



Prior authorization code list | Highmark BCBS | Rich Products Corporation (Rich's)

Inpatient

All inpatient stays require prior authorization (PA), 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

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported (Use this code for Precise Type ® HEA test)	Genetic Testing		1/1/2026
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score (Use this code for ScolIScore Transgenomic)	Genetic Testing		1/1/2026
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin (Use this code for AmHPR Helicobacter pylori Antibiotic Resistance Next Generation Sequencing Panel)	Genetic Testing		1/1/2026
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		1/1/2026
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate (Use this code for Bacterial Typing by Whole Genome Sequencing)	Genetic Testing		1/1/2026
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation (Use this code for BCR-ABL1 major and minor breakpoint fusion transcripts)	Genetic Testing		1/1/2026
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin.	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score (Use this code for Apify®)	Genetic Testing		1/1/2026
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or nondetection of FLT3 mutation and indication for or against the use of midostaurin (Use this code for LeukoStrat® CDx FLT3 Mutation Assay)	Genetic Testing		1/1/2026
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823) (Use this code for Focused Pharmacogenomics Panel)	Genetic Testing		1/1/2026
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823) (Use this code for Warfarin Response Genotype)	Genetic Testing		1/1/2026
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)(Use this code for Cytochrome P450 1A2 Genotype)	Genetic Testing		1/1/2026
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant(Use this code for Catechol-Omethyltransferase (COMT) Genotype)	Genetic Testing		1/1/2026
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-221T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])(Use this code for Serotonin Receptor Genotype (HTR2A and HTR2C))	Genetic Testing		1/1/2026
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15) (eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)(Use this code for Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping)	Genetic Testing		1/1/2026
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative (Use this code for Real-time quaking-induced conversion for prion detection (RT-QuIC))	Genetic Testing		1/1/2026
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses (Use this code for EXaCT-1 Whole Exome Testing)	Genetic Testing		1/1/2026
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity (Use this code for Anti-dsDNA, High Salt/Avidity)	Genetic Testing		1/1/2026
0042T	Cerebral perfusion analysis using CT with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	CT (for non-orthopedic)		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Genetic Testing		1/1/2026
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	Genetic Testing		1/1/2026
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. krusei, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species (Use this code for MYCODART Dual Amplification Real Time PCR Panel for 6 Candida species, RealTime Laboratories, Inc)	Genetic Testing		1/1/2026
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		1/1/2026
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder (Use this code for INFINITI® Neural Response Panel, PersonalizeDx Labs, AutoGenomics Inc)	Genetic Testing		1/1/2026
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Genetic Testing		1/1/2026
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Genetic Testing		1/1/2026
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	Genetic Testing		1/1/2026
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Genetic Testing		1/1/2026
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Genetic Testing		1/1/2026
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Genetic Testing		1/1/2026
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Genetic Testing		1/1/2026

Outpatient

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0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	Genetic Testing		1/1/2026
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Genetic Testing		1/1/2026
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	Genetic Testing		1/1/2026
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	Genetic Testing		1/1/2026
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor- derived cell-free DNA in the total cell-free DNA (Use this code for Viracor TRAC dd-cfDNA)	Genetic Testing		1/1/2026
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		1/1/2026
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R 248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status (Use this code for the Therascreen® FGFR RGQ RT-PCR Kit, QIAGEN, QIAGEN GmbH)	Genetic Testing		1/1/2026
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis (Use this code for SMASH™, New York Genome Center, Marvel Genomics™)	Genetic Testing		1/1/2026
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants (Use this code for NT [NUDT15 and TPMT] genotyping panel, RPRD Diagnostics)	Genetic Testing		1/1/2026

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0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis (Use this code for Clarifi™, Quadrant Biosciences, Inc, Quadrant Biosciences, Inc)	Genetic Testing		1/1/2026
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score (Use this code for myChoice® CDx, Myriad Genetics Laboratories, Inc, Myriad Genetics Laboratories, Inc)	Genetic Testing - BRCA		1/1/2026
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes (Use this code for Psych HealthPGx Panel, RPRD Diagnostics, RPRD Diagnostics)	Genetic Testing		1/1/2026
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes (Use this code for Genomind® Professional PGx Express™ CORE, Genomind, Inc, Genomind, Inc)	Genetic Testing		1/1/2026
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 theascreen® PIK3CA RGQ PCR Kit, QIAGEN, QIAGEN GmbH)	Genetic Testing		1/1/2026
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons (Use this code for Navigator ABO Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1 (Use this code for Navigator CO Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10 (Use this code for Navigator CROM Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19 (Use this code for Navigator DI Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2 (Use this code for Navigator DO Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026

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0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4 (Use this code for Navigator FUT1 Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2 (Use this code for Navigator FUT2 Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2 (Use this code for Navigator FY Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4 (Use this code for Navigator GE Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2 (Use this code for Navigator GYPA Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3 (Use this code for Navigator GYPB Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6 (Use this code for Navigator IN Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9 (Use this code for Navigator JK Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26 (Use this code for Navigator JR Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8 (Use this code for Navigator KEL Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) (Use this code for Navigator KLF1 Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026

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0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3 (Use this code for Navigator LU Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1 (Use this code for Navigator LW Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5 (Use this code for Navigator RHD/CE Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12 (Use this code for Navigator SC Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Spinal Procedures		1/1/2026
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3 (Use this code for Navigator XK Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Spinal Procedures		1/1/2026
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2 (Use this code for Navigator YT Sequencing, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	Spinal Procedures		1/1/2026
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness (Use this code for PredictSURE IBDTM Test, KSL Diagnostics, PredictImmune Ltd)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements (Use this code for Vita Risk®, Arctic Medical Laboratories)	Genetic Testing		1/1/2026
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		1/1/2026
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband (Genomic Unity® Whole Genome Analysis -Proband, Variantyx Inc, Variantyx Inc) >(Do not report 0212U in conjunction with 81425)<	Genetic Testing		1/1/2026
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) (Genomic Unity® Whole Genome Analysis - Comparator, Variantyx Inc, Variantyx Inc) >(Do not report 0213U in conjunction with 81426)<	Genetic Testing		1/1/2026
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband (Genomic Unity® Exome Plus Analysis - Proband, Variantyx Inc, Variantyx Inc) >(Do not report 0214U in conjunction with 81415)<	Genetic Testing		1/1/2026
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) (Genomic Unity® Exome Plus Analysis - Comparator, Variantyx Inc, Variantyx Inc) >(Do not report 0215U in conjunction with 81416)<	Genetic Testing		1/1/2026
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants (Genomic Unity® Ataxia Repeat Expansion and Sequence Analysis, Variantyx Inc, Variantyx Inc)	Genetic Testing		1/1/2026

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0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants (Genomic Unity® Comprehensive Ataxia Repeat Expansion and Sequence Analysis, Variantyx Inc, Variantyx Inc)	Genetic Testing		1/1/2026
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants (Genomic Unity® DMD Analysis, Variantyx Inc, Variantyx Inc)	Genetic Testing		1/1/2026
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Spinal Procedures		1/1/2026
