SHLDR DISARTIC	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 DISARTIC	Yes		
L6690		UP EXT ADD FRAME SCKT INTRSCAP-THOR	Yes		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
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		

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L7186		ELEC ELB CHLD VRITY VILL/=SWITCH	Yes		
L7190		ELEC ELB ADOLES VRITY VILL/=MYOELC	Yes		
L7191		ELEC ELB CHLD VRITY VILL/=MYOELEC	Yes		
L7259		ELECTRONIC WRIST ROTATOR ANY TYPE	Yes		
L7360		SIX VOLT BATTERY EACH	Yes		
L7362		BATTERY CHARGER 6 VOLT EACH	Yes		
L7364		TWELVE VOLT BATTERY EACH	Yes		
L7366		BATTERY CHARGER TWELVE VOLT EACH	Yes		
L7367		LITHIUM ION BATT RECHARGEABLE REPL	Yes		
L7368		LITHIUM ION BATT CHARGER REPL ONLY	Yes		
L7400		ADD UP EXT PROS BE/WD ULTRALT MATL	Yes		
L7401		ADD UP EXT PROS ABV ED ULTRALT MATL	Yes		
L7402		ADD UP EXT PROS SD/INTRSCAP THOR	Yes		
L7403		ADD UP EXT PROS BE/WD ACRYLIC MATL	Yes		
L7404		ADD UP EXT PROS ABOVE 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 BATTERY/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 COMPNET	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	

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L8617		TRNSMTTING COIL COCHLEAR IMPL REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8619		COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8622		ALKALIN BATT COCHLR IMPL ANY SZ RPL	Yes		
L8623		LITH ION BATT NOT EAR LEVEL REPL EA	Yes		
L8627		COCHLEAR IMPL EXT PROCSSR CMPNT RPL	Yes		
L8628		COCHLR IMPL EXT CONTRLLR CMPNT REPL	Yes		
L8629		TRANSMIT COIL CABLE COCHLR DEV RPL	Conditional	PA required for ages 21 and under; not required for ages over 21	
L8680		IMPL NEUROSTIMULATOR ELECTRODE EA	Yes		
L8681		PT PROG IMPL NEUROSTM PLSE GEN REPL	Yes		
L8682		IMPL NEUROSTIMULATOR RADIOFREQ RECV	Yes		
L8683		RF TRNSMT W/IMPL NEUROSTIM RF RECV	Yes		
L8685		IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	Yes		
L8686		IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	Yes		
L8687		IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	Yes		
L8688		IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	Yes		
L8689		EXT RECHARG SYS IMPL NEUROSTIM REPL	Yes		
L8690		Auditory osseointegrated device, includes all internal and external components	Yes		11/01/22
L8691		Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Yes		11/01/22
L8692		Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Yes		11/01/22
L8693		Auditory osseointegrated device abutment, any length, replacement only	Yes		11/01/22
L8694		Auditory osseointegrated device, transducer/actuator, replacement only, each	Yes		11/01/22
L8695		EXT RECHARG SYS IMPL NEUROSTIM REPL	Yes		
L8696		ANT FOR IMPL DIA/PN ST DEV REPL EA	Yes		
L8699		PROSTHETIC IMPLANT NOS	Conditional	PA required for ages 21 and under; not required for ages over 21	
L9900		Orthotic and prosthetic supply, accessory, and/or service component of another L code	Yes		11/01/22
M0224		Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents [12 years of age and older weighing at least 40 kg] with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	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
Q4103		OASIS BURN MATRIX	Yes		
Q4108		INTEGRA MATRIX	Yes		
Q4111		GAMMAGRAFT	Yes		

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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		
Q4123		ALLOSKIN RT, PER SQ CM	Yes		11/01/22
Q4124		OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQ CM	Yes		11/01/22
Q4125		ARTHROFLEX, PER SQ CM	Yes		11/01/22
Q4126		MEMODERM, DERMASPERM, TRANZGRAFT OR INTEGUPPLY, 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-CONNKT WOUND MATRIX, PER SQ CM	Yes		11/01/22
Q4162		WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	Yes		11/01/22
Q4163		WOUNDEX, BIOSKIN, PER SQ CM	Yes		11/01/22
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

