

PEBB PA Code list - Updated 12/22/2025

Applicable to PEBB Plans and when the provider is in-area

Use Cigna PA list when the provider is out-of-area

Prior Authorization list for Providence Health Plan powered by Collective Health is the exhaustive and current list for self-funded groups. It is just not as extensive as the full Providence Health Plan list. Prior Authorization categories not listed no longer require a Prior Authorization when billing to Collective Health.

Inpatient

All inpatient stays require prior authorization, including a stay in observation room exceeding 47 hours.

Exempt from PA requirement: maternal hospital stays under 48 hours following vaginal delivery or 96 hours following cesarean.

Exempt from PA requirement: newborn hospital stay under 96 hours following admission.

Code	Code Description	Prior Authorization Effective Date	Prior Authorization Termination Date	Medical Policy Name: Policy
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	1/1/2013		Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = 1 unit	1/1/2013		Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy
B4104	Additive for enteral formula (e.g., fiber)	1/1/2013		Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy

B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/2013	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy ; Medical Nutrition (Medicare Part B) - Pharmacy Policy
S9432	Medical foods for non-inborn errors of metabolism	10/1/2021	Medical Nutrition (Commercial) - Pharmacy Policy; Medical Nutrition (Medicaid) - Pharmacy Policy
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	8/1/2023	Hormone Replacement Therapy - Pharmacy Policy; Medicare Part B Step Therapy - Pharmacy Policy

17106	Dest Cut Vasc Proliferative Les to 10 Sq	9/1/2003	Benign Skin Lesions (Company); Benign Skin Lesions (Medicare); Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare)
17107	Dest Cut Vasc Prolif Les 10-50 Sqcm	9/1/2003	Benign Skin Lesions (Company); Benign Skin Lesions (Medicare); Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare)
17108	Dest Cut Vasc Proliferative Les Over 50.	9/1/2003	Benign Skin Lesions (Company); Benign Skin Lesions (Medicare); Hemangioma and Vascular Malformation Laser Treatment (Company); Hemangioma and Vascular Malformation Treatment (Medicare)
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	9/1/2003	Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
20975	Electrical stimulation to aid bone healing; invasive (operative)	9/1/2003	Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)

20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	9/1/2003	Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	4/1/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
21085	Impress/Prep Oral Surgical Splint	9/1/2003	Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company); Oral and Sleep Position Appliances for Sleep Disorder Treatment (Medicare); Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21110	Apply Interdental Fixation Other	12/1/2012	Sleep Apnea: Surgical Treatments; Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
31513	Laryngoscopy, indirect; with vocal cord injection	9/1/2019	Neuromuscular Drugs: Botulinum Toxin
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	4/1/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)

32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	4/1/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	3/1/2025	Leadless Cardiac Pacemakers (Company)
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	3/1/2025	Leadless Cardiac Pacemakers (Company)
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1/1/2019	Implantable Loop Recorders (Company) ; Outpatient Surgical Site of Service (Company)
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	8/1/2018	Left Atrial Appendage Devices (Company)

36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	1/1/2018	Varicose Veins (Company); Varicose Veins (Medicare)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	1/1/2018	Varicose Veins (Company); Varicose Veins (Medicare)
36470	Injection of sclerosing solution; single vein	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
36471	Inject Sclerosing Agent Mult Veins	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
36476	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percut, Radiofreq; 2nd & Subsequent Veins, Same Extrem,Sep Sites	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
36479	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percutaneous, Laser; 2nd & Subseq Veins, Same Extrem, Sep Sites	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)

37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	1/1/2018	Ablation for Liver Tumors (Company)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	1/1/2018	Varicose Veins (Company)
37700	Lig/Div.Saph.Vein at Junc/Interrupt	1/1/2013	Varicose Veins (Company)
37718	Ligation, division, and stripping, short saphenous vein	1/1/2013	Varicose Veins (Company); Varicose Veins (Medicare)
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
37735	Ligation & Strip Saphen+ulcer Unil	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
37760	Ligation Perforators Rad (Linton)	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
37761	Ligation of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg	5/1/2012	Varicose Veins (Company); Varicose Veins (Medicare)
37765	Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
37766	Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	2/1/2006	Varicose Veins (Company); Varicose Veins (Medicare)

38225	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	1/1/2025	T-Cell Therapy - Pharmacy Policy
38226	38226 - Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	1/1/2025	T-Cell Therapy - Pharmacy Policy
38227	38227 - Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	1/1/2025	T-Cell Therapy - Pharmacy Policy
38228	38228 - Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	1/1/2025	T-Cell Therapy - Pharmacy Policy
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	5/1/2018	Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare); Neuromuscular Drugs: Botulinum Toxin
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection (s), any substance	5/1/2018	Botulinum Toxin - Medicare Part B - Pharmacy Policy; Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare); Neuromuscular Drugs: Botulinum Toxin

43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	5/1/2018	Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	5/1/2018	Botulinum Toxin - Medicare Part B - Pharmacy Policy; Endoscopic Treatments for Gastroesophageal Reflux Disease (GERD) (Company); Magnetic Esophageal Ring for Gastroesophageal Reflux Disease (GERD) (Medicare); Neuromuscular Drugs: Botulinum Toxin
46505	Chemodenervation of internal anal sphincter	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	4/1/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
52287	Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder	1/1/2013	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	10/1/2022	High Intensity Focused Ultrasound (HIFU) (Company) ; New and Emerging Technologies and Other Non-Covered Services (Company)

			Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	1/1/2024	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	12/1/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company)
60660	Ablation of 1 or more thyroid nodule (s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	1/1/2025	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
60661	Ablation of 1 or more thyroid nodule (s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	1/1/2025	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	1/1/2017	Spinal Epidural Steroid Injections (Company)

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)	1/1/2017	Spinal Epidural Steroid Injections (Company)
64479	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, sgl level	6/1/2015	Spinal Epidural Steroid Injections (Company)
64480	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, each addtl level	6/1/2015	Spinal Epidural Steroid Injections (Company)
64483	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, sgl level	6/1/2015	Spinal Epidural Steroid Injections (Company)
64484	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, each addtl level	6/1/2015	Spinal Epidural Steroid Injections (Company)
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
64612	Dest Neurolytic Agent; Muscle Enervated	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmotic torticollis)	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy

64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmotic dysphonia), includes guidance by needle electromyography, when performed	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64642	Chemodenervation of one extremity; 1-4 muscle(s)	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	2/1/2014	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
64644	Chemodenervation of one extremity; 5 or more muscle(s)	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64646	Chemodenervation of trunk muscle (s); 1-5 muscle(s)	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64647	Chemodenervation of trunk muscle (s); 6 or more muscle(s)	2/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64650	Chemodenervation of eccrine glands; both axillae	1/1/2014	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	1/1/2006	Botulinum Therapies (Company); Botulinum Toxin - Medicare Part B - Pharmacy Policy
67345	Chemodenervation of extraocular muscle	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)

81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GP1ba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	1/1/2018	Genetic and Molecular Testing (Company)
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	1/1/2016	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019	Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81171	AFF2 (AF4 transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81172	AFF2 (AF4 transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81201	APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence	1/1/2013	Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81202	APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants	1/1/2013	Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)

81203	APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants	1/1/2013	Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
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)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	1/1/2013	Genetic and Molecular Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)

81212	Brca1, Brca2 Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81215	Brca1 (Breast Cancer 1) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81216	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81217	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	3/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants	1/1/2012	Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)

81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	1/1/2018	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	1/1/2018	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81235	EGFR (Epidermal growth factor receptor)(EG, non-small cell lung cancer) gene analysis, common variants (EG, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	1/1/2016	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 2010G>A variant	2/1/2018	Genetic Testing for Inherited Thrombophilia (Company)

81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	2/1/2018	Genetic Testing for Inherited Thrombophilia (Company)
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81243	FMR1 (Fragile X messenger ribonucleoprotein 1) (e.g., fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81244	FMR1 (Fragile X messenger ribonucleoprotein 1) (e.g., fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (e.g., expanded size and methylation status)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	3/1/2018	Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	10/1/2014	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)

81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	10/1/2016	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company)
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	1/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	1/1/2015	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant (s)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)

81293	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81294	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)

81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81299	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)

81300	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants	1/1/2012	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	12/1/2021	Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/2020	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	1/1/2020	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	1/1/2020	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare); Genetic and Molecular Testing (Medicare)
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	1/1/2016	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company)
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81315	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant	10/1/2014	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

81316	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant	10/1/2014	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis	1/1/2012	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants	1/1/2012	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
81321	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis	1/1/2013	Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81322	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant	1/1/2013	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81323	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant	1/1/2013	Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	1/1/2017	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsp330)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1), Gene Analysis, Common Vars	1/1/2012	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81333	TGFB1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	1/1/2018	Genetic and Molecular Testing (Medicare); Inflammatory Bowel Disease (IBD) Serologic Testing and Therapeutic Monitoring; Non-Covered Genetic Panel Tests (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Medicare)
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	1/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	1/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	1/1/2019	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	2/1/2018	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants	1/1/2012	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)

81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	4/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	4/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	4/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	4/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81400	Molecular Pathology Procedure Level 1	1/1/2012	Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Inherited Thrombophilia (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)

81401	Molecular Pathology Procedure Level 2	1/1/2012	Cardiac Disease Risk Screening (Company); Gene Expression Profile Testing for Melanoma (Company); Genetic and Molecular Testing (Company); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
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81402	Molecular Pathology Procedure Level 3	1/1/2012	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
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			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
81403	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons	1/1/2012	

			Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Maturity-Onset Diabetes of the Young (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
81404	Molecular Pathology Procedure		
	Level 5	1/1/2012	

81405	Molecular Pathology Procedure Level 6	1/1/2012	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Maturity-Onset Diabetes of the Young (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
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81406	Molecular Pathology Procedure Level 7	1/1/2012	Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for CADASIL Disease (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Maturity-Onset Diabetes of the Young (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Non-Covered Genetic Panel Tests (Company); Tumor Testing for Targeted Therapy for Non-Small Cell Lung Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
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81407	Molecular Pathology Procedure Level 8	1/1/2012	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81408	Molecular Pathology Procedure Level 9	1/1/2012	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)

81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)

			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	2/1/2018	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	1/1/2016	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	1/1/2015	Genetic and Molecular Testing (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
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; genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	1/1/2016	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company)

81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Cardiomyopathies and Arrhythmias (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	2/1/2018	Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	1/1/2023	Genetic and Molecular Testing (Company)

	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	2/1/2018	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81442	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	1/1/2019	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)
81443			

			Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); Genetic Testing: Thyroid Nodules (Company); Next Generation Sequencing for Cancer (Company)
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	1/1/2015	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	1/1/2018	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Non-Covered Genetic Panel Tests (Company)
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	1/1/2023	Next Generation Sequencing for Cancer (Company)
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	1/1/2015	Genetic and Molecular Testing (Medicare); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)

81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	1/1/2023	Next Generation Sequencing for Cancer (Company)
81455	Solid organ or hematolymphoid neoplasm, genomic sequence analysis panel, 51 or greater genes, interrogation for sequence variants and copy number variants or rearrangements, if performed	1/1/2015	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company); Next Generation Sequencing for Cancer (Company)
81456	Solid organ or hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 51 or greater genes, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	1/1/2023	Next Generation Sequencing for Cancer (Company)
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	1/1/2024	Next Generation Sequencing for Cancer (Company)

81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	1/1/2024	Next Generation Sequencing for Cancer (Company)
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	1/1/2024	Next Generation Sequencing for Cancer (Company)
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	11/1/2023	Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
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	1/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	1/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)

81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	1/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	2/1/2018	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	2/1/2018	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	4/1/2021	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
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	1/1/2019	Gene Expression Profile Testing for Breast Cancer (Company)

81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	9/1/2017	Gene Expression Profile Testing for Breast Cancer (Company)
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	3/1/2018	Gene Expression Profile Testing for Breast Cancer (Company)
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	1/1/2020	Gene Expression Profile Testing for Breast Cancer (Company)
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	8/1/2024	Protein Biomarker and Genetic Testing for the Prostate (Company)
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	6/1/2022	Protein Biomarker and Genetic Testing for the Prostate (Company)
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	6/1/2022	Protein Biomarker and Genetic Testing for the Prostate (Company)

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)	1/1/2021	Genetic and Molecular Testing (Company); Genetic Testing for Thyroid Nodules (Medicare)
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	1/1/2020	Gene Expression Profile Testing for Melanoma (Company); Gene Expression Profile Testing for Melanoma (Medicare)
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	1/1/2016	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
84433	Thiopurine S-methyltransferase (TPMT)	1/1/2023	Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Medicare)
91110	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report	9/1/2003	Wireless Capsule Endoscopy (Company); Wireless Capsule Endoscopy (Medicare)
91111	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report	6/1/2021	Wireless Capsule Endoscopy (Company)
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	10/1/2017	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)

93228	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report	10/1/2009	External Ambulatory Electrocardiography (Company)
93229	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support	10/1/2009	External Ambulatory Electrocardiography (Company)
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	9/1/2019	Botulinum Therapies (Company); Botulinum Therapies (Medicare)
99183	Physician Attendance and Supervision of Hyperbaric Oxygen Therapy; Per Session	1/1/2008	Hyperbaric Oxygen Therapy (Company); Hyperbaric Oxygen Therapy (Medicare)
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	8/1/2018	Gene Expression Profile Testing for Breast Cancer (Company)
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	3/1/2018	Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/ or absence of variants and associated therapy(ies) to consider	11/1/2022	Next Generation Sequencing for Cancer (Company)

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";)	2/1/2024	Genetic Testing for Thyroid Nodules (Medicare); Genetic Testing: Thyroid Nodules (Company)
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	8/1/2019	Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Myeloproliferative Diseases (Medicare)
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	11/1/2022	Next Generation Sequencing for Cancer (Company)
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	6/1/2022	Protein Biomarker and Genetic Testing for the Prostate (Company)
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	11/1/2022	Next Generation Sequencing for Cancer (Company)
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	1/1/2022	Genetic Testing for Myeloproliferative Diseases (Company)

0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)

0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)	9/1/2021	Genetic and Molecular Testing (Medicare); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	11/1/2024	Gene Expression Profile Testing for Melanoma (Company)
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	10/1/2019	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/1/2019	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/1/2019	Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
0155U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p. R248C [c.742C>T], p.S249C [c. 746C>G], p.G370C [c.1108G>T], p. Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	1/1/2020	Genetic and Molecular Testing (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)

0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/2020	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/2020	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/2020	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/2020	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/2020	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	1/1/2020	Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	9/1/2019	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)