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility (Use this code for Sentosa® SQ HIV-1 Genotyping Assay, Vela Diagnostics USA Inc, Vela Operations Singapore Pte Ltd)	Genetic Testing		1/1/2026
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Spinal Procedures		1/1/2026
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Spinal Procedures		1/1/2026
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylglactosaminyltransferase and alpha 1-3-galactosyltransferase) gene (Navigator ABO Blood Group NGS, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3 (Navigator Rh Blood Group NGS, Grifols Immunohematology Center, Grifols Immunohematology Center)	Genetic Testing		1/1/2026
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence 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® AR Analysis, Variantyx Inc)	Genetic Testing		1/1/2026

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0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions (Use this code for Genomic Unity® CACNA1A Analysis, Variantyx Inc)	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions (Use this code for Genomic Unity® SMN1/2 Analysis, Variantyx Inc)	Genetic Testing		1/1/2026
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions (Use this code for Genomic Unity® Cardiac Ion Channelopathies Analysis, Variantyx Inc)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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		1/1/2026
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		1/1/2026
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens (Use this code for PrecisionBlood™, San Diego Blood Bank, San Diego Blood Bank)	Genetic Testing		1/1/2026
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy (Use this code for POC (Products of Conception), Igenomix®, Igenomix® USA)	Genetic Testing		1/1/2026
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive) (Use this code for ERA® (Endometrial Receptivity Analysis), Igenomix®, Igenomix® USA)	Genetic Testing		1/1/2026
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested (Use this code for SMART PGT-A (Pre-implantation Genetic Testing - Aneuploidy), Igenomix®, Igenomix® USA)	Genetic Testing		1/1/2026
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics (Use this code for Mind.Px, Mindera, Mindera Corporation)	Genetic Testing		1/1/2026
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA code with identical clinical descriptor, see 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment) (Use this code for Augusta Optical Genome Mapping, Georgia Esoteric and Molecular (GEM) Laboratory, LLC, Bionano Genomics Inc)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Oncology & Transplant Related Injections/Infusions/Treatment	Cell Therapy - Bone Marrow	1/1/2026
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	Oncology & Transplant Related Injections/Infusions/Treatment	Cell Therapy - Bone Marrow	1/1/2026
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA code with identical clinical descriptor, see 0260U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment) (Use this code for Praxis Optical Genome Mapping, Praxis Genomics LLC)	Genetic Testing		1/1/2026
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Oncology & Transplant Related Injections/Infusions/Treatment	Cell Therapy - Bone Marrow	1/1/2026
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants (Use this code for Praxis Whole Genome Sequencing, Praxis Genomics LLC)	Genetic Testing		1/1/2026
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes (Use this code for Praxis Transcriptome, Praxis Genomics LLC)	Genetic Testing		1/1/2026
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing (Use this code for Praxis Combined Whole Genome Sequencing and Optical Genome Mapping, Praxis Genomics LLC)	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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		1/1/2026
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Congenital Neutropenia Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing		1/1/2026
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		1/1/2026
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAUI), blood, buccal swab, or amniotic fluid (Use this code for Versiti™ Fibrinolytic Disorder Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing		1/1/2026
0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Spinal Procedures		1/1/2026
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		1/1/2026
0275T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	Spinal Procedures	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes (Use this code for Versiti™ Red Cell Genotyping Panel, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing		1/1/2026
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma (Use this code for Versiti™ VWD Type 2B Evaluation, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing		1/1/2026
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma (Use this code for Versiti™ VWD Type 2N Binding, Versiti™ Diagnostic Laboratories, Versiti™)	Genetic Testing		1/1/2026
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants (Use this code for CNT (CEP72, TPMT and NUDT15) genotyping panel, RPRD Diagnostics)	Genetic Testing		1/1/2026
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score (Use this code for MindX Blood Test™ - Memory/Alzheimer's, MindX Sciences™ Laboratory, MindX Sciences™ Inc)	Genetic Testing		1/1/2026
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score (Use this code for MindX Blood Test™ - Pain, MindX Sciences™ Laboratory, MindX Sciences™ Inc)	Genetic Testing		1/1/2026
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score (Use this code for MindX Blood Test™ - Mood, MindX Sciences™ Laboratory, MindX Sciences™ Inc)	Genetic Testing		1/1/2026
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score (Use this code for MindX Blood Test™ - Stress, MindX Sciences™ Laboratory, MindX Sciences™ Inc)	Genetic Testing		1/1/2026
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score (Use this code for MindX Blood Test™ - Suicidality, MindX Sciences™ Laboratory, MindX Sciences™ Inc)	Genetic Testing		1/1/2026
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score (Use this code for MindX Blood Test™ - Longevity, MindX Sciences™ Laboratory, MindX Sciences™ Inc)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification (Use this code for Praxis Somatic Optical Genome Mapping, Praxis Genomics LLC)	Genetic Testing		1/1/2026
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification (Use this code for Praxis Somatic Combined Whole Genome Sequencing and Optical Genome Mapping, Praxis Genomics LLC)	Genetic Testing		1/1/2026
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); (Use this code for Bartonella ddPCR, Galaxy Diagnostics Inc)	Genetic Testing		1/1/2026
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment (Use this code for Bartonella Digital ePCR™, Galaxy Diagnostics Inc)	Genetic Testing		1/1/2026
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD (Use this code for Invitae PCM Tissue Profiling and MRD Baseline Assay, Invitae Corporation, Invitae Corporation)	Genetic Testing		1/1/2026
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD (Use this code for Invitae PCM MRD Monitoring, Invitae Corporation, Invitae Corporation)	Genetic Testing		1/1/2026
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood (Use this code for EpiSign Complete, Greenwood Genetic Center)	Genetic Testing		1/1/2026
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection (Use this code for Clarava™, Verici Dx, Verici Dx, Inc)	Genetic Testing		1/1/2026
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection (Use this code for Tuteva™, Verici Dx, Verici Dx, Inc)	Genetic Testing		1/1/2026
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		1/1/2026
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	SPECT		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment with tomographic SPECT	SPECT		1/1/2026
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants (Use this code for IriSight™ Prenatal Analysis – Proband, Variantyx, Inc, Variantyx, Inc)	Genetic Testing		1/1/2026
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) (Use this code for IriSight™ Prenatal Analysis – Comparator, Variantyx, Inc)	Genetic Testing		1/1/2026
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer (Use this code for SelectMDx® for Prostate Cancer, MDxHealth®, Inc)	Genetic Testing		1/1/2026
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid (Use this code for Single Cell Prenatal Diagnosis (SCPD) Test, Luna Genetics, Inc)	Genetic Testing		1/1/2026
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 (Use this code for GeneSight® Psychotropic, Assurex Health, Inc, Myriad Genetics, Inc)	Genetic Testing		1/1/2026
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes (Use this code for RightMed® PGx16 Test, OneOme®, OneOme®, LLC)	Genetic Testing		1/1/2026
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes (Use this code for RightMed® Comprehensive Test Exclude F2 and F5, OneOme®, OneOme®, LLC)	Genetic Testing		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions (Use this code for RightMed® Comprehensive Test, OneOme®, OneOme®, LLC)	Genetic Testing		1/1/2026
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes (Use this code for RightMed® Gene Report, OneOme®, OneOme®, LLC)	Genetic Testing		1/1/2026
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2) (Use this code for Apolipoprotein L1 (APOL1) Renal Risk Variant Genotyping, Quest Diagnostics®, Quest Diagnostics®)	Genetic Testing		1/1/2026
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique (Use this code for GI assay (Gastrointestinal Pathogen with ABR), Lab Genomics LLC, Thermo Fisher Scientific)	Genetic Testing		1/1/2026
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibioticresistance genes, multiplex amplified probe technique, wound swab (Use this code for Lesion Infection (Wound), Lab Genomics LLC, Thermo Fisher Scientific)	Genetic Testing		1/1/2026
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine (Use this code for Qlear UTI, Lifescan Labs of Illinois, Thermo Fisher Scientific)	Genetic Testing		1/1/2026
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score (Use this code for Qlear UTI - Reflex ABR, Lifescan Labs of Illinois, Thermo Fisher Scientific)	Genetic Testing		1/1/2026
