

PHP Plan PA Code list

Applicable to PHP Plans and when the provider is:
-in-area, or
-out-of-area when Cigna is NOT the wrap network.

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.

Outpatient

Procedure Code	Description	Category	Secondary Category	Intentionally left blank	PHP Clinical Policy Name	Notes	Effective Date
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 (Use this code for DEPAarray™ HER2)	Genetic Testing			Gene Expression Profile Testing for Breast Cancer (Company)		09/01/2025
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) (Use this code for CYP2D6 Common Variants and Copy Number, Mayo Clinic)	Genetic Testing			Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)		09/01/2025
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)	Genetic Testing - BRCA			Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
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 (Use this code for thetascreen® PIK3CA RQq PCR Kit, QIAGEN, QIAGEN GmbH)	Genetic Testing			Circulating Tumor Cell and DNA Assays for Cancer Management (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
0195U	KLF1 (Krüppel-like factor 1), targeted sequencing (ie, exon 13) (Use this code for Navigator KLF1 Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing			Genetic and Molecular Testing (Company)		09/01/2025
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities (CNGnome™, PerkinElmer Genomics, PerkinElmer Genomics)	Genetic Testing			Genetic and Molecular Testing (Company)		09/01/2025
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 (Use this code for Genomic Unity® CACNA1A Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
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 (Use this code for Genomic Unity® CSTB Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
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 (Use this code for Genomic Unity® FXN Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
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 (Use this code for Genomic Unity® MECP2 Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
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 (Use this code for Genomic Unity® PTEN Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company)		09/01/2025
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, deletions, duplications, and mobile element insertions (Use this code for Genomic Unity® SMN1/2 Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CACNA2D4, CACNA2D4, 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 (Use this code for Genomic Unity® Cardiac Ion Channelopathies Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company)		09/01/2025
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 (Use this code for Genomic Unity® Lynch Syndrome Analysis, Variantyx Inc)	Genetic Testing			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)		09/01/2025
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 (Use this code for FoundationOne® Liquid CDx, Foundation Medicine Inc)	Genetic Testing			Circulating Tumor Cell and DNA Assays for Cancer Management (Company)		09/01/2025
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ aHUS Genetic Evaluation, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing			Next Generation Sequencing for Cancer (Company)		09/01/2025
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Autosomal Dominant Thrombocytopenia Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing			Next Generation Sequencing for Cancer (Company)		09/01/2025
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Coagulation Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing			Next Generation Sequencing for Cancer (Company)		09/01/2025

0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive (Use this code for Versiti™ Comprehensive Bleeding Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Fibrinolytic Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Comprehensive Platelet Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Inherited Thrombocytopenia Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Platelet Function Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Thrombosis Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing					Next Generation Sequencing for Cancer (Company); Next Generation Sequencing for Minimal Residual Disease Detection (Company)		09/01/2025
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	Genetic Testing					Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative (Use this code for Genesys Carrier Panel, Genesys Diagnostics, Inc)	Genetic Testing					Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer (Use this code for MyProstateScore 2.0, LynxDX, LynDX)	Genetic Testing					Protein Biomarker and Genetic Testing for the Prostate (Company)		09/01/2025
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 (Use this code for LiquidHALLMARK®, Lucence Health, Inc)	Genetic Testing					Circulating Tumor Cell and DNA Assays for Cancer Management (Company)		09/01/2025
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 (Use this code for Genomic Unity® Comprehensive Mitochondrial Disorders Analysis, Variantyx Inc, Variantyx Inc)	Genetic Testing					Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)		09/01/2025
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 (Use this code for Guardant360 Response™, Guardant Health, Inc, Guardant Health, Inc)	Genetic Testing					Circulating Tumor Cell and DNA Assays for Cancer Management (Company)		09/01/2025
15820	Blepharoplasty, lower eyelid;	Potentially Cosmetic	Blepharoplasty				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Potentially Cosmetic	Blepharoplasty				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15822	Blepharoplasty, upper eyelid;	Potentially Cosmetic	Blepharoplasty				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Potentially Cosmetic	Blepharoplasty				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen infraumbilical panniculectomy	Potentially Cosmetic	Abdominoplasty /Panniculectomy				Surgical Treatment for Skin Redundancy (Company)		09/01/2025
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Potentially Cosmetic	Lipectomy				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
15876	Suction assisted lipectomy, head and neck	Potentially Cosmetic	Liposuction				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025

15877	Suction assisted lipectomy; trunk	Potentially Cosmetic	Liposuction			Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)		09/01/2025
15878	Suction assisted lipectomy; upper extremity	Potentially Cosmetic	Liposuction			Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)		09/01/2025
15879	Suction assisted lipectomy; lower extremity	Potentially Cosmetic	Liposuction			Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Liposuction for Lipedema (Company); Surgical Treatment for Skin Redundancy (Company)		09/01/2025
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Potentially Cosmetic	Facial Skin Lesions - Laser Therapy (excluding MOHS)			Hemangioma and Vascular Malformation Laser Treatment (Company)		09/01/2025
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Potentially Cosmetic	Facial Skin Lesions - Laser Therapy (excluding MOHS)			Hemangioma and Vascular Malformation Laser Treatment (Company)		09/01/2025
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Potentially Cosmetic	Facial Skin Lesions - Laser Therapy (excluding MOHS)			Hemangioma and Vascular Malformation Laser Treatment (Company)		09/01/2025
19300	Mastectomy for gynecomastia	Potentially Cosmetic	Mastectomy			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19316	Mastopexy	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19318	Breast reduction	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19325	Breast augmentation with implant	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19328	Removal of intact breast implant	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19342	Insertion or replacement of breast implant on separate day from mastectomy	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19350	Nipple/areola reconstruction	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19355	Correction of inverted nipples	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19357	Tissue expander replacement in breast reconstruction, including subsequent expansion(s)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19361	Breast reconstruction; with latissimus dorsi flap	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19367	Breast reconstruction; with single-pedicled transverse rectus abdominus myocutaneous (TRAM) flap	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19368	Breast reconstruction; with single-pedicled transverse rectus abdominus myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19369	Breast reconstruction; with bipediced transverse rectus abdominus myocutaneous (TRAM) flap	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advanced and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
19396	Preparation of mouldage for custom breast implant	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction			Breast Reconstructive Surgery, Reduction Mammoplasty, and Implant Management (Company); Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21070	Coronoidectomy (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ			Orthognathic Surgery (Company)		09/01/2025
21121	Genioplasty; sliding osteotomy, single piece	Potentially Cosmetic	Orthognathic Procedures - Genioplasty			Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Sleep Disorder Surgery (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Potentially Cosmetic	Orthognathic Procedures - Genioplasty			Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company); Sleep Disorder Surgery (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining the autografts)	Potentially Cosmetic	Orthognathic Procedures - Genioplasty			Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025