0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	4/1/2020	Genetic Testing for Myeloproliferative Diseases (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
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	7/1/2020	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	8/1/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	7/1/2020	Genetic and Molecular Testing (Company)
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	11/1/2022	Next Generation Sequencing for Cancer (Company)

0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	11/1/2022	Next Generation Sequencing for Cancer (Company)
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	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
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	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
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	1/1/2021	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)

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	1/1/2021	Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
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	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
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	1/1/2021	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
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	1/1/2021	Genetic and Molecular Testing (Company)

0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	1/1/2021	Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)
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	8/1/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
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	8/1/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
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	11/1/2022	Next Generation Sequencing for Cancer (Company)

0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	11/1/2022	Next Generation Sequencing for Cancer (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company)
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	10/1/2021	Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company)
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive	11/1/2022	Next Generation Sequencing for Cancer (Company)
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 9 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing , and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company)
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company)

0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company)
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company)
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	11/1/2022	Next Generation Sequencing for Cancer (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	11/1/2022	Next Generation Sequencing for Cancer (Company)
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	11/1/2024	Gene Expression Profile Testing for Melanoma (Company)
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	8/1/2022	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)

0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	7/1/2022	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
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	8/1/2023	Next Generation Sequencing for Cancer (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	10/1/2022	Genetic and Molecular Testing (Company); Next Generation Sequencing for Cancer (Company)
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	1/1/2023	Protein Biomarker and Genetic Testing for the Prostate (Company)
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	4/1/2023	Next Generation Sequencing for Cancer (Company)

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	7/1/2023	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	7/1/2023	Next Generation Sequencing for Cancer (Company)
0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative	7/1/2023	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	11/1/2018	Corneal Collagen Cross Linking (Company); New and Emerging Technologies and Other Non-Covered Services (Company)
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	8/1/2024	Protein Biomarker and Genetic Testing for the Prostate (Company)

0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	10/1/2023	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	10/1/2023	Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	1/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant (s)	4/1/2024	Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)

0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	4/1/2024	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	7/1/2024	Genetic Testing for Reproductive Planning and Prenatal Testing (Company)
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	7/1/2024	Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)

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	7/1/2024	Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	10/1/2024	Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	10/1/2024	Genetic and Molecular Testing (Medicare); Next Generation Sequencing for Cancer (Company)
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	10/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)

0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	10/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	10/1/2024	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	10/1/2024	Protein Biomarker and Genetic Testing for the Prostate (Company)
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	10/1/2024	Next Generation Sequencing for Cancer (Company)
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	10/1/2024	Next Generation Sequencing for Cancer (Company)

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	1/1/2025	Genetic and Molecular Testing (Company); Genetic and Molecular Testing (Medicare)
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	1/1/2025	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	4/1/2025	Next Generation Sequencing for Cancer (Company)
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	4/1/2025	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)

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	4/1/2025	Next Generation Sequencing for Cancer (Company)
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	7/1/2025	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	7/1/2025	Circulating Tumor Cell and DNA Assays for Cancer Management (Company)
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	7/1/2025	Next Generation Sequencing for Minimal Residual Disease Detection (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Medicare)

0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	7/1/2025	Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Circulating Tumor Cell and DNA Assays for Cancer Management (Medicare)
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	1/1/2020	Urinary Dysfunction Treatments (Company)
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	1/1/2020	Urinary Dysfunction Treatments (Company)
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	1/1/2020	Urinary Dysfunction Treatments (Company)

0590T	<p>Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters</p>	1/1/2020	Urinary Dysfunction Treatments (Company)
0786T	<p>Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed</p>	1/1/2024	Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
0787T	<p>Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator</p>	1/1/2024	Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	1/1/2024	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	1/1/2024	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	1/1/2024	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	1/1/2024	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	1/1/2024	Transcranial Magnetic Stimulation (Company); Transcranial Magnetic Stimulation (Medicare)
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	1/1/2025	External Ambulatory Electrocardiography (Company)

0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	1/1/2025	External Ambulatory Electrocardiography (Company)
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	1/1/2025	External Ambulatory Electrocardiography (Company)
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	1/1/2025	External Ambulatory Electrocardiography (Company)
0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	7/1/2025	High Intensity Focused Ultrasound (HIFU) (Company)
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	7/1/2025	Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company); Oral and Sleep Position Appliances for Sleep Disorder Treatment (Medicare)
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	7/1/2025	Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company); Oral and Sleep Position Appliances for Sleep Disorder Treatment (Medicare)

0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	7/1/2025	Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company); Oral and Sleep Position Appliances for Sleep Disorder Treatment (Medicare)
A4290	Sacral nerve stimulation test lead, each	3/1/2016	Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	3/1/2017	Tumor Treatment Field Therapy for Glioblastoma (Company)
C1764	Event recorder, cardiac (implantable)	9/1/2017	Implantable Loop Recorders (Company)
C1815	Prosthesis, urinary sphincter (implantable)	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	9/1/2003	Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	9/1/2003	Bone Growth Stimulators (Company)

E0749	Osteogenesis stimulator, electrical, surgically implanted	9/1/2003	Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	9/1/2003	Bone Growth Stimulators (Company); Bone Growth Stimulators (Medicare)
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	9/1/2022	Functional Electrical Stimulation (Company)
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	7/1/2008	Electrical Stimulation and Electromagnetic Therapies (Medicare)
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	3/1/2017	Tumor Treatment Field Therapy for Glioblastoma (Company)
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	9/1/2022	Electrical Stimulation and Electromagnetic Therapies (Medicare); Functional Electrical Stimulation (Company)
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1/1/2015	Hyperbaric Oxygen Therapy (Company); Hyperbaric Oxygen Therapy (Medicare)
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	3/1/2016	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
Q4131	Epifix	1/1/2013	Skin and Tissue Substitutes (Company)
Q4304	Grafix plus, per square centimeter	1/1/2024	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
S2340	Chemodenervation Of Abductor	9/1/2012	Botulinum Therapies (Company)
S2341	Chemodenervation of adductor muscle(s) of vocal cord	9/1/2012	Botulinum Therapies (Company)
S3870	Comparative genomic hybridization (cgH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	7/1/2018	Genetic and Molecular Testing (Company); Non-Covered Genetic Panel Tests (Company)

S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	1/1/2013	Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	1/1/2013	Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	1/1/2013	Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	1/1/2013	Total Parenteral Nutrition (TPN) (Commercial) (Medicaid) - Pharmacy Policy; Total Parenteral Nutrition (TPN) (Medicare Part B) - Pharmacy Policy

A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	6/1/2025	Ambulance Transport (Company); Ambulance Transport (Medicare)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	6/1/2025	Ambulance Transport (Company); Ambulance Transport (Medicare)
A0435	Fixed wing air mileage, per statute mile	6/1/2025	Ambulance Transport (Company); Ambulance Transport (Medicare)
A0436	Rotary wing air mileage, per statute mile	6/1/2025	Ambulance Transport (Company); Ambulance Transport (Medicare)
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	1/1/2009	Sleep Disorder Testing (Company)
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	1/1/2009	Sleep Disorder Testing (Company)
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	1/1/2009	Sleep Disorder Testing (Company)
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	1/1/2009	Sleep Disorder Testing (Company)
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	1/1/2009	Sleep Disorder Testing (Company)

E0470	respiratory assist device, bi-level pressure capability, without back-up rate feature, used with non-invasive interface, eg, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	1/1/2009	Sleep Disorder Treatment with Positive Airway Pressure (Company)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface, EG nasal or facial mask (intermittent assist device with continuous positive pressure device)	1/1/2009	Sleep Disorder Treatment with Positive Airway Pressure (Company)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	4/1/2018	Sleep Disorder Treatment with Positive Airway Pressure (Company)
E0601	Continuous positive airway pressure (CPAP) device	1/1/2009	Sleep Disorder Treatment with Positive Airway Pressure (Company)
77520	Proton beam delivery to a sgl treatment area, sgl port, custom block	11/1/2021	Proton Beam Radiation Therapy (Company); Proton Beam Radiation Therapy (Medicare)
77522	Proton Treatment Delivery; Simple, with Compensation	11/1/2021	Proton Beam Radiation Therapy (Company); Proton Beam Radiation Therapy (Medicare)
77523	Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks	11/1/2021	Proton Beam Radiation Therapy (Company); Proton Beam Radiation Therapy (Medicare)

77525	Proton Treatment Delivery; Complex	11/1/2021	Proton Beam Radiation Therapy (Company); Proton Beam Radiation Therapy (Medicare)
15830	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	1/1/2007	Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare)
21070	Coronoideectomy Unilateral	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21081	Impress/Prep Mandibular Resection	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21082	Impress Custom Prep Palatal Augmentation	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21083	Impress/Prep Palatal Lift Prosth	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21141	Reconstruction Midface, Single Piece	4/1/2007	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21142	Reconstruction Midface, Two Pieces	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)

21143	Reconstruction Midface, Three or More Pieces	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21145	Recon Midface Lefort I Single Graft	4/1/2007	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21147	Recon Midface Lefort I 3+ Pcs Graft	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21150	Recon Midface Lefort II Anterior Intrusi	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21151	Recon Midface Lefort II W/Bone Grft	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21154	Recon Midface Lefort III Wo/Lefort I	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)

21155	Recon Midface Lefort III W/Lefrt I	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21159	Recon Midface Lefort III W/Graft Wo/Lefo	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21160	Recon Midface Lefort III W/Grft/L I	1/1/2008	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21198	Osteotomy Mandible Segmental	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21199	Osteotomy, Mandible, Segmental; with Genioglossus Advancement	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare); Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
21215	Graft Bone Mandible	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21230	Grft Rib Cart to Face Chin Nose Ear	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21244	Reconstruct Mandible W Bone Plate	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)

21245	Recon Mand Max Subperiosteal Part	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21246	Repair Jaw W Subperiost Implt Tot	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21247	Recon Mand Condyle Bone Cart Auto	1/1/2008	Orthognathic Surgery (Company)
21248	Recon Mandible Maxilla Endosteal Implant	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21249	Repair Jaw W Endosteal Implt Tot	9/1/2003	Orthognathic Surgery (Company); Orthognathic Surgery (Medicare)
21685	Hyoid Myotomy and Suspension	4/1/2007	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)

22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy; Thoracic or Lumbar, Each Additional Segment	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)

22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add	1/1/2011	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	5/1/2012	Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)

	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	1/1/2012	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22634			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	7/1/2007	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)

			Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	7/1/2006	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22843	Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22844	Posterior Segmental Instrumentation, 13 or More Vertebral Segments	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)

			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Spinal Stabilization Devices and Interspinous Spacers (Medicare)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	1/1/2007	
22846	Anterior Instrumentation, 4 To 7 Vertebral Segments	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22847	Anterior Instrumentation, 8 or More Vertebral Segments	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22849	Reinsertion of spinal fixation device	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22852	Removal of posterior segmental instrumentation	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
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)	1/1/2017	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
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)	1/1/2017	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)

			Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22855	Removal of anterior instrumentation	12/1/2019	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)
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)	1/1/2017	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)
22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	4/1/2009	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	9/1/2017	Artificial Intervertebral Discs (Medicare)
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	6/1/2025	Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare)
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	6/1/2025	Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare)
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	1/1/2018	Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)

27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	1/1/2018	Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	1/1/2018	Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	1/1/2018	Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	12/1/2019	Sacroiliac Joint Fusion or Stabilization (Company)
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	10/1/2014	Sacroiliac Joint Fusion or Stabilization (Company); Sacroiliac Joint Fusion or Stabilization (Medicare)
27412	Autologous Chondrocyte Implantation, Knee	9/1/2010	Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilaginous Defects of the knee

			Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilaginous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
27415	Rep Ligaments Knee+pes Anserin Tran	9/1/2010	

			Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilaginous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) Advancement Pes Anserinus	9/1/2010	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)

27486	Revision of total knee arthroplasty, with or without allograft; 1 component	1/1/2025	Total Knee Arthroplasty (Company); Total Knee Arthroplasty (Medicare)
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	1/1/2025	Total Knee Arthroplasty (Company); Total Knee Arthroplasty (Medicare)
27703	Arthroplasty, ankle; revision, total ankle	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
27870	Arthrodesis, ankle, open	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)

28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28315	Sesamoidectomy, first toe (separate procedure)	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
28750	Arthrodesis, great toe; metatarsophalangeal joint	7/1/2025	Small Joint Surgery (Company); Small Joint Surgery (Medicare)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)

29822	Arthroscopy, shoulder, surgical; debridement, limited , 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
29823	Arthroscopy, shoulder, surgical; debridement, extensive , 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	7/1/2025	Shoulder Arthroscopy and Open Procedures (Company); Shoulder Arthroscopy and Open Procedures (Medicare)

			Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft)	9/1/2010	

			Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilaginous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	9/1/2010	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29873	Arthroscopy, knee, surgical; with lateral release	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)

29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)

29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	7/1/2025	Knee Arthroscopy and Meniscal Repair (Company) ; Knee Arthroscopy and Meniscal Repair (Medicare)
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	1/1/2023	Osteochondral Allografts and Autografts for Cartilaginous Defects (Company); Osteochondral Allografts and Autografts for Cartilaginous Defects (Medicare)
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g. balloon dilation), transnasal or via canine fossa	12/1/2015	Balloon Dilatation of the Sinuses or Eustachian Tubes; Balloon Dilatation of the Sinuses or Eustachian Tubes (Medicare)

31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g. balloon dilation)	12/1/2015	Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g. Balloon dilation)	12/1/2015	Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	1/1/2018	Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
42120	Resect Palate or Extensive Lesion	4/1/2007	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
42145	Uvuloplasty	9/1/2003	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
42235	Repair Anterior Palate Including Vomer F	9/1/2003	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
42950	Pharyngoplasty	4/1/2007	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	1/1/2022	Peroral Endoscopic Myotomy (POEM) (Company)
43881	Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open	5/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)

43882	Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open	5/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/2013	Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19
47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency	9/1/2003	Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	9/1/2003	Ablation for Liver Tumors (Company); Ablation for Liver Tumors (Medicare)
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	4/1/2023	Radiofrequency Ablation for Tumors Outside the Liver (Company); Radiofrequency Ablation of Tumors Outside the Liver (Medicare)
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	7/1/2017	Benign Prostatic Hyperplasia Treatments (Company)
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	7/1/2017	Benign Prostatic Hyperplasia Treatments (Company)
53444	Insertion of tandem cuff (dual cuff)	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	7/1/2019	Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	4/1/2021	Benign Prostatic Hyperplasia Treatments (Company)
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	2/1/2023	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	1/1/2025	Magnetic Resonance-guided Focused Ultrasound Surgery (MRgFUS) (Company)
61850	Twst Drl/Brr Hole-Impl Elec;corticl	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
61860	Craniec/Otmy Impln-Elec,Cerebr;cort	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	9/1/2003	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)