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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
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

Code	Modifiers <i>(if applicable)</i>	Description	PA*	Comments	Date Updated
Q4247		AMNIOTEXT PATCH, PER SQ CM	Yes		02/01/21
Q4248		DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT, PER SQ CM	Yes		02/01/21
Q4249		AMNIPLY, FOR TOPICAL USE ONLY, PER SQ CM	Yes		02/01/21
Q4250		AMNIOAMP-MP, PER SQ CM	Yes		02/01/21
Q4251		VIM, PER SQ CM	Yes		12/01/21
Q4252		VENDAJE, PER SQ CM	Yes		12/01/21
Q4253		ZENITH AMNIOTIC MEMBRANE, PER SQ CM	Yes		12/01/21
Q4254		NOVAFIX DL, PER SQ CM	Yes		02/01/21
Q4255		REGUARD, FOR TOPICAL USE ONLY, PER SQ CM	Yes		02/01/21
Q4256		MLG-Complete, per sq cm	Yes		07/01/22
Q4257		Relese, per sq cm	Yes		07/01/22
Q4258		Enverse, per sq cm	Yes		07/01/22
Q4259		Celera Dual Layer or Celera Dual Membrane, per sq cm	Yes		11/01/22
Q4260		Signature APatch, per sq cm	Yes		11/01/22
Q4261		TAG, per sq cm	Yes		11/01/22
Q4262		DUAL LAYER IMPAX MEMBRANE	Yes		9/1/2024
Q4263		SURGRAFT TL	Yes		9/1/2024
Q4264		COCOON MEMBRANE	Yes		9/1/2024
Q4265		NEOSTIM TL, PER SQ CM	Yes		07/01/23
Q4266		NEOSTIM MEMBRANE, PER SQ CM	Yes		07/01/23
Q4267		NEOSTIM DL, PER SQ CM	Yes		07/01/23
Q4268		SURGRAFT FT, PER SQ CM	Yes		07/01/23
Q4269		SURGRAFT XT, PER SQ CM	Yes		07/01/23
Q4270		COMPLETE SL, PER SQ CM	Yes		07/01/23
Q4271		COMPLETE FT, PER SQ CM	Yes		07/01/23
Q4272		ESANO A, PER SQ CM	Yes		12/01/23
Q4273		ESANO AAA, PER SQ CM	Yes		12/01/23
Q4274		ESANO AC, PER SQ CM	Yes		12/01/23
Q4275		ESANO ACA, PER SQ CM	Yes		12/01/23
Q4276		ORION, PER SQ CM	Yes		12/01/23
Q4278		EPIEFFECT, PER SQ CM	Yes		12/01/23
Q4279		Vendaje AC, per sq cm	Yes		3/1/2024
Q4280		XCELL AMNIO MATRIX, PER SQ CM	Yes		12/01/23
Q4281		BARRERA SL OR BARRERA DL, PER SQ CM	Yes		12/01/23
Q4282		CYGNUS DUAL, PER SQ CM	Yes		12/01/23
Q4283		BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Yes		12/01/23
Q4284		DERMABIND SL, PER SQ CM	Yes		12/01/23
Q4285		NUDYN DL OR DL MESH	Yes		9/1/2024
Q4286		NUDYN SL OR SLW	Yes		9/1/2024
Q4287		DermaBind DL, per sq cm	Yes		3/1/2024
Q4288		DermaBind CH, per sq cm	Yes		3/1/2024
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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
Q4306		American Amnion AC, per sq cm	Yes		06/01/24
Q4307		American Amnion, per sq cm	Yes		06/01/24
Q4308		Sanopellis, per sq cm	Yes		06/01/24
Q4309		VIA Matrix, per sq cm	Yes		06/01/24
Q4310		Procenta, per 100 mg	Yes		06/01/24
Q4311		Acesso, per sq cm	Yes		9/1/2024
Q4312		Acesso AC, per sq cm	Yes		9/1/2024
Q4313		DermaBind FM, per sq cm	Yes		9/1/2024
Q4314		Reeva FT, per sq cm	Yes		9/1/2024
Q4315		RegeneLink Amniotic Membrane Allograft, per sq cm	Yes		9/1/2024
Q4316		AmchoPlast, per sq cm	Yes		9/1/2024
Q4317		VitoGraft, per sq cm	Yes		9/1/2024
Q4318		E-Graft, per sq cm	Yes		9/1/2024
Q4319		SanoGraft, per sq cm	Yes		9/1/2024
Q4320		PelloGraft, per sq cm	Yes		9/1/2024
Q4321		RenoGraft, per sq cm	Yes		9/1/2024
Q4323		alloPLY, per sq cm	Yes		9/1/2024
Q4324		AmnioTX, per sq cm	Yes		9/1/2024
Q4325		ACApatch, per sq cm	Yes		9/1/2024
Q4326		WoundPlus, per sq cm	Yes		9/1/2024
Q4327		DuoAmnion, per sq cm	Yes		9/1/2024
Q4328		MOST, per sq cm	Yes		9/1/2024
Q4329		Singlay, per sq cm	Yes		9/1/2024
Q4330		TOTAL, per sq cm	Yes		9/1/2024
Q4331		Axolotl Graft, per sq cm	Yes		9/1/2024
Q4332		Axolotl DualGraft, per sq cm	Yes		9/1/2024
Q4333		ArdeoGraft, per sq cm	Yes		9/1/2024
Q4334		Amnioplast 1 per sq cm	Yes		12/01/24
Q4335		Amnioplast 2 per sq cm	Yes		12/01/24
Q4336		Artecent C per sq cm	Yes		12/01/24
Q4337		Artecent Trident per sq cm	Yes		12/01/24