21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Potentially Cosmetic	Orthognathic Procedures - LeFort I			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Potentially Cosmetic	Orthognathic Procedures - LeFort I			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Potentially Cosmetic	Orthognathic Procedures - LeFort I			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures - LeFort I			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Potentially Cosmetic	Orthognathic Procedures - LeFort I			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Potentially Cosmetic	Orthognathic Procedures - LeFort I			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Potentially Cosmetic	Orthognathic Procedures - LeFort II			Orthognathic Surgery (Company)		09/01/2025
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Potentially Cosmetic	Orthognathic Procedures - LeFort II			Orthognathic Surgery (Company)		09/01/2025
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Potentially Cosmetic	Orthognathic Procedures - LeFort III			Orthognathic Surgery (Company)		09/01/2025
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Potentially Cosmetic	Orthognathic Procedures - LeFort III			Orthognathic Surgery (Company)		09/01/2025
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Potentially Cosmetic	Orthognathic Procedures - LeFort III			Orthognathic Surgery (Company)		09/01/2025
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Potentially Cosmetic	Orthognathic Procedures - LeFort III			Orthognathic Surgery (Company)		09/01/2025
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Potentially Cosmetic	Orthognathic Procedures			Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21198	Osteotomy, mandible, segmental;	Potentially Cosmetic	Orthognathic Procedures - TMJ/Osteotomy			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Potentially Cosmetic	Orthognathic Procedures - Osteotomy			Orthognathic Surgery (Company); Sleep Disorder Surgery (Company)		09/01/2025
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Potentially Cosmetic	Orthognathic Procedures - Osteotomy			Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21209	Osteoplasty, facial bones; reduction	Potentially Cosmetic	Orthognathic Procedures - Osteotomy			Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures			Gender Affirming Surgical Interventions (Company); Orthognathic Surgery (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21215	Graft, bone; mandible (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures			Orthognathic Surgery (Company)		09/01/2025
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures			Orthognathic Surgery (Company)		09/01/2025
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Potentially Cosmetic	Orthognathic Procedures - TMJ			Inpatient Surgical Site of Service (Company)	Effective 6/10/2024 this code only requires a prior authorization when done in an inpatient setting	09/01/2025
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Potentially Cosmetic	Orthognathic Procedures			Orthognathic Surgery (Company)		09/01/2025
21740	Reconstructive repair of pectus excavatum or carinatum; open	Potentially Cosmetic				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Potentially Cosmetic				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Potentially Cosmetic				Cosmetic and Reconstructive Surgery (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Spinal Procedures				Percutaneous Vertebroplasty and Sacroplasty (Company)		09/01/2025
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Spinal Procedures				Percutaneous Vertebroplasty and Sacroplasty (Company)		09/01/2025
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Spinal Procedures				Percutaneous Vertebroplasty and Sacroplasty (Company)		09/01/2025
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Spinal Procedures				Percutaneous Vertebroplasty and Sacroplasty (Company)		09/01/2025
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Stabilization Devices and Interspinous Spacers (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22554	Arthrodesis, anterior interbody technique; including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22586	Arthrodesis, pre-sacral interbody technique, including disc preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025

22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Stabilization Devices and Interspinous Spacers (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Stabilization Devices and Interspinous Spacers (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22633	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; lumbar	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company); Spinal Stabilization Devices and Interspinous Spacers (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment (s) (including body and posterior elements); single or 2 segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment (s) (including body and posterior elements); 3 or more segments	Spinal Procedures				Inpatient Surgical Site of Service (Company); Spinal Fusion and Decompression Procedures (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22849	Reinsertion of spinal fixation device	Spinal Procedures				Spinal Fusion and Decompression Procedures (Company)		09/01/2025
22852	Removal of posterior segmental instrumentation	Spinal Procedures				Spinal Fusion and Decompression Procedures (Company)		09/01/2025
22855	Removal of anterior instrumentation	Spinal Procedures				Spinal Fusion and Decompression Procedures (Company)		09/01/2025
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Spinal Procedures				Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Spinal Procedures				Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Spinal Procedures				Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Spinal Procedures				Artificial Intervertebral Discs (Company); Inpatient Surgical Site of Service (Company)	This code requires additional authorization when done in an inpatient setting	09/01/2025
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Spinal Procedures				Artificial Intervertebral Discs (Company)		09/01/2025
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Spinal Procedures				Artificial Intervertebral Discs (Company)		09/01/2025
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Spinal Procedures				Sacroiliac Joint Fusion or Stabilization (Company)		09/01/2025
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Spinal Procedures				Sacroiliac Joint Fusion or Stabilization (Company)		09/01/2025
27412	Autologous chondrocyte implantation, knee	Autologous Chondrocyte Implantation/Knee	Carticel			Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Knee: Cartilaginous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company)		09/01/2025
27415	Osteochondral allograft, knee, open	Osteochondral Allograft, Knee				Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Knee: Cartilaginous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company)		09/01/2025
29867	Arthroscopy, knee, surgical; osteochondral allograft(s) (eg, mosaicplasty)	Osteochondral Allograft, Knee				Autologous Chondrocyte Implantation (ACI); Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company); Knee: Cartilaginous Defects of the knee; Osteochondral Allografts and Autografts for Cartilaginous Defects (Company)		09/01/2025
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Potentially Cosmetic	Rhinoplasty			Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 For all diagnoses, this code requires additional authorization when done in a hospital outpatient setting.	09/01/2025
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Potentially Cosmetic	Rhinoplasty			Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 For all diagnoses, this code requires additional authorization when done in a hospital outpatient setting.	09/01/2025
30420	Rhinoplasty, primary; including major septal repair	Potentially Cosmetic	Rhinoplasty			Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 For all diagnoses, this code requires additional authorization when done in a hospital outpatient setting.	09/01/2025
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Potentially Cosmetic	Rhinoplasty			Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 For all diagnoses, this code requires additional authorization when done in a hospital outpatient setting.	09/01/2025
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Potentially Cosmetic	Rhinoplasty			Outpatient Surgical Site of Service (Company); Rhinoplasty and Other Nasal Surgeries (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9 For all diagnoses, this code requires additional authorization when done in a hospital outpatient setting.	09/01/2025

38232	Bone marrow harvesting for transplantation; autologous	Transplants	Hematopoietic Cell			Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Transplantation (Company)	09/01/2025
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Transplants	Hematopoietic Cell			Stem Cell Transplantation (Company)	09/01/2025
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Transplants	Hematopoietic Cell			Stem Cell Therapy for Orthopedic Applications (Company); Stem Cell Transplantation (Company)	09/01/2025
38242	Allogeneic lymphocyte infusions	Transplants				Stem Cell Transplantation (Company)	09/01/2025
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Sleep Apnea Procedures	Uvulopalatopharyngoplasty (UPPP)			Sleep Disorder Surgery (Company)	09/01/2025
43631	Gastrectomy, partial, distal; with gastroduodenostomy	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux Limb 150 cm or less)	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9			Gastric Electrical Stimulation (Company)	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9			Gastric Electrical Stimulation (Company)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)