61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	9/1/2003	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	9/1/2003	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	9/1/2003	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
61880	Revis/Remv Intracr.Neurost.Electrod	7/1/2008	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)

61885	Placement Subcutan Neurostim Receiv	7/1/2008	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
61886	Incision/subcutaneous placement of cranial neurostim pulse generator/receiver, direct or inductive coupling; >1 arrays	7/1/2008	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
61888	Rev/Rem.Cran Generatoror Receiver	7/1/2008	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Vagus Nerve Stimulation (Company)
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	1/1/2024	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)

61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	1/1/2024	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	1/1/2024	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare)
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

			Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63012	Laminectomy with removal of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	9/1/2003	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	9/1/2006	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63044	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Lumb Interspace	1/1/2014	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63051	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	1/1/2022	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	1/1/2022	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	1/1/2022	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	1/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	12/1/2019	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	4/1/2007	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	9/1/2003	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	3/1/2016	Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	10/1/2016	Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	10/1/2016	Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	10/1/2016	Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Vagus Nerve Stimulation (Company)
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5/1/2018	Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company)

			Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	3/1/2016	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2022	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	1/1/2022	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	1/1/2022	Sleep Disorder Surgery (Company); Sleep Disorder Surgery (Medicare)
64585	Revision or removal of peripheral neurostimulator electrode array	5/1/2018	Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)

			Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	5/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver	5/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	12/1/2022	Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)

69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	12/1/2022	Balloon Dilation of the Sinuses or Eustachian Tubes; Balloon Dilation of the Sinuses or Eustachian Tubes (Medicare)
69714	Implantation, osseointegrated implant, skull, with percutaneous attachment to external speech processor	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
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	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
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	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	11/1/2023	Bone-Anchored Hearing Aids (Company)

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	11/1/2023	Bone-Anchored Hearing Aids (Company)
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	11/1/2023	Bone-Anchored Hearing Aids (Company)
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	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
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	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
69930	Cochlear Device Implantation, W/Wo Masto	9/1/2003	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)

95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	1/1/2019	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company)
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	1/1/2022	Intraoperative Monitoring (Company)
0095T	Removal of total disc arthroplasty, anterior approach; each additional interspace	9/1/2017	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare)
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	9/1/2017	Artificial Intervertebral Discs (Company)
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	11/1/2022	Benign Prostatic Hyperplasia Treatments (Company)

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
C1767	Generator, neurostimulator (implantable), non-rechargeable	2/1/2016	

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
C1778	Lead, neurostimulator (implantable)	2/1/2016	Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)
C1787	Patient programmer, neurostimulator	11/1/2017	

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
C1816	Receiver and/or transmitter, neurostimulator (implantable)	2/1/2016	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	11/1/2017	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)

		Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	10/1/2017
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	1/1/2019

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	1/1/2023	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	2/1/2016	

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
C1897	Lead, neurostimulator test kit (implantable)	10/1/2017	
C2596	Probe, image-guided, robotic, waterjet ablation	11/1/2022	Benign Prostatic Hyperplasia Treatments (Company)
C2596	Probe, image-guided, robotic, waterjet ablation	3/1/2025	Benign Prostatic Hyperplasia Treatments (Medicare)
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)

C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	12/1/2024	Percutaneous Vertebroplasty and Sacroplasty (Company); Percutaneous Vertebroplasty and Sacroplasty (Medicare)
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	9/1/2017	Benign Prostatic Hyperplasia Treatments (Company)
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	9/1/2017	Benign Prostatic Hyperplasia Treatments (Company)
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	1/1/2020	Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	1/1/2022	Intraoperative Monitoring (Company)
J7330	Cultured Chondrocytes Implt	9/1/2003	Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare); Knee: Cartilagenous Defects of the knee
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	4/1/2023	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company)

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Fecal Incontinence Treatments (Medicare); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
L8679	Implantable neurostimulator, pulse generator, any type	1/1/2014	

			Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
L8680	Implantable neurostimulator electrode, each	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)
L8681	Pt prgrm for implt neurostim	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Vagus Nerve Stimulation (Company)

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
L8682	Implt neurostim radiofq rec	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)
L8683	Radiofq trsmtr for implt neu	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation and Electromagnetic Therapies (Medicare); Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare); Vagus Nerve Stimulation (Company)

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
L8685	Implt nrostm pls gen sng rec	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
L8686	Implt nrostm pls gen sng non	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)

			Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
L8688	Implantable neurostimulator pulse generator, dual array, non- rechargeable, includes extension	7/1/2010	Deep Brain and Responsive Cortical Stimulation (Company); Electrical Stimulation Non- Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)

L8689	External recharging system	7/1/2010	Electrical Stimulation Non-Covered Therapies (Company); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Vagus Nerve Stimulation (Company)
L8695	External recharg sys extern	7/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Urinary Dysfunction Treatments (Company); Urinary Dysfunction Treatments (Medicare)
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	4/1/2019	Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Medicare)
43631	Gastrectomy, Partial, Distal; with Gastroduodenostomy	1/1/2003	Bariatric Surgery (Company); Bariatric Surgery (Medicare)
43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	9/1/2005	Bariatric Surgery (Company); Bariatric Surgery (Medicare)

			Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction	9/1/2005	
43647	Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum	5/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
43648	Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum	5/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Gastric Electrical Stimulation (Company)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	1/1/2006	Bariatric Surgery (Company); Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	1/1/2006	Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19

43774	Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	1/1/2006	Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)	5/1/2012	Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19
43843	Gastroply Non Vert-Banded Obesity	9/1/2003	Bariatric Surgery (Company); Bariatric Surgery (Medicare)
43845	Gastric Stapling Morbid Obesity	9/1/2003	Bariatric Surgery (Company); Bariatric Surgery (Medicare)
43846	Gastric Bypass W/Roux-En-Y-Mor. Obes	9/1/2003	Bariatric Surgery (Company); Bariatric Surgery (Intel Connected Care Only) ARCHIVED 1/1/19; Bariatric Surgery (Medicare); Bariatric Surgery (Oregon Health Plan Only) ARCHIVED 1/1/19
43847	Gstrc Restrictve Prcd w Gstrc Byps F Morbid Obesty; w/Sml Bowel Rcnstn	9/1/2003	Bariatric Surgery (Company); Bariatric Surgery (Medicare)
43848	Revision of Gstrc Restrictive Prcd For Morbid Obesity (Separate Prcd)	9/1/2003	Bariatric Surgery (Company); Bariatric Surgery (Medicare)

43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	9/1/2018	Bariatric Surgery (Company)
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	9/1/2018	Bariatric Surgery (Company)
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/2013	Bariatric Surgery (Company)
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/2013	Bariatric Surgery (Company)
11920	Tattoo/Color Defect to 6.0 Sq Cm	9/1/2011	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Medicare)

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
11921	Tattooing 6-20 Sq Cm	9/1/2011	
11922	Tattoo/Color Defect Ea Add 20 Sq Cm	9/1/2011	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

15271	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15272	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; Ea Additional 25 Sq Cm Wound Surface Area, Or Part Thereof	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15273	Skin Subst Graft To Trunk, Arms, Legs, Area >/= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15274	Skin Subst Graft To Trunk, Arms, Legs, Area >/= 100 Sq Cm; Ea Addl 100 Sq Cm Or Ea Adl 1% Of Body Area Of Inf&Children	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15275	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; 1St 25 Sq Cm Or Less Wound Surface Area	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15276	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; Ea Addl 25 Sq Cm Wound Surface Area, Or Part Thereof	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15277	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >/= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15278	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >/= 100 Sq Cm; Ea Addl 100 Sq Cm Or 1% Of Body Area Of Inf And Children	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	6/1/2018	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
15820	Blepharoplasty Lower Eyelids	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)
15821	Blepharoplasty W Extensive Fat Pads	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)
15822	Blepharoplasty Upper Eyelid	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
15823	Rhytidectomy W Excess Skin On Lids	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

15832	Exc Excess Skin Subq Tiss Thigh	5/1/2011	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
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15833	Exc Excess Skin Leg	5/1/2011	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
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15834	Exc Excess Skin Subq Tiss Hip	5/1/2011	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
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15835	Exc Excess Skin Buttock	5/1/2011	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
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15836	Exc Excess Skin Subq Tiss Arm	5/1/2011	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
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			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15837	Exc Excess Skin Forearm	5/1/2011	

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15838	Exc Excess Skin Subq Tiss Fat Pad	5/1/2011	

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15839	Exc Excess Skin Other Area	5/1/2011	
15847	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	1/1/2007	Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Surgical Treatment for Skin Redundancy (Company)

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15876	Suction assisted lipectomy; head and neck	6/1/2017	

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15877	Suction assisted lipectomy; trunk	6/1/2017	

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15878	Suction assisted lipectomy; upper extremity	6/1/2017	

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Liposuction for Lipedema (Company); Liposuction for Lipedema (Medicare); Surgical Treatment for Skin Redundancy (Company); Surgical Treatment for Skin Redundancy (Medicare); Surgical Treatments for Lymphedema (Company); Surgical Treatments for Lymphedema (Medicare)
15879	Suction assisted lipectomy; lower extremity	6/1/2017	

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19316	Mastopexy	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19318	Mammoplasty Reduction	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19325	Mammoplasty Augmentation W Implant	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19328	Removal of intact breast implant	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19342	Insertion or replacement of breast implant on separate day from mastectomy	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19350	Reconstruct Nipple/Areolar Unil	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19355	Correction Inverted Nipple(S)	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19361	Breast reconstruction with latissimus dorsi flap	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

	Breast reconstructive surgery, including implant management, reduction, mammoplasty, and reconstruction; with single-pediced transverse rectus abdominis myocutaneous flap (TRAM) flap, single pedicle, including closure of donor site	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19367	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous flap (TRAM) flap, single pedicle, including closure of donor site; with requiring separate microvascular anastomosis (supercharging)	9/1/2003	Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19368			

	Breast reconstructive surgery, including implant management, reduction, mammoplasty (Medicare); breast reconstructive surgery, reduction, mammoplasty, and implant management (Company); gender affirming surgical interventions (Company); gender affirming surgical interventions (Medicare)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous flap (TRAM) flap
	9/1/2003
	Breast reconstructive surgery, including implant management, reduction, mammoplasty (Medicare); breast reconstructive surgery, reduction, mammoplasty, and implant management (Company); gender affirming surgical interventions (Company); gender affirming surgical interventions (Medicare)
19370	Revision of Open peri-implant capsule, breast, including prosthetic capsulotomy, and /or partial capsulectomy breast
	9/1/2003

		Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19371	Periprosthetic Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	9/1/2003
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)	9/1/2003

			Breast Reconstructive Surgery, Implant Management, and Reduction Mammoplasty (Medicare); Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
19396	Preparation Moulage Breast Implant	9/1/2003	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Sleep Disorder Surgery (Company)
21121	Genioplasty Sliding Osteotomy Single Pie	9/1/2003	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Sleep Disorder Surgery (Company)
21122	Genioplasty Slide Osteotomy 2+	4/1/2007	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare); Sleep Disorder Surgery (Company)

21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	4/1/2007	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
21196	Recon Mand Ramus Sag Split W/Rigid Rix	9/1/2003	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)
21208	Osteoplasty Facial Bone Augment	9/1/2003	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)
21209	Osteoplasty Facial Reduction	9/1/2003	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)
21210	Graft Bone Nasal Maxilla Malar Area	9/1/2003	Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)

			Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
21740	Recon Rep Pectus Excava/Carinatum	9/1/2003	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
21742	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), Wo Thoracoscopy	9/1/2003	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
21743	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), w Thoracoscopy	9/1/2003	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
54401	Insertion of penile prosthesis; inflatable (self-contained)	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
56800	Plastic repair of introitus	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare)

57291	Construction of artificial vagina; without graft	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare)
57292	Construction of artificial vagina; with graft	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
67900	Repair Brow Ptosis (Supraciliary/Mid/Cor	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
67901	Repair Blepharoptosis; Frontalis	9/1/2003	Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare); Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

67902	Rep Blepharoptosis Frontalis+sling	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
67903	Rep. Bleph;adv.;internal Appr.	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
67904	Rep Blepharoptosis Levator External	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
67906	Rep.Bleph;sup.Rectus Tech,Fasc.Slng	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)

67908	Rep.Bleph;conjunct-Tarso-Lev.Resec	9/1/2003	Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
C1813	Prosthesis, penile, inflatable	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
C2622	Prosthesis, penile, non-inflatable	1/1/2018	Cosmetic and Reconstructive Surgery (Company); Cosmetic and Reconstructive Surgery (Medicare); Gender Affirming Surgical Interventions (Company); Gender Affirming Surgical Interventions (Medicare)
A4100	Skin substitute, fda cleared as a device, not otherwise specified	4/1/2022	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (tenoglide tendon protector sheet), per square centimeter	6/1/2018	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C9363	Integra Meshed Bil Wound Mat	3/1/2010	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Q4101	Skin substitute, Apligraf, per square centimeter	4/1/2009	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Q4102	Skin substitute, Oasis Wound Matrix, per square centimeter	4/1/2009	Skin and Tissue Substitutes (Company)
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter	7/1/2009	Skin and Tissue Substitutes (Company)
Q4105	Skin substitute, Integra Dermal Regeneration Template (DRT), per square centimeter	7/1/2009	Skin and Tissue Substitutes (Company)
Q4106	Skin substitute, Dermagraft, per square centimeter	4/1/2009	Skin and Tissue Substitutes (Company)
Q4107	Skin substitute, Graftjacket, per square centimeter	9/1/2011	Skin and Tissue Substitutes (Company)
Q4108	Skin substitute, Integra Matrix, per square centimeter	7/1/2009	Skin and Tissue Substitutes (Company)
Q4116	Alloderm skin sub	10/1/2018	Skin and Tissue Substitutes (Company)
Q4121	Theraskin	3/1/2011	Skin and Tissue Substitutes (Company)
Q4122	Dermacell, per square centimeter	10/1/2018	Skin and Tissue Substitutes (Company)
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	1/1/2012	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Skin and Tissue Substitutes (Company)
Q4128	Flex hd, or allopatch hd, per square centimeter	1/1/2016	
Q4132	Grafix core	1/1/2013	Skin and Tissue Substitutes (Company)
Q4133	Grafix prime	1/1/2013	Skin and Tissue Substitutes (Company)
Q4151	Amnioband or guardian, per square centimeter	3/1/2022	Skin and Tissue Substitutes (Company)
Q4182	Transcyte, per square centimeter	6/1/2018	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
Q4186	Epifix, per square centimeter	1/1/2019	Skin and Tissue Substitutes (Company)
Q4205	Membrane graft or membrane wrap, per square centimeter	10/1/2019	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)