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen (Use this code for Respiratory Pathogen with ABR (RPX), Lab Genomics LLC, Thermo Fisher Scientific)	Genetic Testing		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine (Use this code for Urogenital Pathogen with Rx Panel (UPX), Lab Genomics LLC, Thermo Fisher Scientific)	Genetic Testing		1/1/2026
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab (Use this code for UCGSL RFC1 Repeat Expansion Test, University of Chicago Genetic Services Laboratories)	Genetic Testing		1/1/2026
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD (Use this code for KawasakiDx, OncoOmicsDx Laboratory, mProbe)	Genetic Testing		1/1/2026
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug (Use this code for Medication Management Neuropsychiatric Panel, RCA Laboratory Services LLC d/b/a GENETWORx, GENETWORx)	Genetic Testing		1/1/2026
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions (use this code for Spectrum PGT-M, Natera, Inc, Natera, Inc)	Genetic Testing		1/1/2026
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer (Use this code for ESOPREDICT® Barrett's Esophagus Risk Classifier Assay, Capsulomics, Inc d/b/a Previser)	Genetic Testing		1/1/2026
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative (Use this code for Genesys Carrier Panel, Genesys Diagnostics, Inc)	Genetic Testing		1/1/2026
0401U	Cardiology (coronary heart disease [CAHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event (Use this code for CARDIO inCode-Score (CIC-SCORE), GENinCode U.S. Inc, GENinCode U.S. Inc)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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, LynxDX)	Genetic Testing		1/1/2026
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected (Use this code for BTG Early Detection of Pancreatic Cancer, Breakthrough Genomics, Breakthrough Genomics)	Genetic Testing		1/1/2026
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		1/1/2026
0410U	Oncology (pancreatic), DNA, whole genome sequencing 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected (Use this code for Avantect™ Pancreatic Cancer Test, ClearNote™ Health, ClearNote™ Health)	Genetic Testing		1/1/2026
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 (For additional PLA code with identical clinical descriptor, see 0345U. See Appendix O to determine appropriate code assignment) (Use this code for IDgenetix®, Castle Biosciences, Inc, Castle Biosciences, Inc)	Genetic Testing		1/1/2026
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations (Use this code for DH Optical Genome Mapping/Digital Karyotyping Assay, The Clinical Genomics and Advanced Technology (CGAT) Laboratory at Dartmouth Health, Bionano Genomics)	Genetic Testing		1/1/2026
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffinembedded (FFPE) tissue, reported as positive or negative for each biomarker (Use this code for LungOI, Imagenet)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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		1/1/2026
0419T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma	Potentially Cosmetic		1/1/2026
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype (Use this code for Tempus nP, Tempus Labs, Inc, Tempus Labs, Inc)	Genetic Testing		1/1/2026
0420T	Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibroma	Potentially Cosmetic		1/1/2026
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma (Use this code for Cxbladder Detect+, Pacific Edge Diagnostics USA LTD, Pacific Edge Diagnostics USA LTD)	Genetic Testing		1/1/2026
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		1/1/2026
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition (Use this code for Genomind® Pharmacogenetics Report – Full, Genomind®, Inc, Genomind®, Inc)	Genetic Testing		1/1/2026
0424U	Oncology (prostate), exosomebased analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RTqPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer (Use this code for miR Sentinel™ Prostate Cancer Test, miR Scientific®, LLC, miR Scientific®, LLC)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings) (Use this code for RCIGM Rapid Whole Genome Sequencing, Comparator Genome, Rady Children's Institute for Genomic Medicine, Rady Children's Institute for Genomic Medicine)	Genetic Testing		1/1/2026
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis (Use this code for RCIGM Ultra-Rapid Whole Genome Sequencing, Rady Children's Institute for Genomic Medicine, Rady Children's Institute for Genomic Medicine)	Genetic Testing		1/1/2026
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer (Use this code for EpiSwitch® Prostate Screening Test (PSE), Oxford BioDynamics Inc, Oxford BioDynamics PLC)	Genetic Testing		1/1/2026
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes (Use this code for RightMed® Gene Test Exclude F2 and F5, OneOme® LLC, OneOme® LLC)	Genetic Testing		1/1/2026
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score (Use this code for MindX One™ Blood Test – Anxiety, MindX Sciences, MindX Sciences)	Genetic Testing		1/1/2026
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted genedrug interactions (Use this code for EffectiveRX™ Comprehensive Panel, RCA Laboratory Services LLC d/b/a GENETWORx, GENETWORx)	Genetic Testing		1/1/2026
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Oncology & Transplant Related Injections/Infusions/Treatment		1/1/2026
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	Oncology & Transplant Related Injections/Infusions/Treatment	Cell Therapy - Autologous adipose-derived regenerative	1/1/2026
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Oncology & Transplant Related Injections/Infusions/Treatment	Cell Therapy - Autologous adipose-derived regenerative	1/1/2026
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular areas, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Transplants	Islet Cell	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Transplants	Islet Cell	1/1/2026
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Transplants	Islet Cell	1/1/2026
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	CT (for non-orthopedic)		1/1/2026
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	CT (for non-orthopedic)		1/1/2026
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	CT (for non-orthopedic)		1/1/2026
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	CT (for non-orthopedic)		1/1/2026
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Spinal Procedures		1/1/2026
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	MRI (for non-orthopedic)		1/1/2026
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume (s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	MRI (for non-orthopedic)		1/1/2026
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Potentially Cosmetic		1/1/2026
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate	Potentially Cosmetic		1/1/2026
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25cc or less injectate	Potentially Cosmetic		1/1/2026
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	8-Transplant		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	8-Transplant		1/1/2026
15820	Blepharoplasty, lower eyelid;	Potentially Cosmetic	Blepharoplasty	1/1/2026
15821	BLEPHAROPLASTY LOWER EYELID W/HERNIATED FAT PAD	2-Outpatient Surgery		1/1/2026
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Potentially Cosmetic	Blepharoplasty, SOC	1/1/2026
15822	BLEPHAROPLASTY UPPER EYELID	2-Outpatient Surgery		1/1/2026
15822	Blepharoplasty, upper eyelid;	Potentially Cosmetic	Blepharoplasty, SOC	1/1/2026
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Potentially Cosmetic	Blepharoplasty, SOC	1/1/2026
15824	Rhytidectomy; forehead	Potentially Cosmetic	Rhytidectomy	1/1/2026
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap P-flap)	Potentially Cosmetic	Rhytidectomy	1/1/2026
15826	Rhytidectomy; glabellar brow lines	Potentially Cosmetic	Rhytidectomy	1/1/2026
15828	RHYTIDECTOMY CHEEK CHIN & NECK	2-Outpatient Surgery		1/1/2026
15828	Rhytidectomy; cheek, chin, and neck	Potentially Cosmetic	Rhytidectomy	1/1/2026
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Potentially Cosmetic	Rhytidectomy	1/1/2026
15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen infraumbilical panniculectomy	Potentially Cosmetic	Abdominoplasty /Panniculectomy-SOC	1/1/2026
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Potentially Cosmetic	Lipectomy	1/1/2026
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Potentially Cosmetic	Lipectomy	1/1/2026
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Potentially Cosmetic	Lipectomy	1/1/2026
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Potentially Cosmetic	Lipectomy	1/1/2026
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Potentially Cosmetic	Lipectomy	1/1/2026
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Potentially Cosmetic	Lipectomy	1/1/2026
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Potentially Cosmetic	Lipectomy	1/1/2026
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Potentially Cosmetic	Lipectomy, SOC	1/1/2026
15876	Suction assisted lipectomy, head and neck	Potentially Cosmetic	Liposuction	1/1/2026
15877	Suction assisted lipectomy; trunk	Potentially Cosmetic	Liposuction-SOC	1/1/2026
15878	Suction assisted lipectomy; upper extremity	Potentially Cosmetic	Liposuction	1/1/2026
15879	Suction assisted lipectomy; lower extremity	Potentially Cosmetic	Liposuction-SOC	1/1/2026
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Potentially Cosmetic	Facial Skin Lesions - Laser Therapy (excluding MOHS)	1/1/2026
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)-SOC	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Potentially Cosmetic	Facial Skin Lesions - Laser Therapy (excluding MOHS)-SOC	1/1/2026
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	Potentially Cosmetic	No PA required if performed in office. Facial Skin Lesions - Laser Therapy (excluding MOHS)	1/1/2026
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	Potentially Cosmetic	No PA required if performed in office. Facial Skin Lesions - Laser Therapy (excluding MOHS)	1/1/2026
19300	Mastectomy for gynecomastia	Potentially Cosmetic	Mastectomy	1/1/2026
19301	MASTECTOMY PARTIAL	2-Outpatient Surgery		1/1/2026
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Potentially Cosmetic	Mastectomy	1/1/2026
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	Potentially Cosmetic	Mastectomy	1/1/2026