Q4338		Artacent Velos per sq cm	Yes		12/01/24
Q4339		Artacent Vericlen per sq cm	Yes		12/01/24
Q4340		Simpligraft per sq cm	Yes		12/01/24
Q4341		Simplimax per sq cm	Yes		12/01/24
Q4342		Theramend per sq cm	Yes		12/01/24
Q4343		Dermacyte AC Matr per sq cm	Yes		12/01/24
Q4344		Tri Membrane Wrap per sq cm	Yes		12/01/24
Q4345		Matrix HD Allogrft per sq cm	Yes		12/01/24
Q4346		Shelter DM Matrix, per sq cm	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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
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
Q4398		Summit AC, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4399		Summit FX, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4400		Polygon3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4401		Absolv3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4402		XWRAP 2.0, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4403		XWRAP Dual Plus, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4404		XWRAP Hydro Plus, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4405		XWRAP Fenestra Plus, per sq cm (add-on, list separately in addition to primary procedur	Y		03/01/26
Q4406		XWRAP Fenestra, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4407		XWRAP Tribus, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4408		XWRAP Hydro, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4409		AmniomatrixF3X, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4410		AmchoMatrixDL, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4411		AmniomatrixF4X, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4412		CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4413		Cygnus Solo, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4414		SimpliChor, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4415		AlexiGuard SL-T, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4416		AlexiGuard TL-T, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4417		AlexiGuard DL-T, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4420		NuForm, per sq cm (add-on, list separately in addition to primary procedure)	Y		03/01/26
Q4431		PMA skin substitute product, not otherwise specified (list in addition to primary proce	Y		03/01/26
Q4432		510(k) skin substitute product, not otherwise specified (list in addition to primary pr	Y		03/01/26
Q4433		361 HCT/P skin substitute product, not otherwise specified (list in addition to primary	Y		03/01/26
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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
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
Q5119		INJECTION, RITUXIMAB-PVVR BIOSIMILAR, (RUXIENCE), 10 MG	C	PA required for patients under 18 years of age; not required for patients 18 years of age and older	04/01/26
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 (jubonti/wyost), biosimilar, 1 mg	Yes		12/01/24
Q5137		Ustekinumab-auub (WEZLANA™), biosimilar, subcutaneous, 1 mg	Yes		9/1/2024
Q5138		Ustekinumab-auub (WEZLANA™), biosimilar, intravenous, 1 mg	Yes		9/1/2024
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
Q5149		Aflibercept-abzv (ENZEEVU)	Yes		6/1/2025
Q5150		Aflibercept-mrb (AHZANTIVE)	Yes		6/1/2025
Q5151		Eculizumab-aagh (EPYSQLI)	Yes		6/1/2025
Q5152		Eculizumab-aeab (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, CONEXENCE)	Yes		12/01/25
Q5160		Injection, bevacizumab-nwgd (Jobevne), biosimilar, 10 mg	Y		03/01/26
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-aauf (OTULFI)	Yes		6/1/2025
S0117		Tretinoin, topical, 5 g	Yes		12/01/25
S0140		SAQUINAVIR, 200 MG	Yes		
S0500		DISPOSABLE CONTACT LENS, PER LENS	Yes		09/01/21