43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43860	Revision of gastrojejunanal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9			Gastric Electrical Stimulation (Company)		09/01/2025
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9			Gastric Electrical Stimulation (Company)		09/01/2025
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Potentially Cosmetic	Morbid Obesity Procedures			Bariatric Surgery (Company)	The bariatric surgery is performed at a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) accredited center - https://www.facs.org/search/bariatric-surgery-centers . (Note: Please see member benefits for additional information regarding centers of excellence.)	09/01/2025
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Transplants	Intestinal			Organ Transplantation (Company)		09/01/2025
44136	Intestinal allotransplantation; from living donor	Transplants	Intestinal			Organ Transplantation (Company)		09/01/2025
47135	Liver allotransplantation; orthotopic; partial or whole, from cadaver or living donor, any age	Transplants	Liver			Organ Transplantation (Company)		09/01/2025
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Transplants	Liver			Organ Transplantation (Company)		09/01/2025
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	Transplants	Liver			Organ Transplantation (Company)		09/01/2025
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Transplants	Liver			Organ Transplantation (Company)		09/01/2025
48550	Donor pancreatotomy, with preparation and maintenance of allograft from cadaver donor, with or without duodenal segment for transplantation	Transplants	Pancreas-Kidney /Islet Cell			Organ Transplantation (Company)		09/01/2025
48554	Transplantation of pancreatic allograft	Transplants	Pancreas-Kidney /Islet Cell			Organ Transplantation (Company)		09/01/2025
48556	Removal of transplanted pancreatic allograft	Transplants	Pancreas-Kidney /Islet Cell			Organ Transplantation (Company)		09/01/2025
50320	Donor nephrectomy, (including cold preservation); open from living donor	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025
50340	Recipient nephrectomy (separate procedure)	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025

50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025
50370	Removal of transplanted renal allograft	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025
50380	Renal autotransplantation, reimplantation of kidney	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation); from living donor	Transplants	Kidney /Pancreas-Kidney			Organ Transplantation (Company)		09/01/2025
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Potentially Cosmetic				Urinary Dysfunction Treatments (Company)		09/01/2025
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube (s), with or without removal of ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
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)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58260	Vaginal hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary (s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary (s), with repair of enterocele	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58275	Vaginal hysterectomy, with total of partial vaginectomy;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F64	09/01/2025
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F65	09/01/2025
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F66	09/01/2025
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F67	09/01/2025
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F68	09/01/2025
58550	Laparoscopy, surgical, vaginal hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F69	09/01/2025
58552	Laparoscopy, surgical, vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F70	09/01/2025
58553	Laparoscopy, surgical, vaginal hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F71	09/01/2025
58554	Laparoscopy, surgical, vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F72	09/01/2025
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F73	09/01/2025
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F74	09/01/2025
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F75	09/01/2025
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)				Hysterectomy for Benign Conditions (Company)	This code does not require PA when billed in the primary position for the following diagnoses: F64.0, F64.1, F64.8, and F76	09/01/2025
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	Spinal Procedures				Spinal Fusion and Decompression Procedures (Company)		09/01/2025

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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63055	Transpedicular approach with decompression of spinal cord, equina and /or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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)	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
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	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63170	Laminectomy with myelotomy, cervical, thoracic, or thoracolumbar	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
63267	Laminectomy with excision or evacuation of intraspinal lesion other than neoplasm, lumbar	Spinal Procedures			Spinal Fusion and Decompression Procedures (Company)	09/01/2025
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9		Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company)	09/01/2025

64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9			Electrical Stimulation Non-Covered Therapies (Company); Fecal Incontinence Treatments (Company); Gastric Electrical Stimulation (Company); Urinary Dysfunction Treatments (Company)		09/01/2025
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
67908	Repair of blepharoptosis; conjunctive-tarso-Muller's muscle levator resection (eg, Fasanelle-Servat type)	Potentially Cosmetic				Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Company); Gender Affirming Surgical Interventions (Company)	This code does not require PA for the following diagnoses: F64.0, F64.1, F64.8 and F64.9	09/01/2025
77520	Proton treatment delivery; simple, without compensation	Radiation Therapy				Proton Beam Radiation Therapy (Company)	This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	09/01/2025
77522	Proton treatment delivery; simple, with compensation	Radiation Therapy				Proton Beam Radiation Therapy (Company)	This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	09/01/2025
77523	Proton treatment delivery; intermediate	Radiation Therapy				Proton Beam Radiation Therapy (Company)	This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	09/01/2025
77525	Proton treatment delivery; complex	Radiation Therapy				Proton Beam Radiation Therapy (Company)	This code will pay if billed with diagnosis code C61 in the primary position. Prior Authorization required for all other diagnosis codes.	09/01/2025
81105	Human Platelet Antigen 1 genotyping, gene analysis, common variant, HPA-1a/b (L33P)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81106	Human Platelet Antigen 2 genotyping, gene analysis, common variant, HPA-2a/b (T145M)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81107	Human Platelet Antigen 3 genotyping, gene analysis, common variant, HPA-3a/b (I843S)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81108	Human Platelet Antigen 4 genotyping, gene analysis, common variant, HPA-4a/b (R143Q)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81109	Human Platelet Antigen 5 genotyping, gene analysis, common variant, HPA-5a/b (K905E)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81110	Human Platelet Antigen 6 genotyping, gene analysis, common variant, HPA-6a/b (R489C)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81111	Human Platelet Antigen 9 genotyping, gene analysis, common variant, HPA-9a/b (V837M)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81112	Human Platelet Antigen 15 genotyping, gene analysis, common variant, HPA-15a/b (S682Y)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Genetic Testing - BRCA				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Genetic Testing - BRCA	HCR Benefit			Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Genetic Testing - BRCA	HCR Benefit			Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2])(eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2])(eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81175	ASXL 1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81176	ASXL 1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025
81184	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company)		09/01/2025