19303	MASTECTOMY SIMPLE COMPLETE	2-Outpatient Surgery		1/1/2026
19303	Mastectomy, simple, complete	Potentially Cosmetic	Mastectomy	1/1/2026
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	Potentially Cosmetic	Mastectomy	1/1/2026
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	Potentially Cosmetic	Mastectomy	1/1/2026
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Potentially Cosmetic	Mastectomy	1/1/2026
19316	Mastopexy	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19318	BREAST REDUCTION	2-Outpatient Surgery		1/1/2026
19318	Breast reduction	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction-SOC	1/1/2026
19325	BREAST AUGMENTATION WITH IMPLANT	2-Outpatient Surgery		1/1/2026
19325	Breast augmentation with implant	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19328	Removal of intact breast implant	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19342	Insertion or replacement of breast implant on separate day from mastectomy	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19350	NIPPLE/AREOLA RECONSTRUCTION	2-Outpatient Surgery		1/1/2026
19350	Nipple/areola reconstruction	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19355	Correction of inverted nipples	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19357	Tissue expander replacement in breast reconstruction, including subsequent expansion(s)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19361	Breast reconstruction; with latissimus dorsi flap	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19367	Breast reconstruction; with single-pedicled transverse rectus abdominus myocutaneous (TRAM) flap	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19368	Breast reconstruction; with single-pedicled transverse rectus abdominus myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19369	Breast reconstruction; with bipedled transverse rectus abdominus myocutaneous (TRAM) flap	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
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	1/1/2026
19396	Preparation of mouldage for custom breast implant	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
21010	Arthrotomy, temporomandibular joint	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21050	Condylectomy, temporomandibular joint (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21060	Menisectomy, partial or complete, temporomandibular joint (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21070	Coronoidectomy (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21120	GENIOPLASTY AUGMENTATION	2-Outpatient Surgery		1/1/2026
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Potentially Cosmetic	Orthognathic Procedures - Genioplasty	1/1/2026
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	2-Outpatient Surgery		1/1/2026
21121	Genioplasty; sliding osteotomy, single piece	Potentially Cosmetic	Orthognathic Procedures - Genioplasty	1/1/2026
21122	GENIOPLASTY SLIDING OSTEOTOMIES 2/3	2-Outpatient Surgery		1/1/2026
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Potentially Cosmetic	Orthognathic Procedures - Genioplasty	1/1/2026
21123	GENIOP SLIDING AGMNTJ W/NTRPSTJ BONE GRAFTS	2-Outpatient Surgery		1/1/2026
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining the autografts)	Potentially Cosmetic	Orthognathic Procedures - Genioplasty	1/1/2026
21125	Augmentation, mandibular body or angle; prosthetic material	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21137	Reduction forehead; contouring only	Potentially Cosmetic		1/1/2026
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Potentially Cosmetic		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Potentially Cosmetic		1/1/2026
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	1/1/2026
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Potentially Cosmetic	Orthognathic Procedures - LeFort I	1/1/2026
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Potentially Cosmetic	Orthognathic Procedures - LeFort I	1/1/2026
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures - LeFort I	1/1/2026
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	1/1/2026
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	1/1/2026
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Potentially Cosmetic	Orthognathic Procedures - LeFort II	1/1/2026
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Potentially Cosmetic	Orthognathic Procedures - LeFort II	1/1/2026
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
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	1/1/2026
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	1/1/2026
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	2-Outpatient Surgery		1/1/2026
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Potentially Cosmetic		1/1/2026
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	2-Outpatient Surgery		1/1/2026
21175	Reconstruction, bilateral, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Potentially Cosmetic		1/1/2026
21179	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	2-Outpatient Surgery		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Potentially Cosmetic		1/1/2026
21180	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	2-Outpatient Surgery		1/1/2026
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining graft)	Potentially Cosmetic		1/1/2026
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	2-Outpatient Surgery		1/1/2026
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	2-Outpatient Surgery		1/1/2026
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia) with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	2-Outpatient Surgery		1/1/2026
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia) with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	2-Outpatient Surgery		1/1/2026
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia) with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	2-Outpatient Surgery		1/1/2026
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Potentially Cosmetic	Orthognathic Procedures - Osteotomy	1/1/2026
21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	2-Outpatient Surgery		1/1/2026
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Potentially Cosmetic	Orthognathic Procedures - TMJ/Osteotomy	1/1/2026
21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	2-Outpatient Surgery		1/1/2026
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures - Osteotomy	1/1/2026
21195	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	2-Outpatient Surgery		1/1/2026
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	2-Outpatient Surgery		1/1/2026
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21198	Osteotomy, mandible, segmental;	Potentially Cosmetic	Orthognathic Procedures - TMJ/Osteotomy	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Potentially Cosmetic	Orthognathic Procedures - Osteotomy	1/1/2026
21206	OSTEOTOMY MAXILLA SEGMENTAL	2-Outpatient Surgery		1/1/2026
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Potentially Cosmetic	Orthognathic Procedures - Osteotomy	1/1/2026
21208	OSTEOPLASTY FACIAL BONES AUGMENTATIONOSTEOPLASTY FACIA	2-Outpatient Surgery		1/1/2026
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Potentially Cosmetic	Orthognathic Procedures - Osteotomy	1/1/2026
21209	OSTEOPLASTY FACIAL BONES REDUCTION	2-Outpatient Surgery		1/1/2026
21209	Osteoplasty, facial bones; reduction	Potentially Cosmetic	Orthognathic Procedures - Osteotomy	1/1/2026
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21215	Graft, bone; mandible (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21242	Arthroplasty, temporomandibular joint, with allograft	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	2-Outpatient Surgery		1/1/2026
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	2-Outpatient Surgery		1/1/2026
21246	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	2-Outpatient Surgery		1/1/2026
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	2-Outpatient Surgery		1/1/2026
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21255	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	2-Outpatient Surgery		1/1/2026
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	2-Outpatient Surgery		1/1/2026
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autograft[s]) (eg, micro-ophthalmia)	Potentially Cosmetic		1/1/2026
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Potentially Cosmetic		1/1/2026
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Potentially Cosmetic		1/1/2026
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Potentially Cosmetic		1/1/2026
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Potentially Cosmetic		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Potentially Cosmetic		1/1/2026
21270	Malar augmentation, prosthetic material	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21275	Secondary revision of orbitocraniofacial reconstruction	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21280	Medial canthopexy	Potentially Cosmetic		1/1/2026
21282	Lateral canthopexy	Potentially Cosmetic		1/1/2026
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
21431	Closed treatment of craniofacial separation (LeFort III type) using intradental wire fixation of denture or splint	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	Potentially Cosmetic	Orthognathic Procedures - LeFort III	1/1/2026
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21450	Closed treatment of mandibular fracture; without manipulation	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21451	Closed treatment of mandibular fracture; with manipulation	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21452	Percutaneous treatment of mandibular fracture; with external fixation	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21453	Closed treatment of mandibular fracture with interdental fixation	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21454	Open treatment of mandibular fracture with external fixation	Potentially Cosmetic	Orthognathic Procedures - TMJ/Mandibular ORIF	1/1/2026
21461	Open treatment of mandibular fracture; without interdental fixation	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21462	Open treatment of mandibular fracture; with interdental fixation	Potentially Cosmetic	Orthognathic Procedures - TMJ/Mandibular ORIF	1/1/2026
21465	Open treatment of mandibular condylar fracture	Potentially Cosmetic	Orthognathic Procedures - TMJ/Mandibular ORIF	1/1/2026