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
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		

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
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
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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
V2199		NOT OTHERWISE CLASSIFIED; SINGLE VISION LENS	Yes		09/01/21
V2299		SPECIALTY BIFOCAL	Yes		09/01/21
V2399		SPECIALTY TRIFOCAL	Yes		09/01/21
V2499		VARIABLE SPHERICITY LENS, OTHER TYPE	Yes		09/01/21
V2500		CONTACT LENS, PMMA, SPHERICAL, PER LENS	Yes		09/01/21
V2501		CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	Yes		09/01/21
V2510		CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	Yes		09/01/21
V2511		CONTACT LENS, GAS PERMEABLE, TORIC OR PRISM BALLAST, PER LENS	Yes		09/01/21
V2513		CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	Yes		09/01/21
V2520		CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	Yes		09/01/21
V2521		CONTACT LENS, HYDROPHILIC, TORIC OR PRISM BALLAST, PER LENS	Yes		09/01/21
V2523		CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	Yes		09/01/21
V2531		CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	Yes		01/01/20
V2600		HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	Yes	TAR is not required when the billed amount is less than \$100.00	09/01/21
V2610		SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Yes	TAR is not required when the billed amount is less than \$100.00	09/01/21
V2615		TELESCOPE AND OTHER COMPOUND LENS SYSTEM	Yes	TAR is not required when the billed amount is less than \$100.00	09/01/21
V2623		PROSTHETIC EYE, PLASTIC, CUSTOM	Yes		09/01/21
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	Yes		09/01/21
V2626		REDUCTION OF OCULAR PROSTHESIS	Yes		09/01/21
V2627		SCLERAL COVER SHELL	Yes		09/01/21
V2628		FABRICATION AND FITTING OF OCULAR CONFORMER	Yes		09/01/21
V2629		PROSTHETIC EYE, OTHER TYPE	Yes		09/01/21
V2702		DELUXE LENS FEATURE	Yes		09/01/21
V2750		ANTIREFLECTIVE COATING, PER LENS	Yes		09/01/21
V2760		SCRATCH RESISTANT COATING, PER LENS	Yes		09/01/21
V2761		MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	Yes		09/01/21
V2762		POLARIZATION, ANY LENS MATERIAL, PER LENS	Yes		09/01/21
V2781		PROGRESSIVE LENS, PER LENS	Yes		09/01/21
V2782		LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDING POLYCARBONATE, PER LENS	Yes		09/01/21
V2783		LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS	Yes		09/01/21
V2784		POLYCARBONATE LENSES	Yes		
V2799		VISION ITEM OR SERVICE, MISCELLANEOUS	Yes		09/01/21
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 WRN 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