	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	4/1/2025	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
C5278	Veritas collagen matrix, cm2	3/1/2010	Skin and Tissue Substitutes (Company); Skin and Tissue Substitutes (Medicare)
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy To Prepare Interspace; Thoracic	1/1/2007	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	10/1/2009	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company)

22548	Arthrodesis,Txs/Extraoral,Clivus-C1-2	1/1/2007	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22551	Arthrodesis, Anterior Interbody; Cervical Below C2	1/1/2011	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Surgical Site of Service (Medicare)
22554	Arthrodesis Ant Interbody-C2 Below	9/1/2003	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Surgical Site of Service (Medicare)
22556	Arthrodesis Ant Interbody-Thoracic	9/1/2003	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	9/1/2003	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22610	Arthrodesis Post-Thoracic	1/1/2007	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (Medicare)

			Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (Medicare)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	9/1/2003	Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (Medicare)
22633	Arthrodesis, combined posterior or posteriorlateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	1/1/2012	Back: Lumbar Spine Surgery Archived 12/1/19; Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare); Spinal Stabilization Devices and Interspinous Spacers (Company); Surgical Site of Service (Medicare)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	12/1/2019	Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Fusion and Decompression Procedures (Medicare)

22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	4/1/2009	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	9/1/2017	Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompress	9/1/2017	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	4/1/2009	Artificial Intervertebral Discs (Company); Artificial Intervertebral Discs (Medicare); Inpatient Surgical Site of Service (Company)
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	9/1/2017	Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare); Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare)

23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare); Total Shoulder Arthroplasty (Company); Total Shoulder Arthroplasty (Medicare)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	1/1/2018	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare); Total Hip Arthroplasty (THA) (Company); Total Hip Arthroplasty (THA) (Medicare)
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	1/1/2018	Inpatient Surgical Site of Service (Company); Total Knee Arthroplasty (Company)
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1/1/2018	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare); Total Knee Arthroplasty (Company); Total Knee Arthroplasty (Medicare)
36511	Therapeutic apheresis; for white blood cells	11/1/2022	Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare)
36512	Therapeutic apheresis; for red blood cells	11/1/2022	Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare)
36513	Therapeutic apheresis; for platelets	11/1/2022	Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare)

36514	Therapeutic apheresis; for plasma pheresis	11/1/2022	Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare)
36516	Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion	11/1/2022	Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare)
36522	Photopheresis, extracorporeal	11/1/2022	Apheresis (Therapeutic Pheresis) (Company); Apheresis (Therapeutic Pheresis) (Medicare)
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
24360	Arthroplasty, elbow; with membrane (eg, fascial)	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
24366	Arthroplasty, radial head; with implant	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)

26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
26535	Arthroplasty, interphalangeal joint; each joint	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	6/10/2024	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	1/1/2023	Inpatient Surgical Site of Service (Company); Surgical Site of Service (Medicare)
63650	Percut.Impl-Neurostim.Electrod; epidu	9/1/2003	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
63655	Lam-Impl-Neurostim.Electrod; epidurl	9/1/2003	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)

63661	Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	1/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
63662	Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro	1/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
63663	Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro	1/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
63664	Revision inc Replacement, If Performed, of Spinal Neurostim Electrode Plate/Paddles Placed Via Laminotomy/Ectomy	1/1/2010	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)

63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver requiring pocket creation and connection between electrode array and pulse generator or receiver	9/1/2003	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	9/1/2003	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	1/1/2024	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	1/1/2024	Electrical Stimulation and Electromagnetic Therapies (Medicare); Implantable Spinal Cord and Dorsal Root Ganglion Stimulation (Company); Outpatient Surgical Site of Service (Company)

E0616	Implantable cardiac event recorder with memory, activator and programmer	10/1/2014	Implantable Loop Recorders (Company); Outpatient Surgical Site of Service (Company)
30400	Rhinoplasty Primary Partial	9/1/2003	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
30410	Rhinoplas,Prim;complet,Extern.Parts	9/1/2003	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
30420	Rhinoplasty Primary Maj Septal Rep	9/1/2003	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
30430	Rhinoplasty,2ndary;minor Revision	9/1/2003	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
30435	Rhinoplasty,Intermed Revis-Bony Work W O	9/1/2003	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	9/1/2003	Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)

58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58260	Vaginal hysterectomy, for uterus 250 g or less	2/1/2022	Hysterectomy for Benign Conditions (Company)
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocoele	2/1/2022	Hysterectomy for Benign Conditions (Company)
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	2/1/2022	Hysterectomy for Benign Conditions (Company)
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocoele	2/1/2022	Hysterectomy for Benign Conditions (Company)
58275	Vaginal hysterectomy, with total or partial vaginectomy	2/1/2022	Hysterectomy for Benign Conditions (Company)
58290	Vaginal hysterectomy, for uterus greater than 250 g	2/1/2022	Hysterectomy for Benign Conditions (Company)
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)

58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocoele	2/1/2022	Hysterectomy for Benign Conditions (Company)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	2/1/2022	Hysterectomy for Benign Conditions (Company)
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	2/1/2022	Hysterectomy for Benign Conditions (Company)
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less	2/1/2022	Hysterectomy for Benign Conditions (Company)
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	2/1/2022	Hysterectomy for Benign Conditions (Company)
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	2/1/2022	Hysterectomy for Benign Conditions (Company)
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)

58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	2/1/2022	Hysterectomy for Benign Conditions (Company)
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	2/1/2022	Hysterectomy for Benign Conditions (Company)
A4459	Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type	3/1/2024	Fecal Incontinence Treatments (Company)
E0170	Commode chair with integrated seat lift mechanism, electric, any type	1/1/2019	Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	1/1/2019	Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
E0194	Air fluidized bed	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)

E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company); Hospital Beds, Support Surfaces, and Related Accessories (Medicare)
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	6/1/2024	Hospital Beds, Support Surfaces, and Related Accessories (Company)
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated,	4/1/2007	Oral and Sleep Position Appliances for Sleep Disorder Treatment (Company)
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	10/1/2007	Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	10/1/2007	Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)

E0636	Multipositional patient support system, with integrated lift, patient accessible controls	1/1/2019	Standing Systems (Company)
E0638	Standing frame /table system, one position (e.g ., . upright, supine or prone stander), any size including pediatric, with or without wheels	1/1/2019	Standing Systems (Company)
E0641	Standing frame /table system, multi-position (e.g ., . three-way stander), any size including pediatric, with or without wheels	1/1/2019	Standing Systems (Company)
E0642	Standing frame /table system, mobile (dynamic stander), any size including pediatric	1/1/2019	Standing Systems (Company)
E0985	Wheelchair accessory, seat lift mechanism	6/1/2021	Seat Lift Mechanism (Company) ; Seat Lift Mechanism (Medicare)
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	4/1/2024	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2372	Power wheelchair accessory, Group 27 non-sealed lead acid battery, each	7/1/2020	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
E2599	Accessory for speech generating device, not otherwise classified	3/1/2016	Speech Generating Devices (Company); Speech Generating Devices (Medicare)
K0010	Stnd Wt Frame Power Whlchr	11/1/2013	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0011	Stnd Wt Pwr Whlchr W Control	11/1/2013	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0012	Ltwt Portbl Power Whlchr	11/1/2013	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0013	Custom Power Whlchr Base	11/1/2013	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0014	Other Power Whlchr Base	11/1/2013	Wheelchair and Power Vehicles (Company)
K0800	Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0801	Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0802	Power operated vehicle, grp 1 very heavy duty,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

K0812	Power operated vehicle,not otherwise classified	1/1/2007	Wheelchair and Power Vehicles (Company)
K0813	Power wheelchair,grp 1 standard, portable,sling/solid seat/back, patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0814	Power wheelchair,grp 1 standard, portable,captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0815	Power wheelchair,grp 1 standard, sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0816	Power wheelchair,grp 1 standard, captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0820	Power wheelchair,grp 2 standard, portable,sling/solid seat/back, patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0821	Power wheelchair,grp 2 standard, portable,captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0822	Power wheelchair,grp 2 standard, sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0823	Power wheelchair,grp 2 stnd, captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0824	Power wheelchair,grp 2 heavy duty, sling/solid seat/back,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0825	Power wheelchair,grp 2 heavy duty, captains chair,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

K0826	Power wheelchair,grp 2 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0827	Power wheelchair,grp 2 very heavy duty,captains chair,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0828	Power wheelchair,grp 2 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0829	Power wheelchair,grp 2 extra heavy duty,captains chair,patient weight cap 601 lbs or more	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0835	Power wheelchair,grp 2 stnd,single power option,sling/solid seat/back, patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0836	Power wheelchair,grp 2 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0837	Power wheelchair,grp 2 heavy duty, single power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0838	Power wheelchair,grp 2 heavy duty, single power option,captains chair, patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0839	Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0840	Power wheelchair,grp 2 extra heavy duty,single power option,sling/solid seat/back,patient weight cap up to and incl 300	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

K0841	Power wheelchair,grp 2 stnd,mult power option,sling/solid seat/back, patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0842	Power wheelchair,grp 2 stnd,mult power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0843	Power wheelchair,grp 2 heavy duty, mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0848	Power wheelchair,grp 3 stnd, sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0849	Power wheelchair,grp 3 stnd, captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0850	Power wheelchair,grp 3 heavy duty, sling/solid seat/back,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0851	Power wheelchair,grp 3 heavy duty, captains chair,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0852	Power wheelchair,grp 3 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0853	Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0854	Power wheelchair,grp 3 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

K0855	Power wheelchair,grp 3 extra heavy duty,captains chair,patient weight cap 601 lbs or more	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0856	Power wheelchair,grp 3 stnd,single power option,sling/solid seat/back, patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0857	Power wheelchair,grp 3 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0858	Power wheelchair,grp 3 heavy duty, single power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0859	Power wheelchair,grp 3 heavy duty, single power option,captains chair, patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0860	Power wheelchair,grp 3 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0861	Power wheelchair,grp 3 stnd,mult power option,sling/solid seat/back, patient weight cap up to and incl 300 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0862	Power wheelchair,grp 3 heavy duty, mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0863	Power wheelchair,grp 3 very heavy duty,mult power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0864	Power wheelchair,grp 3 extra heavy duty,mult power option,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)

K0890	Power wheelchair,grp 5 ped,single power option,sling/solid seat/back, patient weight cap up to and incl 125 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0891	Power wheelchair,grp 5 pediatric, mult power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
K0898	Power wheelchair,not otherwise classified	1/1/2007	Wheelchair and Power Vehicles (Company) ; Wheelchair and Power Vehicles (Medicare)
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5613	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with hydraulic swing	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5614	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with pneumatic swing	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	1/1/2024	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)

L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	3/1/2017	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	4/1/2025	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)

L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	4/1/2024	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	2/1/2014	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance	2/1/2014	Lower Limb Prosthesis (Company)
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only,	2/1/2014	Lower Limb Prosthesis (Company)
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	2/1/2014	Lower Limb Prosthesis (Company)
L5859	Knee-shin pro flex/ext cont	2/1/2014	Lower Limb Prosthesis (Company)
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	1/1/2024	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5961	Endo poly hip, pneu/hyd/rot	3/1/2011	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	3/1/2017	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)

L5980	All lower extremity prostheses, flex foot system	10/1/2020	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	10/1/2020	Lower Limb Prosthesis (Company); Lower Limb Prosthesis (Medicare)
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	4/1/2025	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6030	Upper extremity addition, external frame, partial hand including fingers	4/1/2025	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	4/1/2025	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	4/1/2025	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6628	Upper extremity addition, quick disconnect hook adapter, otto bock or equal	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6632	Upper extremity addition, latex suspension sleeve, each	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6700	Terminal device, hook, Dorrance, or equal, model #3	4/1/2025	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6810	Addition to terminal device, precision pinch device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7007	Electric hand, switch or myoelectric controlled, adult	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

L7008	Electric hand, switch or myoelectric, controlled, pediatric	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7009	Electric hand, switch or myoelectric, controlled, pediatric	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7045	Electric hook, switch or myoelectric controlled, pediatric	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)

L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L8465	Prosthetic shrinker, upper limb, each	1/1/2015	Myoelectric Upper Limb Prosthesis (Company); Myoelectric Upper Limb Prosthesis (Medicare)
L8614	Cochlear device, includes all internal and external components	5/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8615	Headset/headpiece for use with cochlear implant device, replacement	5/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8616	Microphone for use with cochlear implant device, replacement	5/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8617	Transmitting coil for use with cochlear implant device, replacement	5/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)

L8618	Transmitter cable for use with cochlear implant device, replacement	5/1/2010	Bone-Anchored Hearing Aids (Medicare); Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	5/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8627	Cochlear implant, external speech processor, component, replacement	1/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8628	Cochlear implant, external controller component, replacement	5/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	1/1/2010	Cochlear Implants and Auditory Brainstem Implants (Company); Cochlear Implants and Auditory Brainstem Implants (Medicare)
L8690	Auditory osseointegrated device, includes all internal and external components	11/1/2023	Bone-Anchored Hearing Aids (Company); Bone-Anchored Hearing Aids (Medicare)
E2102	Adjunctive continuous glucose monitor or receiver	4/1/2022	Advanced Diabetes Management Technology (Company)

E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	1/1/2023	Advanced Diabetes Management Technology (Company)
32850	Donor Pneumonectomy(ies) W Prep and Maintenance of Allograft (Cadaver)	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
32852	Lung Transplant, Single, with Cardiopulmonary Bypass	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
32853	Lung Transplant, Double (Sequential or En Bloc); Without Cardpulm Bypa	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
32854	Lung Transplant, Double (Sequential or En Bloc); with CardPulm Bypass	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
33930	Donr Cardiectmy-Pneum,Prep/Main. Hom	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)

33935	Heart-Lung Transplant W Recipient Cardi/	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
33940	Donor Cardectomy,Prep/Mainten. Homo	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
33945	Heart Transplant, W/Wo Recipient Cardiec	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Allogenic	9/1/2003	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Autologous	9/1/2003	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)