81185	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg. spinocerebellar ataxia) gene analysis; full gene sequence	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81186	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg. spinocerebellar ataxia) gene analysis; known familial variant	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg. myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg. expanded) alleles	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81188	CSTB (cystatin B) (eg. Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg. expanded) alleles	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81189	CSTB (cystatin B) (eg. Unverricht-Lundborg disease) gene analysis; full gene sequence	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81190	CSTB (cystatin B) (eg. Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81200	ASPA (aspartoacylase)(eg. Canavan disease) gene analysis, common variants (eg. E285A, Y231X)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81201	APC (adenomatous polyposis coli) (eg. familial adenomatosis polyposis [FAP], attenuated [FAP] gene analysis; full gene sequence	Genetic Testing					Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)		09/01/2025
81202	APC (adenomatous polyposis coli) (eg. familial adenomatosis polyposis [FAP], attenuated [FAP] gene analysis; known familial variants	Genetic Testing					Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)		09/01/2025
81203	APC (adenomatous polyposis coli) (eg. familial adenomatosis polyposis [FAP], attenuated [FAP] gene analysis; duplication/deletion variants	Genetic Testing					Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)		09/01/2025
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)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg. Maple syrup urine disease) gene analysis, common variants (eg. R183P, G278S, E422X)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg. Bloom syndrome) gene analysis, Z281delGlns7 variant	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg. hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Genetic Testing - BRCA	HCR Benefit				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
81215	BRCA1 (BRCA1, DNA repair associated) (eg. hereditary breast and ovarian cancer) gene analysis; known familial variant	Genetic Testing - BRCA	HCR Benefit				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
81216	BRCA2 (BRCA2, DNA repair associated) (eg. hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Genetic Testing - BRCA					Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
81217	BRCA2 (BRCA2, DNA repair associated) (eg. hereditary breast and ovarian cancer) gene analysis; known familial variant	Genetic Testing - BRCA	HCR Benefit				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)		09/01/2025
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg. drug metabolism), gene analysis, common variants (eg. *2, *3, *4, *8, *17)	Genetic Testing					Cardiac Disease Risk Screening (Company); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)		09/01/2025
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg. drug metabolism), gene analysis, common variants (eg. *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Genetic Testing					Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)		09/01/2025
81227	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg. drug metabolism), gene analysis, common variants (eg. *2, *3, *5, *6)	Genetic Testing					Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)		09/01/2025
81230	CYP3A4 (cytochrome P450, family 3, subfamily A, member 4) (eg. drug metabolism), gene analysis, common variants (eg. *2, *3, *4, *5, *6, *7)	Genetic Testing					Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)		09/01/2025
81231	CYP3A5 (cytochrome P450, family 3, subfamily A, member 5) (eg. drug metabolism), gene analysis, common variants (eg. *2, *3, *4, *5, *6, *7)	Genetic Testing					Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)		09/01/2025
81234	DMPK (DM1 protein kinase) (eg. myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81238	F9 (coagulation factor IX) (eg. hemophilia B), full gene sequence	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81239	DMPK (DM1 protein kinase) (eg. myotonic dystrophy type 1) gene analysis; characterization of alleles (eg. expanded size)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81240	F2 (prothrombin, coagulation factor II) (eg. hereditary hypercoagulability) gene analysis, 20210G>A variant	Genetic Testing					Genetic Testing for Inherited Thrombophilia (Company)		09/01/2025
81241	F5 (coagulation Factor V) (eg. hereditary hypercoagulability) gene analysis, 20210G>A variant	Genetic Testing					Genetic Testing for Inherited Thrombophilia (Company)		09/01/2025
81242	FANCC (Fanconi anemia, complementation group C) (eg. Fanconi anemia, type C) gene analysis, common variant (eg. IVS4+4A>T)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81243	FMR1 (fragile X mental retardation 1) (eg. fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg. expanded) alleles	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81244	FMR1 (fragile X mental retardation 1) (eg. fragile X mental retardation) gene analysis; characterization of alleles (eg. expanded size and methylation status)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg. hemolytic anemia, jaundice), gene analysis: common variant(s) (eg. A, A-)	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg. hemolytic anemia, jaundice), gene analysis: known familial variant(s)	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg. hemolytic anemia, jaundice), gene analysis: full gene sequence	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg. Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg. R83C, Q347X)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81251	GBA (glucosidase, beta, acid) (eg. Gaucher disease) gene analysis, common variants (eg. N370S, 84GG, L444P, IVS2+1G>A)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg. Tay-Sachs disease) gene analysis, common variants (eg. 1278insTATC, 1421+1G>C, G269S)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg. alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis: common deletions or variant (eg. Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg. alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variants	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025
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	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)		09/01/2025

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)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
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	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81284	FXN (frataxin) (eg, Friedreich ataxis) gene analysis; evaluation to detect abnormal (expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81285	FXN (frataxin) (eg, Friedreich ataxis) gene analysis; characterization of alleles (eg, expanded size)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81286	FXN (frataxin) (eg, Friedreich ataxis) gene analysis; full gene sequence	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis, promoter methylation analysis	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81289	FXN (frataxin) (eg, Friedreich ataxis) gene analysis; known familial variant(s)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81290	MCOLN1 (mucopolin 1)(eg, Mucopolidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6, 4kb)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81298	MSH6 (mutS homolog 6 [E. Coli]) (eg, jeredotaru mpm-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81299	MSH6 (mutS homolog 6 [E. Coli]) (eg, jeredotaru mpm-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company); Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81300	MSH6 (mutS homolog 6 [E. Coli]) (eg, jeredotaru mpm-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant (s) (eg, *2, *3, *4, *5, *6)	Genetic Testing				Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company)	09/01/2025
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)	09/01/2025
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Genetic Testing				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)	09/01/2025
81312	PABPN (poly(A) binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis or known familial variants or duplication/deletion variants	Genetic Testing				Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing				Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing				Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)	09/01/2025
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)	09/01/2025
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)	09/01/2025
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	Genetic Testing				Genetic and Molecular Testing (Company)	09/01/2025
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular dystrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025

81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81333	TGFB1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81335	TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism), gene analysis, common variants (eg, *2, *3)	Genetic Testing					Serologic Testing and Therapeutic Monitoring for Inflammatory Bowel Disease (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular dystrophy) gene analysis; full gene sequence	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular dystrophy) gene analysis; known familial sequence variant(s)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Genetic Testing					Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639G>A, c.173+1000C>T)	Genetic Testing					Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company)	09/01/2025
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company)	09/01/2025
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Genetic Testing					Cardiac Disease Risk Screening (Company); Genetic and Molecular Testing (Company); Genetic Testing for Inherited Thrombophilia (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	Genetic Testing					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)	09/01/2025
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Cytochrome P450 and VKORC1 Polymorphisms (Company); Genetic Testing for Myeloproliferative Diseases (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81403	Molecular pathology procedure, Level 4 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Genetic Testing					Genetic and Molecular Testing (Company); Genetic Testing for Myeloproliferative Diseases (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); 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)	09/01/2025
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	Genetic Testing					Genetic and Molecular Testing (Company); 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: 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)	09/01/2025
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	Genetic Testing					Genetic and Molecular Testing (Company); 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: 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)	09/01/2025
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	Genetic Testing					Genetic and Molecular Testing (Company); 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: 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)	09/01/2025

81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes or one platform)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Genetic Testing	Whole Exome Sequencing (WES)			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)	09/01/2025
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Genetic Testing	Whole Exome Sequencing (WES)			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)	09/01/2025
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNO@, MECP2, PCDH19, POLG, PRR2, SCN1A, SCN1B, SCN2A, SCN2B, SLC2A1, SLC9A6, STXB1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Genetic Testing				Genetic and Molecular Testing (Company)	09/01/2025
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, MYO7A, PCDH15, OTOF, SLC25A4, TMC1, TMPPRSS3, USH1C, USH1G, USH2A, and WFS1	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	Genetic Testing - BRCA				Genetic Testing for Hereditary Breast, Ovarian and Pancreatic Cancer Testing (Company)	09/01/2025
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, CNGB1, GRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RPL1, RPL2, RPE65, RPGR, and USH2A	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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, MUTHY, PTEN, SMAD4, and STK11	Genetic Testing				Genetic Testing: Inherited Susceptibility to Colorectal Cancer (Company)	09/01/2025
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Genetic Testing				Genetic and Molecular Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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	Genetic Testing				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)	09/01/2025
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	Genetic Testing				Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)	09/01/2025
81441	Inherited bone marrow failure syndromes (IBMFs) (eg, Fanconi anemia, dyskeratosis congenita, Diamond Blackfan anemia, Shwachman Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) genomic sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Genetic Testing				Genetic and Molecular Testing (Company)	09/01/2025
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis 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, CKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Genetic Testing				Genetic and Molecular Testing (Company); Genetic Testing for Reproductive Planning and Prenatal Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
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, SPTLC1)	Genetic Testing				Genetic and Molecular Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Genetic Testing				Next Generation Sequencing for Cancer (Company)	09/01/2025