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
V5298		HEARING AID, NOT OTHERWISE CLASSIFIED	Yes		
V5299		HEARING SERVICE	Yes		
X3900		SINGLE MODALITY TO ONE AREA – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3902		SINGLE MODALITY TO ONE AREA – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3904		SINGLE PROCEDURE TO ONE AREA – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3906		SINGLE PROCEDURE TO ONE AREA – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3908		PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3910		PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3912		HUBBARD TANK – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3914		HUBBARD TANK – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3916		PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3918		PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3920		PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3922		PHYSICAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X3924		PHYSICAL THERAPY PRELIMINARY EVALUATION REHABILITATION CENTER, SNF, ICF	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3926		CASE CONFERENCE AND REPORT – INITIAL 30 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3928		CASE CONSULTATION AND REPORT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3930		CASE CONFERENCE AND REPORT – EACH ADDITIONAL 15 MINUTES	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3932		HOME OR LONG TERM CARE FACILITY VISIT – ADD MILEAGE, PER MILE ONE- WAY BEYOND 10-MILE RADIUS 1.77 OF POINT OF ORIGIN (OFFICE OR HOME)	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X3934		MILEAGE, PER MILE ONE-WAY BEYOND 10-MILE RADIUS	Yes		
X3936		UNLISTED	Yes		
X4100		OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4102		OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4104		OCC THER CSE CONF INI 30 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4106		OCC THER CSE CONF EA ADD 15 MIN	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4110		OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4112		OCCUPATIONAL THERAPY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	
X4118		OCC THER ! UNLISTED	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4120		OCC THERAPY, CASE CONSULTATION AND	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	01/01/20
X4300		LANGUAGE EVALUATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	02/01/21
X4301		SPEECH EVALUATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	02/01/21
X4302		SPEECH-LANGUAGE THERAPY (GROUP), EACH PATIENT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4303		SPEECH-LANGUAGE THERAPY, INDIVIDUAL, PER HOUR (FOLLOWING PROCEDURES X4300 OR X4301)	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20

Code	Modifiers (if applicable)	Description	PA*	Comments	Date Updated
X4304		SPEECH-LANGUAGE THERAPY, INDIVIDUAL, 1/2 HOUR	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4310		SPEECH GENERATING DEVICE (SGD) – RELATED BUNDLED SPEECH THERAPY SERVICES, PER VISIT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4312		SPEECH GENERATING DEVICE (SGD) RECIPIENT ASSESSMENT	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4500		SP HR HR DIAG AUDIOLOG EVALUATION	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4501		SP HR HR PURE TONE AUDIOMETRY	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4504		SP HR O HR S AUDIOMETRY DURING SUR	Conditional	PA required: Member < 21; SNF or LTC PA not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	09/01/20
X4512		SP HR HR BEKESY AUDIOMETRY	Yes		
X4514		SP HR HR SHORT INCREMENT SENSITIVI	Yes		
X4518		SP HR HR TONE DECAY TEST	Yes		
Z5414		TRAVEL EXPENSES	Conditional	No authorization required for CCS members.	03/01/23
Z5499		UNLISTED SERVICE & PROCEDURES	Yes		
Z5835		EPSDT SHARED NURSING LVN (HHA): ONE HOUR	Yes	CCS only code	
Z5946		NON-CONVENTIONAL HEARING AIDS	Yes		04/14/21
Z7600		POLYSOMNOGRAPHY, SLEEP EVALUATION,	Yes		
Z7602		POLYSOMNOGRAPHY, SLEEP EVALUATION,	Yes		
Z7606		HYPERBARIC OXYGEN CHAMBER, FIRST 15 MINUTES OR FRACTION THEREOF, AT ATMOSPHERE ABSOLUTE	Yes		
Z7608		HYPERBARIC OXYGEN CHAMBER, EACH SUBSEQUENT 15 MINUTES OR MAJOR PORTION THEREOF, AT ATMOSPHERE ABSOLUTE	Yes		
Z7612		UNLISTED SERVICES	Yes		