38207	Transplant Preparation of Hematopoietic Progenitor Cells; Cryopreservation and Storage	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38208	Transplant Preparation of Hematopoietic Progenitor Cells; Thawing of Previously Frozen Harvest	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38209	Transplant Preparation of Hematopoietic Progenitor Cells; Washing of Harvest	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38210	Transplant Preparation of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38211	Transplant Preparation of Hematopoietic Progenitor Cells; Tumor Cell Depletion	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38212	Transplant Preparation of Hematopoietic Progenitor Cells; Red Blood Cell Removal	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38213	Transplant Preparation of Hematopoietic Progenitor Cells; Platelet Depletion	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38214	Transplant Preparation of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)

38215	Transplant Preparation of Hematopoietic Progenitor Cells; Cell Concentration in Plasma, Mononuclear, or Buffy Coat Layer	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38230	Harvest Bone Marrow For Transplant	9/1/2003	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38232	Bone Marrow Harvesting For Transplantation; Autologous	1/1/2012	Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38240	Bone Marrow Transplantation; Allogenic	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)

			Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Therapy for Orthopedic Applications (Medicare); Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
38241	Bone Marrow Transplant; Autologous	9/1/2003	
38242	Bone Marrow or Blood-Derived Peripheral Stem Cell Transplantation; Allogeneic Donor Lymphocyte Infusions	9/1/2003	Stem Cell Transplantation (Company); Stem Cell Transplantation (Medicare)
44133	Donor Enterectomy, Open, w Allograft Prep & Maintenance; Living Donor	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
44136	Intestinal Allotransplantation; From Living Donor	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47133	Donor Hepatectomy,W Prep & Maintenance-H	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47135	Transplant Liver (Recipient)	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)

47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47144	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; W Trisegment Split Of Graft Into Two Partial Grafts	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47145	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; With Lobe Split Of Graft Into Two Partial Grafts	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
48550	Donor Pancreatectomy For Transplantation	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
48554	Transplantation of Pancreatic Allograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)

48556	Removal of Transplanted Pancreatic Allograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50300	Nephrectomy Cadaver Donor	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50320	Donor Nephrectomy;from Living Donor,Unil	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50340	Nephrectomy Recipient Unilateral	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50360	Transplant Renal Homograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)

50365	Renal Homotxplnt,Implnt Gft; w/Recipnt Ne	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50370	Removal of Transplanted Homograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50380	Transplant Renal Autograft	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
50547	Laparoscopy, surgical; donor nephrectomy from living donor	9/1/2003	Organ Transplantation (Company); Organ Transplantation (Medicare)
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	1/1/2018	Organ Transplantation (Company); Organ Transplantation (Medicare)
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	1/1/2018	Organ Transplantation (Company); Organ Transplantation (Medicare)

	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	1/1/2018	Organ Transplantation (Company); Organ Transplantation (Medicare)
0496T			

Medications									
Procedure Code	Description	Brand Name	Therapeutic Class	Category	Reimbursement Type	PHP Pharmacy Policy Name	Notes		Effective Date
A2004	Xcellistem, 1 mg	XCelliStem	Porcine Skin Dressings, Non-Living	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy			1/1/2026
A2014	Ormeza collagen matrix, per 100 mg	OCM	Wound Care - Dressings	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy			1/1/2026
A2025	Miro3d, per cubic centimeter	Miro3D	Porcine Skin Dressings, Non-Living	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy			1/1/2026
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	MuGard	Mouth and Throat - Protectants	Mouth-Throat-Dental - Preparations	Medical Only	ORAL RINSES			1/1/2026
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Lutathera	Antineoplastic - Radiolabeled Somatostatin Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT			1/1/2026
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie (For billing prior to 1/1/15 use C9399 or A9699)	Xofigo	Antineoplastic - Radiopharmaceuticals	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT			1/1/2026
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Pluvicto	Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT			1/1/2026
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Relizorb	Medical Supply, FDB Superset	Medical Supply, FDB Superset	Medical Only	MEDICAL NUTRITION			1/1/2026
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids (Effective 2/1/07 Code Price is per 10 gm lipids and is based on median pricing methodology - previously Code Price was based on 1 mL and average pricing methodology)	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026
B4187	Omegaven, 10 grams lipids (Code Price is based on median pricing methodology)	Omegaven	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)			1/1/2026

B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4220	Parenteral nutrition supply kit; premix, per day	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4222	Parenteral nutrition supply kit; home mix, per day	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B4224	Parenteral nutrition administration kit, per day	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	Parenteral Nutrition (TPN)		Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026

B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	Parenteral Nutrition (TPN)	Parenteral Nutrition - Intravenous Fat Emulsions	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)	1/1/2026
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	Datroway	Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	1/1/2026
C9175	Injection, treosulfan, 50 mg	Grafapex	Antineoplastic - Alkylating Agent - Alkyl Sulfonates	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	1/1/2026
C9306/J3490	Imaavy	Injection, nipocalimab-aahu, 3 mg	Neonatal Fc Receptor (FcRn) Inhibitor	Antimyasthenic Agent	Medical Only	FcRn ANTAGONISTS	1/1/2026
C9307	Lynzyfic	linvoseltamab-gcpt	Antibody	Hematological Agents	Medical Only	T-CELL THERAPY	1/16/2026
C9306/J9999	Emrelis	Injection, telisotuzumab vedotin-tilv, 1 mg	Antibody - Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	1/1/2026
C9399	Unclassified drugs or biologicals (This code should only be used for drugs and biologicals that are approved by the FDA on or after January 1, 2004) (Hospital Outpatient Use ONLY)	Prevymis	CMV Antiviral Agent - Terminase Complex Inhibitors	Anti-Infective Agents	Medical Only	PREVYMI	1/1/2026
J0172	Aduhelm	Injection, aducanumab-avwa, 2 mg (All NDCs inactive as of 1/9/2025)	Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody	Cognitive Disorder Therapy	Medical Only	ANTI-AMYLOID MONOCLONAL ANTIBODIES	1/1/2026
J0175	Injection, donanemab-azbt, 2 mg	Kisunla	Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody	Cognitive Disorder Therapy	Medical Only	ANTI-AMYLOID MONOCLONAL ANTIBODIES	1/1/2026
J0177	Injection, aflibercept hd, 1 mg	Eylea	Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents	Ophthalmic Agents	Medical Only	OPHTHALMIC VEGF INHIBITORS	1/1/2026
J0179	Injection, brolucizumab-dbl, 1 mg	Beovu	Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists	Ophthalmic Agents	Medical Only	OPHTHALMIC VEGF INHIBITORS	1/1/2026
J0202	Injection, alemtuzumab, 1 mg	Lemtrada	Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody	Multiple Sclerosis Agents	Medical Only	LEMTRADA	1/1/2026
J0208	Injection, sodium thiosulfate (pedmark), 100 mg	Pedmark	Otoprotective Agents used in conjunction with Chemotherapy	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	1/1/2026

J0217	Injection, velmanase alfa-tycv, 1 mg	Lamzede	Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis	Metabolic Disease Enzyme Replacement Agents	Medical Only	ENZYME REPLACEMENT THERAPY		1/1/2026
J0218	Injection, olipudase alfa-rpcp, 1 mg	Xenpozyme	Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency	Metabolic Disease Enzyme Replacement Agents	Medical Only	ENZYME REPLACEMENT THERAPY		1/1/2026
J0224	Injection, lumasiran, 0.5 mg	Oxlumo	Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed	Genitourinary Therapy	Medical Only	HYPEROXALURIA AGENTS		1/1/2026
J0567	Injection, cerliponase alfa, 1 mg	Brineura	Metabolic Disease Enzyme Replacement, Batten Disease	Metabolic Disease Enzyme Replacement Agents	Medical Only	ENZYME REPLACEMENT THERAPY		1/1/2026
J0585	Injection, onabotulinumtoxinA, 1 unit	Botox	Neuromuscular Blocker - Neurotoxins	Locomotor System	Medical Only	BOTULINUM TOXIN		1/1/2026
J0586	Injection, abobotulinumtoxinA, 5 units (For billing prior to 1/1/10 use J3590 or C9399)	Dysport	Neuromuscular Blocker - Neurotoxins	Locomotor System	Medical Only	BOTULINUM TOXIN		1/1/2026
J0587	Injection, rimabotulinumtoxinB, 100 units	Myobloc	Neuromuscular Blocker - Neurotoxins	Locomotor System	Medical Only	BOTULINUM TOXIN		1/1/2026
J0588	Injection, incobotulinumtoxinA, 1 unit	Xeomin	Neuromuscular Blocker - Neurotoxins	Locomotor System	Medical Only	BOTULINUM TOXIN		1/1/2026
J0589	Injection, daxibotulinumtoxinA-lanm, 1 unit	Daxxify	Neuromuscular Blocker - Neurotoxins	Locomotor System	Medical Only	BOTULINUM TOXIN		1/1/2026
J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units (For billing prior to 1/1/16 use C9445 or J3590)	Ruconest	C1 Esterase Inhibitor Agents	Hematological Agents	Medical Only	ACUTE HEREDITARY ANGIOEDEMA THERAPY		1/1/2026
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units (For billing prior to 1/1/11 use J3590 or C9269)	Berinert	C1 Esterase Inhibitor Agents	Hematological Agents	Pharmacy and Medical	ACUTE HEREDITARY ANGIOEDEMA THERAPY		1/1/2026
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	Cinryze	C1 Esterase Inhibitor Agents	Hematological Agents	Medical Only	PROPHYLACTIC HEREDITARY ANGIOEDEMA THERAPY		1/1/2026
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	chorionic	Human Chorionic Gonadotropin (hCG)	Endocrine	Medical Only	FERTILITY AND RELATED MEDICATIONS		1/1/2026
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (For billing prior to 1/1/11 use J3590 or C9266)	Xiaflex	Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme	Locomotor System	Medical Only	XIAFLEX		1/1/2026
J0870	Injection, imetelstat, 1 mg	Rytelo	Antineoplastic - Telomerase Inhibitors	Antineoplastics	Medical Only	REBLOZYL_RYTELO		1/1/2026
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Epogen	Erythropoietin	Hematological Agents	Pharmacy and Medical	ERYTHROPOIESIS STIMULATING AGENTS (ESAs)		1/1/2026
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Mircera	Erythropoietin	Hematological Agents	Medical Only	ERYTHROPOIESIS STIMULATING AGENTS (ESAs)		1/1/2026

J0893	Injection, decitabine (sun pharma), not therapeutically equivalent to J0894, 1 mg	decitabine (sun pharma)	Antineoplastic - Antimetabolite - Pyrimidine Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J0894	Injection, decitabine, 1 mg	decitabine	Antineoplastic - Antimetabolite - Pyrimidine Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J0901	Vadadustat, oral, 1 mg (for esrd on dialysis)	Vafseo	Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh	Hematological Agents	Pharmacy and Medical	JESDUVROQ_VAFSEO		1/1/2026
J0897	Injection, denosumab, 1 mg	Prolia/Zgeva	RANK ligand (RANKL) inhibitor, MC Antibody	Bone Resorption Inhibitors	Medical Only	DENOSUMAB		1/16/2026
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	Pomibili	Metabolic Disease Enzyme Replacement, Pompe Disease	Metabolic Disease Enzyme Replacement Agents	Medical Only	ENZYME REPLACEMENT THERAPY		1/1/2026
J1290	Injection, ecallantide, 1 mg (For billing prior to 1/1/11 use J3590 or C9263)	Kalbitor	Plasma Kallikrein Inhibitor Agents, Recombinant Protein	Cardiovascular Therapy Agents	Medical Only	ACUTE HEREDITARY ANGIOEDEMA THERAPY		1/1/2026
J1302	Injection, sutimlimab-jome, 10 mg	Enjaymo	Agents to Treat Cold Agglutinin Disease (CAD)	Hematological Agents	Medical Only	T-CELL THERAPY		1/1/2026
J1304	Injection, tofersen, 1 mg	Qalsody	ALS Agents - Antisense Oligonucleotide (ASO)	Locomotor System	Medical Only	MEDICATIONS FOR RARE INDICATIONS	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J1307	Injection, crovalimab-akkz, 10 mg	Piasky	Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH)	Hematological Agents	Medical Only	COMPLEMENT INHIBITORS		1/1/2026
J1323	Injection, elranatamab-bcmm, 1 mg	Elrrexio	Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J1325	Injection, epoprostenol, 0.5 mg (see J3490 or S0155 for billing epoprostenol diluent)	epoprostenol	Pulmonary Antihypertensive Agents - Prostacyclin-type	Cardiovascular Therapy Agents	Medical Only	PULMONARY HYPERTENSION		1/1/2026
J1326	Injection, zolbetuximab-clzb, 2 mg	Vyloy	Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J1411	Injection, etranacogene dezaparvovec-drib, per therapeutic dose	Hemgenix	Gene Therapy Agents - Factor IX Deficiency	Biologics	Medical Only	GENE THERAPY FOR HEMOPHILIA	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J1412	Injection, valoctocogene roxaparvovec-rovx, per ml, containing nominal 2 x 10^13 vector genomes	Roctavian	Gene Therapy Agents - Factor VIII Deficiency	Biologics	Medical Only	GENE THERAPY FOR HEMOPHILIA	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025

J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Elevidys	Duchenne Muscular Dystrophy - Gene Therapy Agents	Locomotor System	Medical Only	ELEVIDYS	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Beqvez	Gene Therapy Agents - Factor IX Deficiency	Biologicals	Medical Only	GENE THERAPY FOR HEMOPHILIA	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J1440	Fecal microbiota, live - jslm, 1 ml (Code reused effective 7/1/2023)	Rebyota	Fecal Microbiota Transplantation (FMT)	Gastrointestinal Therapy Agents	Medical Only	FECAL MICROBIOTA AGENTS		1/1/2026
J1448	Injection, trilaciclib, 1mg	Cosela	Bone Marrow Protective Agents used in conjunction with Chemotherapy	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J1460	Injection, gamma globulin, intramuscular, 1 cc	GamaSTAN	Immune Globulin - gamma globulin (IgG), human	Biologicals	Medical Only	IMMUNE GAMMA GLOBULIN (IgG)		1/1/2026
J1560	Injection, gamma globulin, intramuscular, over 10 cc (1 unit= 10cc)	GamaSTAN	Immune Globulin - gamma globulin (IgG), human	Biologicals	Medical Only	IMMUNE GAMMA GLOBULIN (IgG)		1/1/2026
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg (Only Carimune NF, Panglobulin NF and Gammagard S/D should be billed using this code)	Gammagard	Immune Globulin - gamma globulin (IgG), human	Biologicals	Medical Only	IMMUNE GAMMA GLOBULIN (IgG)		1/1/2026
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	Flebogamma	Immune Globulin - gamma globulin (IgG), human	Biologicals	Medical Only	IMMUNE GAMMA GLOBULIN (IgG)		1/1/2026
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Lupron	LHRH (GnRH) Agonist Analog Pituitary Suppressants	Endocrine	Pharmacy and Medical	GONADOTROPIN RELEASING HORMONE AGONISTS		1/1/2026
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Fensolvi	LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty	Endocrine	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		1/1/2026
J1952	Leuprolide injectable, camcevi, 1 mg	Camcevi	Antineoplastic - LHRH (GnRH) Agonist Analog Pitillary Suppressants	Antineoplastics	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		1/1/2026
J1954	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg	Lutrate	LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty	Endocrine	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		1/1/2026
J2212	Injection, methylnaltrexone, 0.1 mg (For billing prior to 1/1/13 use J3490 or C9399)	Relistor	Mu-Opioid Receptor Antagonists, Peripherally-Acting	Antidotes and other Reversal Agents	Pharmacy and Medical	CONSTIPATION AGENTS		1/1/2026