81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
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	Genetic Testing					Next Generation Sequencing for Cancer (Company)		09/01/2025
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERRF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Genetic Testing					Whole Exome, Whole Genome, and Proteogenomic Sequencing and Genetic Testing for Mitochondrial Disorders (Company)		09/01/2025
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	Genetic Testing					Circulating Tumor Cell and DNA Assays for Cancer Management (Company)		09/01/2025
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	Genetic Testing					Circulating Tumor Cell and DNA Assays for Cancer Management (Company)		09/01/2025
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	Genetic Testing					Genetic Testing for Reproductive Planning andPrenatal Testing (Company)		09/01/2025
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	Genetic Testing					Genetic Testing for Reproductive Planning andPrenatal Testing (Company)		09/01/2025
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subtraction of peripheral blood, algorithm reported as a rejection risk score	Genetic Testing					Genetic and Molecular Testing (Company)		09/01/2025
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Capsule Endoscopy					Wireless Capsule Endoscopy (Company)		09/01/2025
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Capsule Endoscopy					Wireless Capsule Endoscopy (Company)		09/01/2025
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Sleep Study	Multiple sleep latency				Sleep Disorder Testing (Company)	No prior authorization required for ages 17 and under	09/01/2025
95807	Sleep Study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Sleep Study	Attended				Sleep Disorder Testing (Company)	No prior authorization required for ages 17 and under	09/01/2025
95808	Polysomnography, any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Sleep Study	Polysomnography - Attended				Sleep Disorder Testing (Company)	No prior authorization required for ages 17 and under	09/01/2025
95810	Polysomnography, age 6 or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Sleep Study	Polysomnography - Attended				Sleep Disorder Testing (Company)	No prior authorization required for ages 17 and under	09/01/2025
95811	Polysomnography, age 6 or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	Sleep Study	Polysomnography - Attended				Sleep Disorder Testing (Company)	No prior authorization required for ages 17 and under	09/01/2025
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Hyperbaric Oxygen Therapy (HBOT)					Hyperbaric Oxygen Therapy (Company)		09/01/2025
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	Spinal Procedures					Spinal Fusion and Decompression Procedures (Company)		09/01/2025
E1230	Power operated vehicle (three or four wheel non-highway) specify brand name and model number	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)		09/01/2025
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Hyperbaric Oxygen Therapy (HBOT)					Hyperbaric Oxygen Therapy (Company)		09/01/2025
J1304	Injection, tofersen, 1 mg (Use this code for Qalsody)	Gene Therapy	Qalsody				Medications for Rare Indications - Pharmacy Policy		09/01/2025
J1411	Injection, etranacogene dezaparvec-drlb, per therapeutic dose (Use this code for Hemgenix)	Gene Therapy	Hemgenix				Hemgenix - Pharmacy Policy		09/01/2025
J1412	Injection, valoctocogene roxaparvec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes (Use this code for Roctavian)	Gene Therapy	Roctavian				Gene Therapy for Hemophilia Policy - Pharmacy Policy		09/01/2025
J1413	Injection, delandistrogene moxeparvec-rokl, per therapeutic dose (Use this code for Elevidys)	Gene Therapy	Elevidys				Elevidys - Pharmacy Policy		09/01/2025
J1414	Injection, fidanacogene elaparvec-dzkt, per therapeutic dose (Use this code for Beqvez)	Gene Therapy	Beqvez				Gene Therapy for Hemophilia Policy - Pharmacy Policy		09/01/2025
J2326	Injection, nusinersen, 0.1 mg (Use this code for Spinraza)	Gene Therapy	Spinraza				Therapies for Spinal Muscular Atrophy - Pharmacy Policy		09/01/2025
J3392	Injection, exagamglogene autotemcel, per treatment (Use this code for Casgevy)	Gene Therapy	Casgevy				Gene Therapies for Hemoglobin Disorders - Pharmacy Policy		09/01/2025
J3393	Injection, betibeglogene autotemcel, per treatment (Use this code for Zynteglo)	Gene Therapy	Zynteglo				Gene Therapies for Hemoglobin Disorders - Pharmacy Policy		09/01/2025
J3394	Injection, lovotibeglogene autotemcel, per treatment (Use this code for Lyfgenia)	Gene Therapy	Lyfgenia				Gene Therapies for Hemoglobin Disorders - Pharmacy Policy		09/01/2025
J3398	Injection, voretigene neparvec-rzyl, 1 billion vector genomes (Use this code for Luxturna)	Gene Therapy	Luxturna				Luxturna® - Pharmacy Policy		09/01/2025
J3399	Injection, onasemnogene abeparvec-xioi, per treatment, up to 5x10 (Use this code for Zolgensma)	Gene Therapy	Zolgensma				Therapies for Spinal Muscular Atrophy - Pharmacy Policy		09/01/2025
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025
J9025	Injection, azacitidine, 1 mg	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025
J9026	Injection, tarlatamab-dlle, 1 mg	Chemotherapy					T-Cell Therapy - Pharmacy Policy		09/01/2025
J9028	Injection, nogapendekin alfa inbakicept-pmin, for intravesical use, 1 microgram	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025
J9029	Injection, nadofaragene fradenovec-vnqc, per therapeutic dose	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025
J9032	Injection, belinostat, 10 mg (Use this code for Beleodaq)	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025
J9033	Injection, bendamustine hcl (treanda), 1 mg (Use this code for Treanda)	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025
J9034	Injection, bendamustine hcl (bendecka), 1 mg	Chemotherapy					ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy		09/01/2025