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	Potentially Cosmetic	Orthognathic Procedures - TMJ/Mandibular ORIF	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21490	Open treatment of temporomandibular dislocation	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
21740	Reconstructive repair of pectus excavatum or carinatum; open	Potentially Cosmetic		1/1/2026
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Potentially Cosmetic		1/1/2026
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Potentially Cosmetic		1/1/2026
21899	UNLISTED PROCEDURE NECK/THORAX	2-Outpatient Surgery		1/1/2026
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Spinal Procedures		1/1/2026
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Spinal Procedures		1/1/2026
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Spinal Procedures		1/1/2026
22110	Excision of vertebral body, for intrinsic bony lesion, without decompression of the spinal cord or nerve root(s), single vertebral segment; cervical	Spinal Procedures		1/1/2026
22112	Excision of vertebral body, for intrinsic bony lesion, without decompression of the spinal cord or nerve root(s), single vertebral segment; thoracic	Spinal Procedures		1/1/2026
22114	Excision of vertebral body, for intrinsic bony lesion, without decompression of the spinal cord or nerve root(s), single vertebral segment; lumbar	Spinal Procedures		1/1/2026
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Spinal Procedures		1/1/2026
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Spinal Procedures		1/1/2026
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Spinal Procedures		1/1/2026
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Spinal Procedures		1/1/2026
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Spinal Procedures		1/1/2026
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Spinal Procedures		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Spinal Procedures		1/1/2026
22224	Osteotomy of spine, including discectomy, lumbar	Spinal Procedures		1/1/2026
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Spinal Procedures		1/1/2026
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Spinal Procedures		1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Spinal Procedures	IDET (Thermal Intradiscal - TIPS)	1/1/2026
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Spinal Procedures		1/1/2026
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spinal Procedures		1/1/2026
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spinal Procedures		1/1/2026
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Spinal Procedures	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
22554	Arthrodesis, anterior interbody technique; including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Spinal Procedures		1/1/2026
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Spinal Procedures		1/1/2026
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spinal Procedures	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
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		1/1/2026
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Spinal Procedures		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Spinal Procedures		1/1/2026
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Spinal Procedures	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spinal Procedures		1/1/2026
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	Spinal Procedures	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Spinal Procedures		1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Spinal Procedures		1/1/2026
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Spinal Procedures		1/1/2026
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Spinal Procedures		1/1/2026
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Spinal Procedures		1/1/2026
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Spinal Procedures		1/1/2026
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Spinal Procedures		1/1/2026
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Spinal Procedures		1/1/2026
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Spinal Procedures		1/1/2026
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to seven vertebral segments	Spinal Procedures		1/1/2026
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; eight or more vertebral segments	Spinal Procedures		1/1/2026
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy when performed	Spinal Procedures		1/1/2026
22849	Reinsertion of spinal fixation device	Spinal Procedures		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
22850	Removal of posterior nonsegmental instrumentation	Spinal Procedures		1/1/2026
22852	Removal of posterior segmental instrumentation	Spinal Procedures		1/1/2026
22855	Removal of anterior instrumentation	Spinal Procedures		1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Spinal Procedures		1/1/2026
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Spinal Procedures		1/1/2026
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Spinal Procedures		1/1/2026
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Spinal Procedures		1/1/2026
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Spinal Procedures		1/1/2026
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Spinal Procedures		1/1/2026
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Spinal Procedures		1/1/2026
26590	Repair macrodactylia, each digit	Potentially Cosmetic		1/1/2026
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (e.g. bone allograft[s], synthetic device[s]), without placement of transfixing device	Spinal Procedures		1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Spinal Procedures		1/1/2026
27412	Autologous chondrocyte implantation, knee	Autologous Chondrocyte Implantation/Knee	Carticel, SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
27415	Osteochondral allograft, knee, open	Osteochondral Allograft, Knee	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026
29804	Arthroscopy, temporomandibular joint, surgical	Potentially Cosmetic	Orthognathic Procedures - TMJ	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
29867	Arthroscopy, knee, surgical; osteochondral allograft(s) (eg, mosaicplasty)	Osteochondral Allograft, Knee		1/1/2026
29870	Arthroscopy, knee, diagnostic; with or without synovial biopsy (separate procedure)	Autologous Chondrocyte Implantation/Knee	Carticel, SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
30120	Excision or surgical planing of skin of nose for rhinophyma	Potentially Cosmetic		1/1/2026
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	Potentially Cosmetic	Rhinoplasty	1/1/2026
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	Potentially Cosmetic	Rhinoplasty	1/1/2026
30150	Rhinectomy; partial	Potentially Cosmetic	Rhinectomy	1/1/2026
30160	Rhinectomy; total	Potentially Cosmetic	Rhinectomy	1/1/2026
30400	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	2-Outpatient Surgery		1/1/2026
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Potentially Cosmetic	Rhinoplasty	1/1/2026
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Potentially Cosmetic	Rhinoplasty	1/1/2026
30420	Rhinoplasty, primary; including major septal repair	Potentially Cosmetic	Rhinoplasty	1/1/2026
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Potentially Cosmetic	Rhinoplasty	1/1/2026
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Potentially Cosmetic	Rhinoplasty, SOC	1/1/2026
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Potentially Cosmetic	Rhinoplasty	1/1/2026
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Potentially Cosmetic	Rhinoplasty	1/1/2026
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	Potentially Cosmetic	Rhinoplasty	1/1/2026
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Potentially Cosmetic		1/1/2026
30469	Repair of nasal valve collapse with low energy, temperature controlled (ie , radiofrequency) subcutaneous/submucosal remodeling	Potentially Cosmetic		1/1/2026
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Potentially Cosmetic	Septoplasty	1/1/2026
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Potentially Cosmetic	Septoplasty	1/1/2026
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	Sleep Apnea Procedures	Radiofrequency (Coblation)	1/1/2026
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural	Sleep Apnea Procedures	Radiofrequency (Coblation)	1/1/2026
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Balloon Sinuplasty		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Balloon Sinuplasty		1/1/2026
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Balloon Sinuplasty		1/1/2026
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Balloon Sinuplasty		1/1/2026
31830	Revision of tracheostomy scar	Potentially Cosmetic	Scar Revision	1/1/2026
32851	Lung transplant, single; without cardiopulmonary bypass	Transplants	Lung	1/1/2026
32852	Lung transplant, single; with cardiopulmonary bypass	Transplants	Lung	1/1/2026
32853	Lung transplant, double (bilateral sequential or en bloc); single, without cardiopulmonary bypass	Transplants	Lung	1/1/2026
32854	Lung transplant, double (bilateral sequential or en bloc); single, with cardiopulmonary bypass	Transplants	Lung	1/1/2026
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Transplants	Heart	1/1/2026
33928	Removal and replacement of total replacement heart system (artificial heart)	Transplants	Heart	1/1/2026
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	Transplants	Heart/Lung	1/1/2026
33935	Heart/lung transplant with recipient cardiectomy-pneumonectomy	Transplants	Heart/Lung	1/1/2026
33940	Donor cardiectomy (including cold preservation)	Transplants	Heart	1/1/2026
33945	Heart transplant, with or without recipient cardiectomy	Transplants	Heart	1/1/2026
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
37718	Ligation, division, and stripping, short saphenous vein	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy, SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy-SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
38205	Blood derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	Transplants	Hematopoietic Cell	1/1/2026
38206	Blood derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Transplants	Hematopoietic Cell	1/1/2026
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T	1/1/2026
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T	1/1/2026