J2277	Injection, motixafortide, 0.25 mg	Aphexda	CXCR4 Chemokine Receptor Antagonists	Hematological Agents	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J2326	Injection, nusinersen, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9489 for OPPS billing)	Spinraza	Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide	Locomotor System	Medical Only	THERAPIES FOR SPINAL MUSCULAR ATROPHY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J2502	Injection, pasireotide long acting, 1 mg (Code Price is based on Median pricing methodology due to flat pricing) (For billing prior to 1/1/16 use C9454 or J3490)	Signifor	Somatostatic Agents	Endocrine	Medical Only	PITUITARY DISORDER THERAPIES		1/1/2026
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	Elfabrio	Metabolic Disease Enzyme Replacement, Fabry's Disease	Metabolic Disease Enzyme Replacement Agents	Medical Only	ENZYME REPLACEMENT THERAPY		1/1/2026
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo	Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors	Ophthalmic Agents	Medical Only	OPHTHALMIC VEGF INHIBITORS		1/1/2026
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Susvimo	Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists	Ophthalmic Agents	Medical Only	OPHTHALMIC VEGF INHIBITORS		1/1/2026
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	Syfovre	Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents	Ophthalmic Agents	Medical Only	GEOGRAPHIC ATROPHY AGENTS		1/1/2026
J2782	Injection, avacincapted pegol, 0.1 mg	Izervay	Ophthalmic Complement Inhibitors	Ophthalmic Agents	Medical Only	GEOGRAPHIC ATROPHY AGENTS		1/1/2026
J2786	Injection, reslizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9481 for OPPS billing)	Cinqlair	Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAB	Respiratory Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Riboflavin	Ophthalmic - Agents for Corneal Collagen Cross-Linking	Ophthalmic Agents	Medical Only	Corneal Collagen Cross-Linking: Medical Policy 158		1/1/2026
J2793	Injection, rilonacept, 1 mg (For billing prior to 1/1/10 use J3590 or C9399)	Arcalyst	Anti-inflammatory - Interleukin-1 Receptor Antagonist	Analgesic, Anti-inflammatory or Antipyretic	Medical Only	INTERLEUKIN1 INHIBITORS		1/1/2026
J2860	Injection, siltuximab, 10 mg (Code re-used by CMS effective 1/1/16) (For billing prior to 1/1/16 use C9455 or J3590)	Sylvant	Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody	Antineoplastics	Medical Only	SYLVANT		1/1/2026
J2998	Injection, plasminogen, human-tvh, 1 mg	Ryplazim	Plasma Proteins Which Facilitate Anticoagulation	Hematological Agents	Medical Only	RYPLAZIM		1/1/2026

J3055	Injection, talquetamab-tgvs, 0.25 mg	Talvey	Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J3145	Injection, testosterone undecanoate, 1 mg (For billing prior to 1/1/15 use C9023 or J3490)	Aveda	Androgen - Single Agents	Endocrine	Medical Only	MEDICAL HORMONE THERAPY		1/1/2026
J3285	Injection, treprostinil, 1 mg	treprostinil	Pulmonary Antihypertensive Agents - Prostacyclin-type	Cardiovascular Therapy Agents	Medical Only	PULMONARY HYPERTENSION		1/1/2026
J3315	Injection, triptorelin pamoate, 3.75 mg	Treistar	Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressors	Antineoplastics	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		1/1/2026
J3316	Injection, triptorelin, extended-release, 3.75 mg	Triptodur	LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty	Endocrine	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		1/1/2026
J3358	Ustekinumab, for intravenous injection, 1 mg (For billing prior to 1/1/18 use Q9989)	Stelara	Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab	Gastrointestinal Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
J3358	Ustekinumab, for intravenous injection, 1 mg (For billing prior to 1/1/18 use Q9989)	Stelara IV	Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab	Gastrointestinal Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
J3391	Injection, atidarsagene autotemcel, per treatment	Lenmelyd	Gene Therapy Agents - CD34+ Hematopoietic Stem Cells (HSCs)	Hematological Agents	Medical Only	LENMELDY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J3392	Injection, exagamglogene autotemcel, per treatment	Casgevy	Sickle Cell Anemia Agents - Cell/Gene Therapy	Hematological Agents	Medical Only	Gene Therapies For Hemoglobin Disorders	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J3393	Injection, betibeglogene autotemcel, per treatment	Zynteglo	Gene Therapy Agents - CD34+ Hematopoietic Stem Cells (HSCs)	Hematological Agents	Medical Only	Gene Therapies For Hemoglobin Disorders	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J3394	Injection, lovitibeglogene autotemcel, per treatment	Lyfgenia	Gene Therapy Agents - CD34+ Hematopoietic Stem Cells (HSCs)	Hematological Agents	Medical Only	Gene Therapies For Hemoglobin Disorders	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J3398	Injection, voretigene neparovec-rzyl, 1 billion vector genomes	Luxturna	Gene Therapy - Retinal Pigment Epithelial Protein	Ophthalmic Agents	Medical Only	LUXTURNA	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Zolgensma	Gene Therapy Agents - SMN Protein Deficiency	Biologicals	Medical Only	THERAPIES FOR SPINAL MUSCULAR ATROPHY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025

J3401	Beremagene geperpavect-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/ml vector genomes, per 0.1 ml	Vyjuvek	Dermatologica I - Gene Therapy Agents	Dermatological	Medical Only	MEDICATIONS FOR RARE INDICATIONS	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J3402	Ryoncil	Injection, remestemcel-l-rknd, per therapeutic dose	Immunomodulator - Cell Therapy	Immunosuppressive Agents	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J3403	Encelto	Revakinagene tarotretcel-lwey, per implant	Cell Therapy - Retinal Pigment Epithelial Cells	Ophthalmic - Cell/Gene Therapy Agents	Medical Only	NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J3490	Unclassified drugs	Clinimix	Parenteral Nutrition-Amino Acid, Dextrose and Electrolytes Combination	Electrolyte Balance-Nutritional Products	Medical Only	TOTAL PARENTERAL NUTRITION (TPN)		1/1/2026
J3490	testosterone pellet (non compounded)	Not otherwise classified drugs	Androgen - Single Agents	Endocrine	Medical Only	MEDICAL HORMONE THERAPY		1/1/2026
J3490/J7999	Ketamine IV	Ketamine			Medical Only	KETAMINE		1/16/2026
J3590/C9399	Starjemyza (IV)	Starjemyza IV (ustekinumab-hmny)	Inflammatory Bowel Agents	Gastrointestinal Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
J3590/C9399	Zevaskyn	Zevaskyn (Prademagene zamikeracel)	Dermatologica I - Gene Therapy Agents	Dermatological	Medical Only	MEDICATIONS FOR RARE INDICATIONS	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J7170	Injection, emicizumab-kxwh, 0.5 mg	Hemlibra	Hemophilia Treatment Agents - Monoclonal Antibody	Hematological Agents	Medical Only	HEMLIBRA		1/1/2026
J7171	Injection, adamts13, recombinant-khrn, 10 iu	Adzynma	Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy	Hematological Agents	Medical Only	ENZYME REPLACEMENT THERAPY		1/1/2026
J7172	Injection, marstacimab-hncq, 0.5 mg	Hympavzi	Hemophilia Treatment Agents - Monoclonal Antibody	Hematological Agents	Medical Only	Hemophilia Prophylactic Agents		1/1/2026
J7173	Alhemo	Injection, concizumab-mtci, 0.5 mg	Hemophilia Treatment Agents - Monoclonal Antibody	Hemophilia Treatment Agents, Non-Factor Replacements	Medical Only	Hemophilia Prophylactic Agents		1/1/2026
J7174	Qfitia	Injection, fitusiran, 0.04 mg	Hemophilia Treatment Agents - Monoclonal Antibody	Hemophilia Treatment Agents, Non-Factor Replacements	Medical Only	Hemophilia Prophylactic Agents		1/1/2026
J7330	Autologous cultured chondrocytes, implant (Code Price is per sheet/implant)	MACI	Musculoskeletal Therapy Agent - Joint Tissue Replacement	Locomotor System	Medical Only	MEDICAL POLICY NUMBER: 137		1/1/2026
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Durysta	Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs	Ophthalmic Agents	Medical Only	OPHTHALMIC PROSTAGLANDIN IMPLANTS		1/1/2026
J7352	Afamelanotide implant, 1 mg	Scenesse	Dermatologica I - Pigmenting, Melanocyte-Stimulating Hormone Analog	Dermatological	Medical Only	SCENESSE		1/1/2026

J7355	Injection, travoprost, intracameral implant, 1 microgram	iDose	Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs	Ophthalmic Agents	Medical Only	OPHTHALMIC PROSTAGLANDIN IMPLANTS	1/1/2026
J7601	Ensifentrine, inhalation suspension, fda approved final product, non-compounded, administered through dme, unit dose form, 3 mg	Ohtuvayre	Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors	Respiratory Therapy Agents	Medical Only	OHTUVAYRE	1/1/2026
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg (For billing prior to 1/1/11 use J7699)	Tyvaso	Pulmonary Antihypertensive Agents - Prostacyclin-type	Cardiovascular Therapy Agents	Pharmacy and Medical	PULMONARY HYPERTENSION	1/1/2026
J8565	Gefitinib, oral, 250 mg	gefitinib	Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor	Antineoplastics	Pharmacy and Medical	ANTI-CANCER MEDICATIONS: SELF ADMINISTERED - maybe eligible for coverage under medical	1/1/2026
J8600	Melphalan, oral, 2 mg (All NDCs inactive effective 5/15/24)	Alkeran	Antineoplastic - Alkylating Agent - Nitrogen Mustards	Antineoplastics	Pharmacy and Medical	ANTI-CANCER MEDICATIONS: SELF ADMINISTERED - maybe eligible for coverage under medical	1/1/2026
J8700	Temozolomide, oral, 5 mg	temozolomide	Antineoplastic - Alkylating Agent - Triazenes	Antineoplastics	Pharmacy and Medical	ANTI-CANCER MEDICATIONS: SELF ADMINISTERED - maybe eligible for coverage under medical	1/1/2026
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Rylaze	Antineoplastic - Asparaginase Enzyme Therapy Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9025	Injection, azacitidine, 1 mg	azacitidine	Antineoplastic - Antimetabolite - Pyrimidine Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9026	Injection, tarlatastab-dlle, 1 mg	Imdeltra	Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities 9/1/2025
J9028	Injection, nogapendekin alfa inbakcept-pmln, for intravesical use, 1 microgram	Anktiva	Antineoplastic - Other	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Adstiladrin	Antineoplastic - Gene Therapy Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities 9/1/2025
J9032	Injection, belinostat, 10 mg (For billing prior to 1/1/16 use C9442 or J9999)	Beleodaq	Antineoplastic - Histone deacetylase (HDAC) inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9033	Injection, bendamustine hydrochloride, 1 mg	bendamustine	Antineoplastic - Alkylating Agent - Other	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Bendeka	Antineoplastic - Alkylating Agent - Other	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025

J9035	Injection, bevacizumab, 10 mg	Avastin	ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Belrapzo	Antineoplastic - Alkylating Agent - Other	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9038	Injection, axatilimab-csfr, 0.1 mg	Niktimvo	Immunosuppressive - GCSF-R Antagonist, Monoclonal Antibody	Immunosuppressive Agents	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	
J9041	Injection, bortezomib, 0.1 mg	bortezomib	Antineoplastic - Proteasome Enzyme Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9042	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)	Adcetris	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9043	Injection, cabazitaxel, 1 mg (For billing prior to 1/1/12 use J9999 or C9276)	Jevtana	Antineoplastic - Taxanes	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9047	Injection, carfilzomib, 1 mg (For billing prior to 1/1/14 use C9295 or J9999)	Kyprolis	Antineoplastic - Proteasome Enzyme Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg (All NDCs inactive as of 4/3/2024)	bortezomib (fresenius kabi)	Antineoplastic - Proteasome Enzyme Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg	bortezomib (hospira)	Antineoplastic - Proteasome Enzyme Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9051	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	bortezomib (maia)	Antineoplastic - Proteasome Enzyme Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9054	Injection, bortezomib (boruzu), 0.1 mg	Borzu	Antineoplastic - Proteasome Enzyme Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Vivimusta	Antineoplastic - Alkylating Agent - Other	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9057	Injection, copanlisib, 1 mg (All NDCs inactive as of 10/16/2024)	Aliqopa	Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9061	Injection, amivantamab-vmjw, 2 mg	Rybrevant	Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Elahere	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT	9/1/2025

J9118	Injection, calaspargase pegol-mknl, 10 units	Asparlas	Antineoplastic - Asparaginase Enzyme Therapy Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9119	Injection, cemiplimab-rwlc, 1 mg	Libtayo	Antineoplastic- Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib.	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Vyxeos	Antineoplastic - Antibiotic and Antimetabolite Combinations	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9172	Injection, docetaxel (docivyx), 1 mg	Docivyx	Antineoplastic - Taxanes	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9176	Injection, elotuzumab, 1 mg (For billing prior to 1/1/17 use J9999 or C9477 for OPPS billing)	Empliciti	Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Padcev	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9179	Injection, eribulin mesylate, 0.1 mg (For billing prior to 1/1/12 use J9999 or C9280)	eribulin	Antineoplastic - Microtubule Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg (For billing prior to 1/1/18 use J9999 or C9399 for OPPS billing)	Mylotarg	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9204	Injection, mogamulizumab-kpck, 1 mg	Poteligeo	Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-Mab	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9205	Injection, irinotecan liposome, 1 mg (For billing prior to 1/1/17 use J9999 or C9474 for OPPS billing)	Onivyde	Antineoplastic - Topoisomerase I Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9207	Injection, ixabepilone, 1 mg	Ixempra	Antineoplastic - Epothilones and Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9210	Injection, emapalumab-izsg, 1 mg	Gamifant	Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody	Immunosuppressive Agents	Medical Only	MEDICATIONS FOR RARE INDICATIONS		9/1/2025
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Eligard, Lupron	Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants	Antineoplastics	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		9/1/2025
J9218	Leuprolide acetate, per 1 mg	leuprolide	Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants	Antineoplastics	Pharmacy and Medical	GONADOTROPIN RELEASING HORMONE AGONISTS		9/1/2025