J9035	Injection, bevacizumab, 10 mg (Use this code for Avastin)	Chemotherapy				ANTI-ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care - CommercialPharmacy Policy	09/01/2025
J9036	Injection, bendamustine, hydrochloride, (belrapzo/bendamustine), 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9041	Injection, bortezomib, 0.1 mg (Use this code for Velcade)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9042	Injection, brentuximab vedotin, 1 mg (Use this code for Adcetris)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9043	Injection, cabazitaxel, 1 mg (Use this code for Jevtana)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9047	Injection, carfilzomib, 1 mg (Use this code for Kyprolis)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9051	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9055	Injection, cetuximab, 10 mg (Use this code for Erbitux)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9057	Injection, copanlisib, 1 mg (Use this code for Aliqopa)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9061	Injection, amivantamab-vmjw, 2 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to J9043, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9118	Injection, calaspargase pegol-mknl, 10 units	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9119	Injection, cemiplimab-rwlc, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine (Use this code for Vyxeos)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to J9171, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9176	Injection, elotuzumab, 1 mg (Use this code for Empliciti)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9177	Injection, enfortumab vedotin-efv, 0.25 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9179	Injection, eribulin mesylate, 0.1 mg (Use this code for Halaven)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9204	Injection, mogamulizumab-kpkc, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9205	Injection, irinotecan liposome, 1 mg (Use this code for ONIVYDE)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9207	Injection, ixabepilone, 1 mg (Use this code for Ixempra Kit)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9210	Injection, emapalumb-izsg, 1 mg	Chemotherapy				Medications for Rare Indications - Pharmacy Policy	09/01/2025
J9216	Injection, interferon, gamma 1-b, 3 million units (Use this code for Actimmune)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Self-Administered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy	09/01/2025
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (Use this code for Eligard, Lupron Depot)	Chemotherapy				Gonadotropin Releasing Hormone Agonist - Pharmacy Policy	09/01/2025
J9218	Leuprolide acetate, per 1 mg (Use this code for Lupron)	Chemotherapy				Gonadotropin Releasing Hormone Agonist - Pharmacy Policy; SelfAdministered Drug (SAD) Exclusion - Commercial/Medicaid - Pharmacy Policy	09/01/2025
J9223	Injection, lurbinectedin, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9225	Histrelin implant (Vantas), 50 mg	Chemotherapy				Gonadotropin Releasing Hormone Agonist - Pharmacy Policy	09/01/2025
J9226	Histrelin implant (supprelin la), 50 mg (Use this code for Vantas)	Chemotherapy				Gonadotropin Releasing Hormone Agonist - Pharmacy Policy	09/01/2025
J9227	Injection, isatuximab-irfc, 10 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9229	Injection, inotuzumab ozogamicin, 0.1 mg (Use this code for (Besponsa)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9245	Injection, melphalan hydrochloride, 50 mg (Use this code for Alkeran, Evomela)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9246	Injection, melphalan (Evomela), 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9247	Injection, melphalan flufenamide, 1mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9248	Injection, melphalan (hepzato), 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to J9264, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025

J9261	Injection, nelarabine, 50 mg (Use this code for Arranon)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg (Use this code for Synribo)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9264	Injection, paclitaxel protein-bound particles, 1 mg (Use this code for Abraxane)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9274	Injection, tebentafusp-tebn, 1 microgram	Chemotherapy				T-Cell Therapy - Pharmacy Policy	09/01/2025
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9285	Injection, olaratumab, 10 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9286	Injection, glofitamab-gxbm, 2.5 mg	Chemotherapy				T-Cell Therapy - Pharmacy Policy	09/01/2025
J9295	Injection, necitumumab, 1 mg (Use this code for Portrazza)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9302	Injection, ofatumumab, 10 mg (use this code for Arzerra)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9306	Injection, pertuzumab, 1 mg (Use this code for Perjeta)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9307	Injection, pralatrexate, 1 mg (Use this code for Folutyn)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9308	Injection, ramucirumab, 5 mg (Use this code for Cyramza)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9312	Injection, rituximab, 10 mg (Use this code for Rituxin)	Chemotherapy				Infusion Therapy Site of Care -CommercialPharmacy Policy; Rituximab - Pharmacy Policy	09/01/2025
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9321	Injection, epcoritamab-bysp, 0.16 mg	Chemotherapy				T-Cell Therapy - Pharmacy Policy	09/01/2025
J9325	Injection, talimogene laherparepvec, per 1 mimion plaque forming units (Use this code for Imlygic)	Chemotherapy	Immunotherapy - Imlygic			ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9328	Injection, temozolomide, 1 mg (Use this code for Temodar)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9329	Injection, tislelizumab-jsgr, 1mg	Chemotherapy				New Drug/Indication Awaiting P&T Review - Pharmacy Policy	09/01/2025
J9330	Injection, temsirolimus, 1 mg (Use this code for Torisel)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9331	Injection, sirolimus protein-bound particles, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9345	Injection, retifanlimab-dlwr, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9347	Injection, tremelimumab-actl, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9348	Injection, naxitamab-ggqk, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9349	Injection, tafasitamab-cxix, 2 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9350	Injection, mosunetuzumab-axgb, 1 mg	Chemotherapy				T-Cell Therapy - Pharmacy Policy	09/01/2025
J9352	Injection, trabectedin, 0.1 mg (Use this code for Yondelis)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9353	Injection, margetuximab-cmbk, 5 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9354	Injection, ado-trastuzumab emtansine, 1 mg (Use this code for Kadcyla)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg (Use this code for Herceptin)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy; Infusion Therapy Site of Care - CommercialPharmacy Policy	09/01/2025
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Chemotherapy				New Drug/Indication Awaiting P&T Review - Pharmacy Policy	09/01/2025
J9376	Injection, pozelimab-bbfg, 1 mg	Chemotherapy				Medications for Rare Indications - Pharmacy Policy	09/01/2025
J9380	Injection, teclistamab-cqyv, 0.5 mg	Chemotherapy				T-Cell Therapy - Pharmacy Policy	09/01/2025
J9381	Injection, tepilizumab-mzvw, 5 mcg	Chemotherapy				Tzield - Pharmacy Policy	09/01/2025
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025
J9400	Injection, ziv-aflibercept, 1 mg (Use this code for Zaltrap)	Chemotherapy				ANTI-Cancer Medications_Commercial and Medicaid_Medical Benefit - Pharmacy Policy	09/01/2025

K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
K0898	Power wheelchair, not otherwise classified	DME	Electric/Motorized Wheelchair or Scooter				Wheelchair and Power Vehicles (Company)	09/01/2025
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Use this code for Yescarta)	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T (Yescarta)				T-Cell Therapy - Pharmacy Policy	09/01/2025
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Use this code for Kymriah)	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T (Kymriah)				T-Cell Therapy - Pharmacy Policy	09/01/2025
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-SCF, including leukaphersis and all other preparatory procedures, per infusion (Use this code for Provenge)	Oncology & Transplant Related Injections/Infusions/Treatment	Immunotherapy - Provenge				Provenge® - Pharmacy Policy	09/01/2025
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Use this code for Tecartus)	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T (Tecartus)				T-Cell Therapy - Pharmacy Policy	09/01/2025
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T (Breyabzi)				T-Cell Therapy - Pharmacy Policy	09/01/2025
Q2055	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T (Abecma)				T-Cell Therapy - Pharmacy Policy	09/01/2025
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 (Use this code for Carvykti)	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T (Carvykti)				T-Cell Therapy - Pharmacy Policy	09/01/2025
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Autologous Chondrocyte Implantation/Knee	Carticel				Autologous Chondrocyte Implantation (ACI) for Cartilaginous Defects of the Knee (Company)	09/01/2025
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Genetic Testing					Genetic and Molecular Testing (Company); Non-Covered Genetic Panel Tests (Company)	09/01/2025