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T	1/1/2026
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Oncology & Transplant Related Injections/Infusions/Treatment	CAR-T	1/1/2026
38230	Bone marrow harvesting for transplantation; allogenic	Transplants	Hematopoietic Cell	1/1/2026
38232	Bone marrow harvesting for transplantation; autologous	Transplants	Hematopoietic Cell	1/1/2026
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Transplants	Hematopoietic Cell	1/1/2026
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Transplants	Hematopoietic Cell	1/1/2026
38242	Allogeneic lymphocyte infusions	Transplants		1/1/2026
38243	Hematopoietic progenitor cell (HPC); HPC boost	Transplants	Hematopoietic Cell	1/1/2026
40500	Vermilionectomy (lip shave), with mucosal advancement	Potentially Cosmetic		1/1/2026
40510	Excision of lip; transverse wedge excision with primary closure	Potentially Cosmetic		1/1/2026
40520	Excision of lip; V-excision with primary direct linear closure	Potentially Cosmetic		1/1/2026
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	Potentially Cosmetic		1/1/2026
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	Potentially Cosmetic		1/1/2026
40530	Resection of lip, more than one-fourth, without reconstruction	Potentially Cosmetic		1/1/2026
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	Potentially Cosmetic	Orthognathic Procedures	1/1/2026
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	Sleep Apnea Procedures	Radiofrequency (Coblation)	1/1/2026
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Sleep Apnea Procedures	Uvulopalatopharyngoplasty (UPPP)	1/1/2026
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	Sleep Apnea Procedures	Laser Assisted Uvuloplasty (LAUP)	1/1/2026
42890	Limited pharyngectomy	Sleep Apnea Procedures	Laser Assisted Uvuloplasty (LAUP)	1/1/2026
43620	Gastrectomy, total; with esophagoenterostomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43621	Gastrectomy, total; with Roux-en-Y reconstruction	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43622	Gastrectomy, total; with formation of intestinal pouch, any type	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43631	Gastrectomy, partial, distal; with gastroduodenostomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
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	1/1/2026
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9	1/1/2026
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9	1/1/2026
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Potentially Cosmetic	Morbid Obesity Procedures-SOC- Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Potentially Cosmetic	Morbid Obesity Procedures-SOC- Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
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	1/1/2026
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	1/1/2026
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9	1/1/2026
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9	1/1/2026
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Potentially Cosmetic	Morbid Obesity Procedures	1/1/2026
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Transplants	Intestinal	1/1/2026
44136	Intestinal allotransplantation; from living donor	Transplants	Intestinal	1/1/2026
44137	Removal of transplanted intestinal allograft, complete	Transplants	Intestinal	1/1/2026
47135	Liver allotransplantation; orthotopic; partial or whole, from cadaver or living donor, any age	Transplants	Liver	1/1/2026
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Transplants	Liver	1/1/2026
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	Transplants	Liver	1/1/2026
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Transplants	Liver	1/1/2026
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Transplants	Pancreas-Kidney /Islet Cell	1/1/2026
48550	Donor pancreatectomy, with preparation and maintenance of allograft from cadaver donor, with or without duodenal segment for transplantation	Transplants	Pancreas-Kidney /Islet Cell	1/1/2026
48554	Transplantation of pancreatic allograft	Transplants	Pancreas-Kidney /Islet Cell	1/1/2026
48556	Removal of transplanted pancreatic allograft	Transplants	Pancreas-Kidney /Islet Cell	1/1/2026
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	Potentially Cosmetic		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
50320	Donor nephrectomy, (including cold preservation); open from living donor	Transplants	Kidney /Pancreas-Kidney	1/1/2026
50340	Recipient nephrectomy (separate procedure)	Transplants	Kidney /Pancreas-Kidney	1/1/2026
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Transplants	Kidney /Pancreas-Kidney	1/1/2026
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Transplants	Kidney /Pancreas-Kidney	1/1/2026
50370	Removal of transplanted renal allograft	Transplants	Kidney /Pancreas-Kidney	1/1/2026
50380	Renal autotransplantation, reimplantation of kidney	Transplants	Kidney /Pancreas-Kidney	1/1/2026
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation); from living donor	Transplants	Kidney /Pancreas-Kidney	1/1/2026
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Potentially Cosmetic		1/1/2026
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	2-Outpatient Surgery		1/1/2026
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	2-Outpatient Surgery		1/1/2026
54120	AMPUTATION PENIS PARTIAL	2-Outpatient Surgery		1/1/2026
54125	AMPUTATION PENIS COMPLETE	2-Outpatient Surgery		1/1/2026
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	2-Outpatient Surgery		1/1/2026
54401	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	2-Outpatient Surgery		1/1/2026
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	2-Outpatient Surgery		1/1/2026
54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	2-Outpatient Surgery		1/1/2026
54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	2-Outpatient Surgery		1/1/2026
54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	2-Outpatient Surgery		1/1/2026
54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	2-Outpatient Surgery		1/1/2026
54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	2-Outpatient Surgery		1/1/2026
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	2-Outpatient Surgery		1/1/2026
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	2-Outpatient Surgery		1/1/2026
54520	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	2-Outpatient Surgery		1/1/2026
54522	ORCHIECTOMY PARTIAL	2-Outpatient Surgery		1/1/2026
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	2-Outpatient Surgery		1/1/2026
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	2-Outpatient Surgery		1/1/2026
54660	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	2-Outpatient Surgery		1/1/2026
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	2-Outpatient Surgery		1/1/2026
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	2-Outpatient Surgery		1/1/2026
55175	SCROTOPLASTY SIMPLE	2-Outpatient Surgery		1/1/2026
55180	SCROTOPLASTY COMPLICATED	2-Outpatient Surgery		1/1/2026
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	Prostatectomy, Open		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
55810	Prostatectomy, perineal radical	Prostatectomy, Open		1/1/2026
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Prostatectomy, Open	Note: Biopsies (excluding Skin) / Incidental to primary procedure	1/1/2026
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Prostatectomy, Open		1/1/2026
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	Prostatectomy, Open		1/1/2026
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	Prostatectomy, Open		1/1/2026
55840	Prostatectomy, retropubic radical, with or without nerve sparing	Prostatectomy, Open		1/1/2026
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Prostatectomy, Open	Note: Biopsies (excluding Skin) / Incidental to primary procedure	1/1/2026
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Prostatectomy, Open		1/1/2026
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	2-Outpatient Surgery		1/1/2026
55970	INTERSEX SURG MALE FEMALE	2-Outpatient Surgery		1/1/2026
55980	INTERSEX SURG FEMALE MALE	2-Outpatient Surgery		1/1/2026
56620	VULVECTOMY SIMPLE PARTIAL	2-Outpatient Surgery		1/1/2026
56620	Vulvectomy simple; partial	Potentially Cosmetic		1/1/2026
56625	VULVECTOMY SIMPLE COMPLETE	2-Outpatient Surgery		1/1/2026
56805	CLITOROPLASTY INTERSEX STATE	2-Outpatient Surgery		1/1/2026
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	2-Outpatient Surgery		1/1/2026
57107	VAGNC PRTL RMVL VAG WALL W/RMVL PARAVAGINAL TISS	2-Outpatient Surgery		1/1/2026
57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LYMPHADEC	2-Outpatient Surgery		1/1/2026
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	2-Outpatient Surgery		1/1/2026
57111	VAGNC COMPL RMVL VAG WAL W/RMVL PARAVAGINAL TISS	2-Outpatient Surgery		1/1/2026
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	2-Outpatient Surgery		1/1/2026
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	2-Outpatient Surgery		1/1/2026
57335	VAGINOPLASTY INTERSEX STATE	2-Outpatient Surgery		1/1/2026
58150	TOTAL ABDOMINAL HYSTERECT W/VO RMVL TUBE OVARY	2-Outpatient Surgery		1/1/2026
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
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)		1/1/2026
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	2-Outpatient Surgery		1/1/2026
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	2-Outpatient Surgery		1/1/2026
58260	Vaginal hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)		1/1/2026
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	2-Outpatient Surgery		1/1/2026
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	2-Outpatient Surgery		1/1/2026
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)		1/1/2026
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	2-Outpatient Surgery		1/1/2026
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)		1/1/2026
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Hysterectomy (Including Prophylactic)		1/1/2026
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	2-Outpatient Surgery		1/1/2026
58275	Vaginal hysterectomy, with total of partial vaginectomy;	Hysterectomy (Including Prophylactic)		1/1/2026
58280	Vaginal hysterectomy, with total of partial vaginectomy; with repair of enterocele	Hysterectomy (Including Prophylactic)		1/1/2026