J9223	Injection, lurbinectedin, 0.1 mg	Zepzelca	Antineoplastic- Alkylating Agent- Tetrahydroiso quinoline and Derivatives	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9226	Histrelin implant (Suprelrin LA), 50 mg	Suprelrin	LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty	Endocrine	Medical Only	GONADOTROPIN RELEASING HORMONE AGONISTS		9/1/2025
J9227	Injection, isatuximab-irfc, 10 mg	Sarclisa	Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Besponsa	Antineoplastic - Antibody- Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	melphalan	Antineoplastic - Alkylating Agent - Nitrogen Mustards	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9246	Injection, melphalan (evomela), 1 mg	Evomela	Antineoplastic - Alkylating Agent - Nitrogen Mustards	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9248	Injection, melphalan (hepzato), 1 mg	Hepzato	Antineoplastic - Alkylating Agent - Nitrogen Mustards	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9249	Injection, melphalan (apotex), 1 mg	Ivra	Antineoplastic - Alkylating Agent - Nitrogen Mustards	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J9261	Injection, nelarabine, 50 mg	Arranon	Antineoplastic - Antimetabolite - Purine Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Abraxane	Antineoplastic - Taxanes	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Elzonris	Antineoplastic- CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Tivdak	Antineoplastic - Antibody- Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9274	Injection, tebentafusp-tebn, 1 microgram	Kimmtrak	Immune- Mobilizing Monoclonal TCR Against Cancer (ImmTAC)	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J9276	Injection, zanidatamab-hrii, 2 mg	Zihera	Antineoplastic - Bispecific HER2- Directed Monoclonal Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026

J9281	Mitomycin pyelocalyceal instillation, 1 mg	Jelmyto	Antineoplastic Antibiotic - Others	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9286	Injection, glofitamab-gxmb, 2.5 mg	Columvi	Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J9302	Injection, ofatumumab, 10 mg (For billing prior to 1/1/11 use J9999 or C9260)	Arzerra	Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9306	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)	Perjeta	Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9307	Injection, pralatrexate, 1 mg (For billing prior to 1/1/11 use J9999 or C9259)	Folotyn	Antineoplastic - Antimetabolite - Folic Acid Analogs	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9308	Injection, ramucirumab, 5 mg (For billing prior to 1/1/16 use C9025 or J9999)	Cyramza	Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Polivy	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9312	Injection, rituximab, 10 mg	Rituxan	DMARD - B Cell Targeted Agents	Analgesic, Anti-inflammatory or Antipyretic	Medical Only	RITUXIMAB		9/1/2025
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	romidepsin	Antineoplastic - Histone deacetylase (HDAC) inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Istodax	Antineoplastic - Histone deacetylase (HDAC) inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9321	Injection, epcoritamab-bysp, 0.16 mg	Epkinly	Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units (For billing prior to 1/1/17 use J9999 or C9472 for OPPS billing)	Imlygic	Live Vaccine and Live Virus Formulations	Biologicals	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9329	Injection, tisilizumab-jsgt, 1mg	Tevimbra	Antineoplastic- Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib.	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025

J9330	Injection, temsirolimus, 1 mg	Torisel	Antineoplastic - mTOR Kinase Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9331	Injection, sirolimus protein-bound particles, 1 mg	Fyarro	Antineoplastic - mTOR Kinase Inhibitors	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9345	Injection, retifanlimab-dlw, 1 mg	Zynzy	Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib.	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9347	Injection, tremelimumab-acti, 1 mg	Imjudo	Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9348	Injection, naxitamab-gqgk, 1 mg	Danyelza	Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9349	Injection, tafasitamab-cxix, 2 mg	Monjuvi	Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9350	Injection, mosunetuzumab-axgb, 1 mg (Code reused effective 7/1/2023)	Lunsumio	Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J9352	Injection, trabectedin, 0.1 mg (For billing prior to 1/1/17 use J9999 or C9480 for OPPS billing)	Yondelis	Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9353	Injection, margetuximab-cmkb, 5 mg	Margenza	Epidermal Growth Factor Receptor Blocker (HER-2 Type), Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9354	Kadcyla	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Herceptin	Epidermal Growth Factor Receptor Blocker (HER-2 Type), Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Enhertu	Antineoplastic - Antibody-Drug Conjugates (ADCs)	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9359	Injection, loncastuximab tesirine-ipy, 0.075 mg	Zynlonta	Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025

J9361	Ryzneuta	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Granulocyte Colony-Stimulating Factor (G-CSF)	Hemaopoietic Agents	Medical Only	GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) Step Therapy Policy		1/1/2026
J9376	Injection, pozelimab-bbfg, 1 mg	Veopoz	Agents to Treat CHAPLE Disease	Gastrointestinal Therapy Agents	Medical Only	MEDICATIONS FOR RARE INDICATIONS		9/1/2025
J9380	Injection, teclistamab-cqyv, 0.5 mg (Code reused effective 7/1/2023)	Tecvayli	Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
J9381	Injection, teplizumab-mzwv, 5 mcg	Tzield	Antidiabetic - CD3 Directed Monoclonal Antibody	Endocrine	Medical Only	TZIELD		9/1/2025
J9382	Injection, zenocutuzumab-zbco, 1 mg	Bizengri	Antineoplastic - Bispecific HER2 and HER3-Directed Monoclonal Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
J9400	Injection, ziv-aflibercept, 1 mg (For billing prior to 1/1/14 use C9296 or J9999)	Zaltrap	Antineoplastic- Vasc Endothelial Growth Fac (VEGF-A,B and PIGF) Inhibitor	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		9/1/2025
J9999	Not otherwise classified, antineoplastic drugs	Amtagvi	Antineoplastic - CD4 and CD8 Tumor-Derived T-cell Immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
J9999/C9399	Keytruda Qlex	Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)	Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib.	Antineoplastics	Medical Only	NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST		1/1/2026
J9999/C9399	Blenrep	Blenrep (Belantamab mafodotin-blmf)	Antineoplastic - Antibodies	Antineoplastics	Medical Only	NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST		1/1/2026
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-ccd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (For billing prior to 4/1/18 use J9999 or C9399 for OPPS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	Yescarta	Antineoplastic - CD-19 directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code was reused by CMS 1/1/2019) (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	Kymriah	Antineoplastic - CD-19 directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025

Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion (Code Price is per 250 mL)	Provenge	Antineoplastic - Immunotherapy, Therapeutic Vaccines	Antineoplastics	Medical Only	PROVENGE	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti- <i>cd19</i> car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Tecartus	Antineoplastic - CD-19 directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti- <i>cd19</i> car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Breyanzi	Antineoplastic - CD-19 directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	Abecma	Antineoplastic - BCMA directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
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 (Code Price is for drug only)	Carvykti	Antineoplastic - BCMA directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	9/1/2025
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecelra	Antineoplastic - MAGE-A4 directed TCR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
Q2058	Obecabtagene autoleucel, 10 up to 400 million <i>cd19</i> car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion (Split dose infusion; complete therapy=2 separate infusions 10 days apart)	Aucatzyt	Antineoplastic - CD-19 directed CAR-T cell immunotherapy	Antineoplastics	Medical Only	T-CELL THERAPY	For Gene Therapy & CAR-T: Single Case Agreement needed non-contracted facilities	1/1/2026
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms (Please note: AWP/WAC pricing is the same for the 10 mcg and 20 mcg unit dose vials. Therefore bill/reimburse 1 unit of the code regardless of strength used)	Ventavis	Pulmonary Antihypertensive Agents - Prostacyclin-type	Cardiovascular Therapy Agents	Medical Only	PULMONARY HYPERTENSION		1/1/2026
Q4100	Skin substitute, not otherwise specified	Puracol	Wound Care - Dressings	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026

Q4101	Apigraf, per square centimeter	Apigraf	Skin Replacement, Live Tissue Dressings	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q4102	Oasis Wound Matrix, per square centimeter (Code Price is based on median pricing methodology)	OASIS	Skin Replacement, Live Tissue Dressings	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q4124	Oasis Ultra Tri-Layer Wound Matrix, per square centimeter (Code Price is based on median pricing methodology)	OASIS	Skin Replacement, Live Tissue Dressings	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q4132	Grafix Core and GrafixPL Core, per square centimeter (Code Price is based on median pricing methodology)	Grafix	Human Cellular Regenerative Tissue Matrix	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q4165	Keramatrix or kerasorb, per square centimeter (Code Price is based on Median Pricing Methodology)	Keramatrix	Ovine (sheep) Skin Dressings, Non-Living	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q4167	TruSkin, per square centimeter (Code Price is based on Median Pricing Methodology)	TruSkin	Human Cellular Regenerative Tissue Matrix	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q4175	Miroderm, per square centimeter (Code Price is based on Median Pricing Methodology)	MiroDerm	Porcine Skin Dressings, Non-Living	Dermatological	Medical Only	Skin and Tissue Substitutes Company Policy		1/1/2026
Q5100	Injection, ustekinumab-kfce (vesintek), biosimilar, 1 mg	Yesintek	Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab	Gastrointestinal Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Retacrit	Erythropoietin	Hematological Agents	Pharmacy and Medical	ERYTHROPOEISIS STIMULATING AGENTS (ESAs)		1/1/2026
Q5111	Udenyca	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	Granulocyte Colony-Stimulating Factor (G-CSF)	Hemaopoietic Agents	Medical and Pharmacy Benefit	GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) Step Therapy Policy		1/1/2026
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Ontruzant	Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Herzuma	Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Kanjinti	Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
Q5120	Ziextenzo	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Granulocyte Colony-Stimulating Factor (G-CSF)	Hemaopoietic Agents	Medical and Pharmacy Benefit	GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) Step Therapy Policy		1/1/2026
Q5122	Nyvepria	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Granulocyte Colony-Stimulating Factor (G-CSF)	Hemaopoietic Agents	Medical and Pharmacy Benefit	GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) Step Therapy Policy		1/1/2026

Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Riabni	DMARD - B Cell Targeted Agents	Analgesic, Anti-inflammatory or Antipyretic	Medical Only	RITUXIMAB		1/1/2026
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Alymsys	ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
Q5127	Stimufend	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Granulocyte Colony-Stimulating Factor (G-CSF)	Hemaopoietic Agents	Medical and Pharmacy Benefit	GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) Step Therapy Policy		1/1/2026
Q5129	Injection, bevacizumab-addc (vegzelma), biosimilar, 10 mg	Vegzelma	ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
Q5130	Fylnetra	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Granulocyte Colony-Stimulating Factor (G-CSF)	Hemaopoietic Agents	Medical and Pharmacy Benefit	GRANULOCYTE COLONY STIMULATING FACTORS (G-CSF) Step Therapy Policy		1/1/2026
Q5136	denosumab-bbdz	Jubbonti/Wyost	RANK ligand (RANKL) inhibitor, MC Antibody	Bone Resorption Inhibitors	Medical Only	DENOSUMAB		1/16/2025
Q5138	Injection, ustekinumab-aubb (wezlana), biosimilar, intravenous, 1 mg	Wezlana	Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab	Gastrointestinal Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Hercessi	Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody	Antineoplastics	Medical Only	ANTI-CANCER MEDICATIONS - MEDICAL BENEFIT		1/1/2026
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Avtozma	DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody	Disease Modifying Anti-Rheumatoid Drugs (DMARD)	Medical Only	NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST		1/1/2026
Q5157	denosumab-bmwo	Osenvelt, Stobocio	RANK ligand (RANKL) inhibitor, MC Antibody	Bone Resorption Inhibitors	Medical Only	DENOSUMAB		1/16/2025
Q5158	denosumab-bnht	Bomynta/Conexxence	RANK ligand (RANKL) inhibitor, MC Antibody	Bone Resorption Inhibitors	Medical Only	DENOSUMAB		1/16/2025
Q5159	Injection, denosumab-dssb (ospomvy/xbryk), biosimilar, 1 mg	Ospomvy, Xbryk	RANK ligand (RANKL) inhibitor, MC Antibody	Bone Resorption Inhibitors	Medical Only	NEW DRUG AWAITING ORPTC REVIEW - PRIOR AUTHORIZATION REQUEST DENOSUMAB		1/1/2026
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	Pyzchiva	Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab	Gastrointestinal Therapy Agents	Medical Only	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026
Q9999	Injection, ustekinumab-aazu (otulfi), biosimilar, 1 mg	Otulfi	Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody	Dermatological	Pharmacy and Medical	MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)		1/1/2026

S0013	Esketamine, nasal spray, 1 mg	Spravato	Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist	Central Nervous System Agents	Medical Only	SPRAVATO (includes HCPCS Codes: G2082 and G2083)		1/1/2026
S0126	Injection, follitropin alfa, 75 IU	Gonal-f	Follicle-Stimulating Hormone (FSH)	Endocrine	Medical Only	FERTILITY AND RELATED MEDICATIONS		1/1/2026
S0132	Injection, ganirelix acetate, 250 mcg	ganirelix	LHRH (GnRH) Antagonists	Endocrine	Pharmacy and Medical	FERTILITY AND RELATED MEDICATIONS		1/1/2026
S0189	Testosterone pellet, 75 mg	Testopel	Androgen - Single Agents	Endocrine	Medical Only	MEDICAL HORMONE THERAPY		1/1/2026
S0190	Mifepristone, oral, 200 mg	mifepristone	Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II)	Endocrine	Pharmacy and Medical	MIFEPRISTONE		1/1/2026