PHP Site of Care (SOC) and Self-Administered Medications (SAD) Code List

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 Requires?"): 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	Notes	Effective Date
J0174	Injection, lecanemab-irmb, 1 mg	Leqembi	Y	Y	NO	60 days	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS ANTI-AMYLOID MONOCLONAL ANTIBODIES		9/1/2025
J0180	Injection, agalsidase beta, 1 mg	Fabrazyme*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY		9/1/2025
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Nexvazyme*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY		9/1/2025
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Lumizyme*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY		9/1/2025
J0222	Injection, Patisiran, 0.1 mg	Onpattro	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS TRANSTHYRETIN (TTR) LOWERING AGENTS		9/1/2025
J0223	Injection, givosiran, 0.5 mg	Givlaari	Y	Y	NO	60 days	HEMATOLOGICAL AGENTS GIVLAARI®		9/1/2025
J0225	Injection, vutrisiran, 1 mg	Amvuttra	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS TRANSTHYRETIN (TTR) LOWERING AGENTS		9/1/2025
J0256	Alpha 1 Proteinase Inhibitor	Aralast NP, Prolastin-C, Zemaira	Y	Y	NO	60 days	RESPIRATORY AGENTS ALPHA-1 PROTEINASE INHIBITORS		9/1/2025
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Glassia	Y	Y	NO	60 days	RESPIRATORY AGENTS ALPHA-1 PROTEINASE INHIBITORS		9/1/2025
J0485	Injection, belatacept, 1 mg	Nulojix	NO	Y	NO	60 days	No Medication PA/Policy. SOC PA only		9/1/2025
J0491	Injection, anifrolumab-fnia, 1 mg	Saphnelo	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS SAPHNELO		9/1/2025
J0584	Injection, burosumab-twza 1 mg	Crysvita	Y	Y	NO	60 days	ENDOCRINE & METABOLIC DRUGS CRYSVITA		9/1/2025
J0638	Injection, canakinumab, 1 mg	Ilaris	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS INTERLEUKIN – 1 INHIBITORS		9/1/2025
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	Cabenuva	Y	Y	NO	60 days	ANTI-INFECTION AGENTS CABENUVA		9/1/2025
J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	Y	Y	NO	60 days	HEMATOLOGICAL AGENTS ADAKVEO		9/1/2025
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use) - Brand name: Aranesp	Aranesp	Y	Y	NO	60 days	HEMATOLOGY ERYTHROPOIESIS STIMULATING AGENTS		9/1/2025
J0896	Injection, luspatercept-aamt, 0.25 mg	Reblozyl	Y	Y	NO	60 days	HEMATOLOGICAL AGENTS REBLOZYL®, RYLEO		9/1/2025
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	NO	Y	NO	60 days	No Medication PA/Policy. SOC PA only		9/1/2025
J1299	Injection, eculizumab, 2 mg	Soliris	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS COMPLEMENT INHIBITORS		9/1/2025
J1301	Injection, edaravone, 1 mg	Radicava	Y	Y	NO	60 days	NEUROMUSCULAR DRUGS RADICAVA		9/1/2025
J1303	Injection, ravulizumab-cwvz, 10 mg	Ultomiris	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS COMPLEMENT INHIBITORS		9/1/2025
J1305	Injection, evinacumab-dgnb, 5mg	Evkeeza	Y	Y	NO	60 days	CARDIOVASCULAR AGENTS HOMozygous familial hypercholesterolemia (HoFH) AGENTS		9/1/2025
J1306	Injection, iclisiran, 1 mg	Leqvio	Y	Y	NO	60 days	CARDIOVASCULAR AGENTS PCSK9 INHIBITORS		9/1/2025
J1322	Injection, elosulfase alfa, 1 mg	Vimzim*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY		9/1/2025
J1426	Injection, casimersen, 10 mg	Amondys 45	Y	Y	NO	60 days	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE MUSCULAR DYSTROPHY		9/1/2025
J1427	Injection, viltolarsen, 10 mg	Viltepso	Y	Y	NO	60 days	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE MUSCULAR DYSTROPHY		9/1/2025