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	2-Outpatient Surgery		1/1/2026
58285	Vaginal hysterectomy, radical (Schauta type operation)	Hysterectomy (Including Prophylactic)		1/1/2026
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	2-Outpatient Surgery		1/1/2026
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)		1/1/2026
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	2-Outpatient Surgery		1/1/2026
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
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)		1/1/2026
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Hysterectomy (Including Prophylactic)		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)		1/1/2026
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)		1/1/2026
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
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)		1/1/2026
58550	Laparoscopy, surgical, vaginal hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)		1/1/2026
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	2-Outpatient Surgery		1/1/2026
58552	Laparoscopy, surgical, vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58553	Laparoscopy, surgical, vaginal hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)		1/1/2026
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	2-Outpatient Surgery		1/1/2026
58554	Laparoscopy, surgical, vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Hysterectomy (Including Prophylactic)		1/1/2026
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	2-Outpatient Surgery		1/1/2026
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Hysterectomy (Including Prophylactic)		1/1/2026
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	2-Outpatient Surgery		1/1/2026
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s), and/or ovary(s)	Hysterectomy (Including Prophylactic)		1/1/2026
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Hysterectomy (Including Prophylactic)		1/1/2026
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	2-Outpatient Surgery		1/1/2026
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Oophorectomy - Unilateral & Bilateral	12/1/2023 Remove Z30.2 for Sterilization for no precert flag	1/1/2026
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	2-Outpatient Surgery		1/1/2026
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Oophorectomy - Unilateral & Bilateral		1/1/2026
58940	Oophorectomy, partial or total, unilateral or bilateral	Oophorectomy - Unilateral & Bilateral		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	Oophorectomy - Unilateral & Bilateral		1/1/2026
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	Hysterectomy (Including Prophylactic)		1/1/2026
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking	Hysterectomy (Including Prophylactic)		1/1/2026
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Hysterectomy (Including Prophylactic)		1/1/2026
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Hysterectomy (Including Prophylactic)		1/1/2026
58974	Surgical In Vitro Fertilization	2-Outpatient		1/1/2026
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	2-Outpatient Surgery		1/1/2026
59525	Subtotal or total hysterectomy after cesarean delivery	Hysterectomy (Including Prophylactic)		1/1/2026
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	Thyroidectomy - Partial or Complete		1/1/2026
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Thyroidectomy - Partial or Complete		1/1/2026
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	Thyroidectomy - Partial or Complete		1/1/2026
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Thyroidectomy - Partial or Complete		1/1/2026
60240	Thyroidectomy, total or complete	Thyroidectomy - Partial or Complete		1/1/2026
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Thyroidectomy - Partial or Complete		1/1/2026
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Thyroidectomy - Partial or Complete		1/1/2026
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	Thyroidectomy - Partial or Complete		1/1/2026
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	Thyroidectomy - Partial or Complete		1/1/2026
60271	Thyroidectomy, including substernal thyroid; cervical approach	Thyroidectomy - Partial or Complete		1/1/2026
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	Spinal Procedures	Chiari Malformation Decompression Surgery	1/1/2026
61586	Bicoronal, transzygomatic and/or LeFort 1 osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	Potentially Cosmetic	Orthognathic Procedures - LeFort I	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
61796	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 simple cranial lesion	Radiation Therapy	Radiosurgery	1/1/2026
61798	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 complex cranial lesion	Radiation Therapy	Radiosurgery	1/1/2026
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	Spinal Procedures	IDET (Thermal Intradiscal - TIPS)	1/1/2026
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Spinal Procedures		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
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		1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Spinal Procedures		1/1/2026
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		1/1/2026
63055	Transpedicular approach with decompression of spinal cord, equina and /or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Spinal Procedures		1/1/2026
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	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Spinal Procedures		1/1/2026
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Spinal Procedures		1/1/2026
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Spinal Procedures		1/1/2026
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		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
63170	Laminectomy with myelotomy, cervical, thoracic, or thoracolumbar	Spinal Procedures		1/1/2026
63185	Laminectomy with rhizotomy, 1-2 segments	Spinal Procedures		1/1/2026
63190	Laminectomy with rhizotomy, more than 2 segments	Spinal Procedures		1/1/2026
63191	Laminectomy with section of spinal accessory nerve	Spinal Procedures		1/1/2026
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	Spinal Procedures		1/1/2026
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	Spinal Procedures		1/1/2026
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	Spinal Procedures		1/1/2026
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	Spinal Procedures		1/1/2026
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	Spinal Procedures		1/1/2026
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	Spinal Procedures		1/1/2026
63200	Laminectomy, with release of tethered spinal cord, lumbar	Spinal Procedures		1/1/2026
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Spinal Procedures		1/1/2026
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	Spinal Procedures		1/1/2026
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Spinal Procedures		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Spinal Procedures		1/1/2026
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Spinal Procedures		1/1/2026
63267	Laminectomy with excision or evacuation of intraspinal lesion other than neoplasm, lumbar	Spinal Procedures		1/1/2026
63268	Laminectomy with excision or evacuation of intraspinal lesion other than neoplasm, sacral	Spinal Procedures		1/1/2026
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Spinal Procedures		1/1/2026
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Spinal Procedures		1/1/2026
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, lumbar	Spinal Procedures		1/1/2026
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, sacral	Spinal Procedures		1/1/2026
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Spinal Procedures		1/1/2026
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	Spinal Procedures		1/1/2026
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Spinal Procedures		1/1/2026
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Spinal Procedures		1/1/2026
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Spinal Procedures		1/1/2026
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	Spinal Procedures		1/1/2026
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Spinal Procedures		1/1/2026
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	Spinal Procedures		1/1/2026
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Spinal Procedures		1/1/2026
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	Spinal Procedures		1/1/2026
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Spinal Procedures		1/1/2026
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Spinal Procedures		1/1/2026
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Spinal Procedures		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Spinal Procedures		1/1/2026
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Spinal Procedures		1/1/2026
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Spinal Procedures		1/1/2026
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Spinal Procedures		1/1/2026
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Spinal Procedures		1/1/2026
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Spinal Procedures		1/1/2026
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Spinal Procedures		1/1/2026
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	Spinal Procedures		1/1/2026
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	Spinal Procedures		1/1/2026
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Radiation Therapy	Radiosurgery	1/1/2026
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	1/1/2026
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Potentially Cosmetic	Morbid Obesity Procedures - Diagnosis codes E66.01-E66.9	1/1/2026
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	Potentially Cosmetic	Facial Skin Lesions - Photodynamic Therapy (excluding MOHS)	1/1/2026
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Potentially Cosmetic	Site of Care-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Potentially Cosmetic	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Potentially Cosmetic	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Potentially Cosmetic		1/1/2026
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Potentially Cosmetic	Site of Care-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Potentially Cosmetic		1/1/2026