PHP Site of Care (SOC) and Self-Administered Medications (SAD) Code List (Effective 1/1/2026)								
Applicable for Medications administered under the medical plan and subject to Site of Care and Self-Administered Drug Policies (i.e. medications require an authorization for certain site of administration)								
Column D ("Drug PA Required?"): whether the drug requires PA for medical necessity								
Column E ("SOC Exception Required?"): whether the drug requires authorization for administration outside of an approved site of care								
Column F ("SAD Exception Required?"): whether the drug requires authorization for administration by a provider								
Procedure Code	Description	Drug Name	Drug PA Required?	SOC Exception Required?	SAD Exception Required?	Grace Period	PHP Pharmacy Policy Name	Effective Date
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J0219	Injection, alglucosidase alfa-nrgt, 4 mg	Nexviazyme*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J0222	Injection, Patisiran, 0.1 mg	Onpattro	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS TRANSTHYRETIN (TTR) LOWERING AGENTS	9/1/2025
J0223	Injection, givosiran, 0.5 mg	Givlaari	Y	Y	NO	1 dose	HEMATOLOGICAL AGENTS GIVLAARI®	9/1/2025
J0225	Injection, utirisiran, 1 mg	Amvutra	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS TRANSTHYRETIN (TTR) LOWERING AGENTS	9/1/2025
J0256	Alpha 1 Proteinase Inhibitor	Aralast NP, Prolastin-C, Zemaira	Y	Y	NO	1 dose	RESPIRATORY AGENTS ALPHA-1 PROTEINASE INHIBITORS	9/1/2025
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia	Y	Y	NO	1 dose	RESPIRATORY AGENTS ALPHA-1 PROTEINASE INHIBITORS	9/1/2025
J0485	Injection, belatacept, 1 mg	Nuloxix	NO	Y	NO	1 dose	No Medication PA/Policy. SOC PA only	9/1/2025
J0491	Injection, anifrolumab-fnia, 1 mg	Saphnelo	Y	Y	NO	2 doses within 60 days	MISCELLANEOUS PRODUCTS SAPHNELO	9/1/2025
J0584	Injection, burosumab-twza 1 mg	Crys vita	Y	Y	NO	1 dose	ENDOCRINE & METABOLIC DRUGS CRYSVITA	9/1/2025
J0638	Injection, canakinumab, 1 mg	Ilaris	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS INTERLEUKIN – 1 INHIBITORS	9/1/2025
J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	Y	Y	NO	1 dose	HEMATOLOGICAL AGENTS ADAKVEO	9/1/2025
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) - Brand name Aranesp	Aranesp	Y	Y	NO	1 dose	HEMATOLOGY ERYTHROPOIESIS STIMULATING AGENTS	9/1/2025
J0896	Injection, luspatercept-aamt, 0.25 mg	Reblozyl	Y	Y	NO	1 dose	HEMATOLOGICAL AGENTS REBLOZYL®, RYTELO	9/1/2025
J1299	Injection, eculizumab, 2 mg	Soliris	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS COMPLEMENT INHIBITORS	9/1/2025
J1301	Injection, edaravone, 1 mg	Radicava	Y	Y	NO	1 dose	NEUROMUSCULAR DRUGS RADICAVA	9/1/2025
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS COMPLEMENT INHIBITORS	9/1/2025
J1305	Injection, evinacumab-dgnb, 5mg	Evkeeza	Y	Y	NO	1 dose	CARDIOVASCULAR AGENTS HOMOZYGOUS FAMILIAL HYPERCHOLESTEROL	9/1/2025
J1306	Injection, inclisiran, 1 mg	Leqvo	Y	Y	NO	1 dose	CARDIOVASCULAR AGENTS PCSK9 INHIBITORS	9/1/2025
J1322	Injection, elosulfase alfa, 1 mg	Vimizim*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1426	Injection, casimersen, 10 mg	Amondys 45	Y	Y	NO	1 dose	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE M	9/1/2025
J1427	Injection, viltolarsen, 10 mg	Viltrevo	Y	Y	NO	1 dose	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE M	9/1/2025
J1428	Injection, eteplirsen, 10 mg (Use this code for Exondys 51)	Exondys 51	Y	Y	NO	1 dose	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE M	9/1/2025
J1429	Injection, golodirsen, 10 mg	Vyondys 53	Y	Y	NO	1 dose	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE M	9/1/2025
J1458	Injection, galsulfase, 1 mg	Naglazyme*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1459	Injection, immune globulin, (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	Privigen	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1551	Injection, immune globulin (cutaquig), 100 mg	Cutaquig	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1552	immune globulin	Alyglo	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	1/1/2026
J1554	Injection, immune globulin (asceniv), 500 mg	Asceniv	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1555	Injection, immune globulin (cuvitru), 100 mg	Cuvitru	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1557	Injection, immune globulin, (Gammoplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	Gammoplex	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1558	Injection, immune globulin (xembify), 100 mg	Xembify	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1561	Injection, immune globulin, (gamunex-c/gammakid), non-lyophilized (e.g., liquid), 500 mg	Gammakid, Gamunex-C	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Octagam	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025

J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Gammagard	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	Hyqvia	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	IVIG non-lyophilized, NOS Panzyga	Y	Y	NO	1 dose	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
J1743	Injection, idursulfase, 1 mg	Elaprase*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
J1786	Injection, imiglucerase, 10 units	Cerezyme*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1823	Injection, inebilizumab-cdon, 1 mg	Uplizna	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS UPLIZNA	9/1/2025
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	Y	Y	NO	1 dose	ENDOCRINE AND METABOLIC DRUGS PITUITARY DISORDER THERAPIES	9/1/2025
J1931	Injection, laronidase, 0.1 mg	Aldurazyme*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1932	Injection, lanreotide, (cipla), 1 mg	Cipla	Y	Y	NO	1 dose	ENDOCRINE AND METABOLIC DRUGS PITUITARY DISORDER THERAPIES	9/1/2025
J2323	Natalizumab	Tysabri	Y	Y	NO	1 dose	CENTRAL NERVOUS SYSTEM DRUGS TYSABRI®	10/1/2025
J2329	Injection, ublituximab-xiyl, 1mg	Briumvi	Y	Y	NO	1 dose	CENTRAL NERVOUS SYSTEM DRUGS MEDICALLY ADMINISTERED MULTIPL	9/1/2025
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Y	Y	NO	1 dose	CENTRAL NERVOUS SYSTEM DRUGS MEDICALLY ADMINISTERED MULTIPL	9/1/2025
J2351	ocrelizumab and hyaluronidase	Ocrevus Zunovo	Y	Y	NO	1 dose	CENTRAL NERVOUS SYSTEM DRUGS MEDICALLY ADMINISTERED MULTIPL	10/1/2025
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	Y	Y	NO	1 dose	ENDOCRINE AND METABOLIC DRUGS PITUITARY DISORDER THERAPIES	9/1/2025
J2507	Injection, pegascon, 1 mg	Krystexxa	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS KRYPEXXA	9/1/2025
J2802	Injection, romipristin, 1 microgram	Nplate	Y	Y	NO	1 dose	HEMATOLOGICAL AGENTS THROMBOCYTOPENIA MEDICATIONS	9/1/2025
J2840	Injection, sebelipase alfa, 1 mg	Kanuma*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3032	Injection, eptinezumab-jjmr, 1 mg	Vyepti	Y	Y	NO	1 dose	ANALGESICS AND ANESTHETICS CALCITONIN GENE-RELATED PEPTIDE (C	9/1/2025
J3060	Injection, taliglucerase alfa, 10 units	Elelyso*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3111	Injection, romosozumab-aqqg, 1 mg	Evenity	Y	Y	NO	1 dose	ENDOCRINE AND METABOLIC DRUGS OSTEOANABOLIC AGENTS	9/1/2025
J3241	Injection, tepratuzumab-trbw, 10 mg	Tepezza	Y	Y	NO	1 dose	ENDOCRINE AND METABOLIC DRUGS TEPEZZA®	9/1/2025
J3245	Injection, tildrakizumab, 1 mg	Ilumya	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUN	9/1/2025
J3247	Injection, secukinumab, intravenous, 1 mg	Cosentyx IV	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUN	9/1/2025
J3262	Tocilizumab injection	Actemra	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUN	9/1/2025
J3263	toripalimab-tpzi	Loqtorzi	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	1/1/2026
J3380	Injection, vedolizumab, intravenous, 1 mg	Entyvio	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUN	9/1/2025
J3385	Injection, velaglucerase alfa, 100 units	VPRIV*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3397	Injection, vestrinidase alfa-vjbk, 1 mg	Mepsevii*	Y	Y	NO	6 doses within 90 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J9022	Injection, atezolizumab, 10 mg (Use this code for Tecentriq)	Tecentriq	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9023	Injection, avelumab, 10 mg (Use this code for Bavencio)	Bavencio	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9024	atezolizumab and hyaluronidase	Tecentriq Hybreza	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	10/1/2025
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fifj	Darzalex Faspro	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9145	Injection, daratumumab, 10 mg (Use this code for Darzalex)	Darzalex	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9173	Injection, duvelumab, 10 mg (Use this code for Imfinzi)	Imfinzi	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9228	Injection, ipilimumab, 1 mg (Use this code for Yervoy)	Yervoy	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9271	Injection, pembrolizumab, 1 mg (Use this code for Keytruda)	Keytruda	Y	Y	NO	1 dose	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9272	Injection, dostarlimab-gxly, 10 mg	Jemperli	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	9/1/2025
J9289	nivolumab and hyaluronidase-n	Opdivo Qvantic	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENE	10/1/2025

J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Opdualag	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9299	Injection, nivolumab, 1 mg (Use this code for Opdivo)	Opdivo	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9303	Injection, panitumumab, 10 mg (Use this code for Vectibix)	Vectibix	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9311	Injection, rituximab 10 mg and hyaluronidase (Use this code for Rituxan)	Rituxan Hycela	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS RITUXIMAB	9/1/2025
J9316	pertuzumab, trastuzumab, & hy Phesgo		Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
J9317	sacituzumab govitecan-hziy (car Trodelvy)		Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
J9332	Injection, efgartigimod alfa-fca, 2mg	Vyygart	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS FcRn ANTAGONISTS	9/1/2025
J9333	Injection, rozanolixizumab-noli, 1 mg	Rystiggo	Y	Y	NO	2 doses within 60 days	MISCELLANEOUS PRODUCTS FcRn ANTAGONISTS	9/1/2025
J9354	ado-trastuzumab emtansine (ca Kadcyla)		Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Herceptin Hylecta	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9394	fulvestrant	Fresenius Kabi 505(b)(2)	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
J9395	Injection, fulvestrant, 25 mg	Faslodex	Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Renflexis	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	Y	Y	NO	2 doses within 90 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
Q5114	trastuzumab-dktx (biosimilar ca Ogivri		Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS RITUXIMAB	9/1/2025
Q5116	trastuzumab-qypp (biosimilar Trazimera		Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Zirabev	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
Q5119	Injection, rituximab-pvrr, biosimilar, (ruxience), 10 mg	Ruxience	Y	Y	NO	2 doses within 60 days	ANTINEOPLASTIC AGENTS RITUXIMAB	9/1/2025
Q5121	Infliximab-axxq	Avsola		Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	1/1/2026
Q5133	Injection, tocilizumab-bavt (tofidence), biosimilar, 1 mg	Tofidence	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
Q5134	Natalizumab-sztn (biosimilar)	Tyruko	N	Y	NO	1 dose	No Medication PA/Policy. SOC PA only	10/1/2025
Q5151	eculizumab-aagh (biosimilar)	Epysql	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS COMPLEMENT INHIBITORS	10/1/2025
Q5152	eculizumab-aeeb (biosimilar)	Bkemv	Y	Y	NO	1 dose	MISCELLANEOUS PRODUCTS COMPLEMENT INHIBITORS	10/1/2025
C9047	Injection, caplacizumab-yhdp, 1 mg	Cablibi	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Injection, benralizumab, 1 mg	Fasenra	Y	NO	Y	60 days	RESPIRATORY AGENTS IL-5 INHIBITORS	9/1/2025
J0593	Injection, lanadelumab-fyo, 1 mg	Takhzyro	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J0717	Injection, certolizumab pegol, 1 mg	Cimzia	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
J0801	Injection, corticotropin (acthar gel), up to 40 units	Acthar	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J1628	Injection, guselkumab, 1 mg	Tremfya	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNO	9/1/2025
J1747	Injection, speosolimab-sbzo, 1 mg	Spevigo	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICATIONS FOR RARE INDICATIONS	9/1/2025
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	Zymfentra	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J1941	Injection, furosemide	Furoscix Onbody	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J2182	Injection, mepolizumab, 1 mg	Nucala	Y	NO	Y	60 days	RESPIRATORY AGENTS IL-5 INHIBITORS	9/1/2025
J2356	Injection, tezepelumab-ekko, 1 mg	Tezspire	Y	NO	Y	60 days	RESPIRATORY AGENTS TEZSPIRE®	9/1/2025
J2357	Injection, omalizumab, 5 mg	Xolair	Y	NO	Y	90 days	RESPIRATORY AGENTS XOLAIR®	9/1/2025
J3031	Injection, fremenezumab-vfrm, 1 mg	Ajovy	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J9055	cetuximab (cancer immunotherapy) Erbitux		Y	Y	NO	4 doses within 60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	10/1/2025
J9999	Ropeginterferon alfa-2b	Besremi	Y	NO	Y	60 days	ANTINEOPLASTICS AGENTS ANTI-CANCER MEDICATIONS – SELF-ADMINISTERED	9/1/2025
J3590	Tralokinumab	Adbry	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Erenumab	Aimovig	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Garadacimab	Andembry	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	10/1/2025
J3590	Bimekizumab	Bimzelx	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Secukinumab*	Cosentyx (subq)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Dupilumab	Dupixent	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Lebrikizumab-lbkz	Ebglyss	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Galcanezumab-gnlm	Emgality	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Satralizumab-mwge	Enspryng	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Vedolizumab*	Entyvio subq	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025

J3590	Ofatumumab*	Kesimpta	NO	NO	Y	61 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Sarilumab	Kevzara	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	nemolizumab	Nemluvio	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Evolocumab	Repatha	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Golimumab*	Simponi	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Ikekizumab	Taltz	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3490	Olezarsen	Tryngolza	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3490	Eplontersen	Wainua	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Sotatercept	Winrevair	Y	NO	Y	60 days	CARDIOVASCULAR AGENTS PULMONARY HYPERTENSION	9/1/2025
J3490	Palopegeteriparotide	Yonvipath	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3490	Zilucopan	Zilbrysq	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J0129	Injection, abatacept, 10 mg	Orencia (SubQ) Orencia (IV)	Y	Y	Y	60 days (SAD) 1 dose (SOC)	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUN	9/1/2025
J0490	Injection, belimumab, 10 mg	Benlysta (SubQ) autoinject or syringe Benlysta (IV)	Y	Y	Y	60 days for SQ 1 dose for IV	BIOLOGICAL PRODUCTS BENLYSTA®	9/1/2025
J3590	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Tyenne (SubQ) Tyenne (IV)	Y	Y	Y	60 days (SAD) 1 dose (SOC)	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUN	9/1/2025
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvc	Vygart Hytrulo	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS FcRn ANTAGONISTS	9/1/2025