J1428	Injection, eteplirsen, 10 mg (Use this code for Exondys 51)	Exondys 51	Y	Y	NO	60 days	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE MUSCULAR DYSTROPHY	9/1/2025
J1429	Injection, golodirsen, 10 mg	Vyondys 53	Y	Y	NO	60 days	NEUROMUSCULAR DRUGS EXON-SKIPPING THERAPIES FOR DUCHENNE MUSCULAR DYSTROPHY	9/1/2025
J1458	Injection, galsulfase, 1 mg	Naglazyme*	Y	Y	NO	Six Months	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	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1551	Injection, immune globulin (cutaquin), 100 mg	Cutaquin	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1554	Injection, immune globulin (asceniv), 500 mg	Asceniv	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1555	Injection, immune globulin (cuvitru), 100 mg	Cuvitru	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1556	Injection, immune globulin (bivigam), 500 mg	Bivigam	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Gammaplex	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1558	Injection, immune globulin (xembify), 100 mg	Xembify	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1559	Injection, immune globulin (hizentra), 100 mg	Hizentra	Y	Y	NO	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Gammaked, Gamunex-C	Y	Y	NO	60 days	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	60 days	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	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin	Hyqvia	Y	Y	NO	60 days	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	60 days	BIOLOGICAL PRODUCTS IMMUNE GAMMA GLOBULIN	9/1/2025
J1602	Injection, golimumab, 1 mg, for intravenous use	Simponi Aria	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J1743	Injection, idursulfase, 1 mg	Elaforce*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Remicade	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J1786	Injection, imiglucerase, 10 units	Cerezyme*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1823	Injection, inebilizumab-cdon, 1 mg	Uplizna	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS UPLIZNA	9/1/2025
J1930	Injection, lanreotide, 1 mg	Somatuline Depot	Y	Y	NO	60 days	ENDOCRINE AND METABOLIC DRUGS PITUITARY DISORDER THERAPIES	9/1/2025
J1931	Injection, laronidase, 0.1 mg	Aldurazyme*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J1932	Injection, lanreotide, (cipra), 1 mg	Cipra	Y	Y	NO	60 days	ENDOCRINE AND METABOLIC DRUGS PITUITARY DISORDER THERAPIES	9/1/2025
J2329	Injection, ublituximab-xiiv, 1mg	Briumvi	Y	Y	NO	60 days	CENTRAL NERVOUS SYSTEM DRUGS MEDICALLY ADMINISTERED MULTIPLE SCLEROSIS AGENTS	9/1/2025
J2350	Injection, ocrelizumab, 1 mg	Ocrevus	Y	Y	NO	60 days	CENTRAL NERVOUS SYSTEM DRUGS MEDICALLY ADMINISTERED MULTIPLE SCLEROSIS AGENTS	9/1/2025
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Sandostatin LAR Depot	Y	Y	NO	60 days	ENDOCRINE AND METABOLIC DRUGS PITUITARY DISORDER THERAPIES	9/1/2025
J2507	Injection, pegloticase, 1 mg	Krystexxa	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS KRYSTEXXA	9/1/2025
J2802	Injection, romiplostim, 1 microgram	Nplate	Y	Y	NO	60 days	HEMATOLOGICAL AGENTS THROMBOCYTOPENIA MEDICATIONS	9/1/2025
J2840	Injection, sebelipase alfa, 1 mg	Kanuma*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3032	Injection, eptinezumab-jimr, 1 mg	Vyepti	Y	Y	NO	60 days	ANALGESICS AND ANESTHETICS CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	9/1/2025
J3060	Injection, taliglucerase alfa, 10 units	Elelyso*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3111	Injection, romosozumab-aqqg, 1 mg	Evenity	Y	Y	NO	60 days	ENDOCRINE AND METABOLIC DRUGS OSTEOANABOLIC AGENTS	9/1/2025
J3241	Injection, teprotumumab-trbw, 10 mg	Tepezza	Y	Y	NO	60 days	ENDOCRINE AND METABOLIC DRUGS TEPEZZA®	9/1/2025
J3245	Injection, tiludrazumab, 1 mg	Ilumya	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J3247	Injection, secukinumab, intravenous, 1 mg	Cosentyx IV	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J3262	Tocilizumab injection	Actemra	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J3380	Injection, vedolizumab, intravenous, 1 mg	Entyvio	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J3590								
C9399	Injection, elapegedemase-lvr (revcovi), 2.4mg	Revcovi	Y	Y	NO	60 days	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3385	Injection, velaglucerase alfa, 100 units	VPRIV*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J3397	Injection, vestronidase alfa-vjvk, 1 mg	Mepsevir*	Y	Y	NO	Six Months	ENDOCRINE & METABOLIC DRUGS ENZYME REPLACEMENT THERAPY	9/1/2025
J9022	Injection, atezolizumab, 10 mg (Use this code for Tecentriq)	Tecentriq	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9023	Injection, avelumab, 10 mg (Use this code for Bavencio)	Bavencio	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9039	Injection, blinatumomab, 1 microgram (Use this code for Blincyto)	Blincyto	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS T-CELL THERAPY	9/1/2025
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Darzalex Faspro	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9145	Injection, daratumumab, 10 mg (Use this code for Darzalex)	Darzalex	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9155	Injection, degarelix, 1 mg (Use this code for Firmagon)	Firmagon	NO	Y	NO	60 days	No Pharmacy Policy	9/1/2025
J9173	Injection, duvalumab, 10 mg (Use this code for Imfinzi)	Imfinzi	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9202	Goserelin acetate implant, per 3.6 mg (Use this code for Zoladex)	Zoladex	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS GONADOTROPIN RELEASING HORMONE AGONISTS	9/1/2025
J9228	Injection, ipilimumab, 1 mg (Use this code for Yervoy)	Yervoy	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9271	Injection, pembrolizumab, 1 mg (Use this code for Keytruda)	Keytruda	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9272	Injection, dostarlimab-gxly, 10 mg	Jemperli	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Opdivo	Y	Y	NO	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	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	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 Hyela	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS RITUXIMAB	9/1/2025
J9332	Injection, efgartigimod alfa-fcab, 2mg	Vyvgart	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS FcRn ANTAGONISTS	9/1/2025
J9333	Injection, rozanolixizumab-noli, 1 mg	Rystiggo	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS FcRn ANTAGONISTS	9/1/2025
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Vyvgart Hytulo	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS FcRn ANTAGONISTS	9/1/2025
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Herceptin Hylecta	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
J9395	Injection, fulvestrant, 25 mg	Faslodex	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Inflectra	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Renflexis	Y	Y	NO	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Mvasi	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	Truxima	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS RITUXIMAB	9/1/2025
Q5118	Injection, bevacizumab-bvzv, biosimilar, (Zirabev), 10 mg	Zirabev	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS ANTI-CANCER MEDICATIONS – MEDICAL BENEFIT	9/1/2025

Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Ruxience	Y	Y	NO	60 days	ANTINEOPLASTIC AGENTS RITUXIMAB	9/1/2025
C9047	Injection, caplacizumab-yhdp, 1 mg	Cablivi	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J0517	Injection, benralizumab, 1 mg	Fasenra	Y	NO	Y	60 days	RESPIRATORY AGENTS IL-5 INHIBITORS	9/1/2025
J0593	Injection, lanadelumab-flyo, 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 IMMUNOMODULATORS (TIMs)	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 IMMUNOMODULATORS (TIMs)	9/1/2025
J1747	Injection, spesolimab-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
J2267	Injection, mirikizumab-mrkz, 1 mg	Omvoh	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Skyrizi	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	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, fremanezumab-vfrm, 1 mg	Ajovy	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Stelara	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J9999	Not otherwise specified, antineoplastic drugs	Besremi (Ropeginterferon alfa-2b)	Y	NO	Y	60 days	ANTINEOPLASTICS AGENTS ANTI-CANCER MEDICATIONS – SELF-ADMINISTERED	9/1/2025
Q5099	ustekinumab-stba, for intravenous injection, 1mg	Steqeyma	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
Q5137	Injection, ustekinumab-auub (weziana), biosimilar, subcutaneous, 1 mg	Wezlana	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
Q9996	Injection, ustekinumab-twe (pyzchiva), subcutaneous, 1 mg	Pyzchiva	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	Selarsdi	Y	NO	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
C9399	Unclassified drugs or biologicals	Adbry (Tralokinumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Aimovig (Erenumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Bimzelex (Bimekizumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Cosentyx (subq) (Secukinumab*)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Dupixent (Dupilumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Ebglyss (Lebrikizumab-lbkz)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Emgality (Galcanezumab-gnlm)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Enspryng (Satralizumab-mwge)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Entyvio subq (Vedolizumab*)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Kesimpta (Ofatumumab*)	NO	NO	Y	61 days	No Medication PA/Policy. SAD PA only	9/2/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Kevzara (Sarilumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Nemlurio (nemolizumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Repatha (Evolocumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Simponi (Golimumab*)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Skyrizi (subq) (Risankizumab*)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Taltz (Ixeizumab)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Tryngolza (Olezarsen)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Wainua (Eplontersen)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3490	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Winrevair (Sotatercept)	Y	NO	Y	60 days	CARDIOVASCULAR AGENTS PULMONARY HYPERTENSION	9/1/2025
J3590	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Yorvipath (Palopegteriparatide)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3490	Unclassified biologics							
C9399	Unclassified drugs or biologicals	Zilbrysq (Zilucoplan)	NO	NO	Y	60 days	No Medication PA/Policy. SAD PA only	9/1/2025
J3490	Unclassified biologics							
J0129	Injection, abatacept, 10 mg	Orencia	Y	Y	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
J0490	Injection, belimumab, 10 mg	Benlysta (SubQ) autoinject or syringe	Y	Y	Y	60 days	BIOLOGICAL PRODUCTS BENLYSTA®	9/1/2025
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Tofidence	Y	Y	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Tyenne	Y	Y	Y	60 days	MISCELLANEOUS PRODUCTS MEDICALLY INFUSED THERAPEUTIC IMMUNOMODULATORS (TIMs)	9/1/2025