67908	Repair of blepharoptosis; conjunctive-tarso-Muller's muscle levator resection (eg, Fasanella-Servat type)	Potentially Cosmetic	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
67909	Reduction of overcorrection of ptosis	Potentially Cosmetic		1/1/2026
67911	Correction of lid retraction	Potentially Cosmetic	SOC-Outpatient Surgical Site of Care - cases to be performed in ambulatory surgery centers	1/1/2026
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	Potentially Cosmetic		1/1/2026
67914	Repair of ectropion; suture	Potentially Cosmetic		1/1/2026
67915	Repair of ectropion; thermocauterization	Potentially Cosmetic		1/1/2026
67916	Repair of ectropion; excision tarsal wedge	Potentially Cosmetic		1/1/2026
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	Potentially Cosmetic		1/1/2026
67921	Repair of entropion; suture	Potentially Cosmetic		1/1/2026
67922	Repair of entropion; thermocauterization	Potentially Cosmetic		1/1/2026
67923	Repair of entropion; excision tarsal wedge	Potentially Cosmetic		1/1/2026
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Potentially Cosmetic		1/1/2026
67950	Canthoplasty (reconstruction of canthus)	Potentially Cosmetic		1/1/2026
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	Potentially Cosmetic		1/1/2026
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	Potentially Cosmetic		1/1/2026
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	Potentially Cosmetic		1/1/2026
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	Potentially Cosmetic		1/1/2026
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	Potentially Cosmetic		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	Potentially Cosmetic		1/1/2026
69300	Otoplasty, protruding ear, with or without size reduction	Potentially Cosmetic	Otoplasty	1/1/2026
69930	IMPLANT COCHLEAR DEVICE			1/1/2026
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	MRI (for non-orthopedic)		1/1/2026
70450	Computed tomography, head or brain; without contrast material	CT (for non-orthopedic)		1/1/2026
70460	Computed tomography, head or brain; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	CT (for non-orthopedic)		1/1/2026
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
70486	Computed tomography, maxillofacial area; without contrast material	CT (for non-orthopedic)		1/1/2026
70487	Computed tomography, maxillofacial area; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
70490	Computed tomography, soft tissue neck; without contrast material	CT (for non-orthopedic)		1/1/2026
70491	Computed tomography, soft tissue neck; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	MRI (for non-orthopedic)		1/1/2026
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	MRI (for non-orthopedic)		1/1/2026
70544	Magnetic resonance angiography, head; without contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
70545	Magnetic resonance angiography, head; with contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
70547	Magnetic resonance angiography, neck; without contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
70548	Magnetic resonance angiography, neck; with contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	MRI (for non-orthopedic)		1/1/2026
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	MRI (for non-orthopedic)		1/1/2026
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	MRI (for non-orthopedic)		1/1/2026
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	MRI (for non-orthopedic)		1/1/2026
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	MRI (for non-orthopedic)		1/1/2026
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	MRI (for non-orthopedic)		1/1/2026
71250	Computed tomography, thorax, diagnostic; without contrast material	CT (for non-orthopedic)		1/1/2026
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	CT (for non-orthopedic)	Lung Cancer Screening - Replaces G0297	1/1/2026
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	MRI (for non-orthopedic)		1/1/2026
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	MRI (for non-orthopedic)		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
72125	Computed tomography, cervical spine; without contrast material	CT (for non-orthopedic)		1/1/2026
72126	Computed tomography, cervical spine; with contrast material	CT (for non-orthopedic)		1/1/2026
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
72128	Computed tomography, thoracic spine; without contrast material	CT (for non-orthopedic)		1/1/2026
72129	Computed tomography, thoracic spine; with contrast material	CT (for non-orthopedic)		1/1/2026
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
72131	Computed tomography, lumbar spine; without contrast material	CT (for non-orthopedic)		1/1/2026
72132	Computed tomography, lumbar spine; with contrast material	CT (for non-orthopedic)		1/1/2026
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	MRI (for non-orthopedic)		1/1/2026
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	MRI (for non-orthopedic)		1/1/2026
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	MRI (for non-orthopedic)		1/1/2026
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	MRI (for non-orthopedic)		1/1/2026
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	MRI (for non-orthopedic)		1/1/2026
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	MRI (for non-orthopedic)		1/1/2026
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
72192	Computed tomography, pelvis; without contrast material	CT (for non-orthopedic)		1/1/2026
72193	Computed tomography, pelvis; with contrast material(s)	CT (for non-orthopedic)		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	MRI (for non-orthopedic)		1/1/2026
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	MRI (for non-orthopedic)		1/1/2026
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
74150	Computed tomography, abdomen; without contrast material	CT (for non-orthopedic)		1/1/2026
74160	Computed tomography, abdomen; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	CT (for non-orthopedic)		1/1/2026
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
74176	Computed tomography, abdomen and pelvis; without contrast material	CT (for non-orthopedic)		1/1/2026
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	CT (for non-orthopedic)		1/1/2026
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	CT (for non-orthopedic)		1/1/2026
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	MRI (for non-orthopedic)		1/1/2026
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	MRI (for non-orthopedic)		1/1/2026
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	MRI (for non-orthopedic)		1/1/2026
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	CT (for non-orthopedic)	Colonography	1/1/2026
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	CT (for non-orthopedic)	Colonography	1/1/2026
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	CT (for non-orthopedic)	Colonography	1/1/2026
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	MRI (for non-orthopedic)	Fetal	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	MRI (for non-orthopedic)	Cardiac	1/1/2026
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	MRI (for non-orthopedic)	Cardiac	1/1/2026
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	MRI (for non-orthopedic)	Cardiac	1/1/2026
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	MRI (for non-orthopedic)	Cardiac	1/1/2026
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	CT (for non-orthopedic)	Calcium Scoring	1/1/2026
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	CT (for non-orthopedic)	Cardiac	1/1/2026
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	CT (for non-orthopedic)	Cardiac	1/1/2026
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
76380	Computed tomography, limited or localized follow-up study	CT (for non-orthopedic)		1/1/2026
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	MRI (for non-orthopedic)		1/1/2026
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	MRI (for non-orthopedic)		1/1/2026
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	MRI (for non-orthopedic)		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	MRI (for non-orthopedic)		1/1/2026
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	CT (for non-orthopedic)	Bone Density	1/1/2026
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	MRI (for non-orthopedic)		1/1/2026
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Radiation Therapy		1/1/2026
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Radiation Therapy		1/1/2026
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Radiation Therapy		1/1/2026
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Radiation Therapy		1/1/2026
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Radiation Therapy		1/1/2026
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Radiation Therapy		1/1/2026
77402	Radiation treatment delivery, >1MeV; simple	Radiation Therapy		1/1/2026
77407	Radiation treatment delivery, >1MeV; intermediate	Radiation Therapy		1/1/2026
77412	Radiation treatment delivery, >1MeV; complex	Radiation Therapy		1/1/2026
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	Radiation Therapy		1/1/2026
77423	High energy neutron radiation treatment delivery; 1 or more isocenter (s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Radiation Therapy		1/1/2026
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Radiation Therapy	Intraoperative	1/1/2026
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Radiation Therapy	Intraoperative	1/1/2026
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	Radiation Therapy		1/1/2026
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Radiation Therapy		1/1/2026
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Radiation Therapy		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Radiation Therapy		1/1/2026
77520	Proton treatment delivery; simple, without compensation	Radiation Therapy		1/1/2026
77522	Proton treatment delivery; simple, with compensation	Radiation Therapy		1/1/2026
77523	Proton treatment delivery; intermediate	Radiation Therapy		1/1/2026
77525	Proton treatment delivery; complex	Radiation Therapy		1/1/2026
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Radiation Therapy		1/1/2026
77761	Intracavitary radiation source application; simple	Radiation Therapy		1/1/2026
77762	Intracavitary radiation source application; intermediate	Radiation Therapy		1/1/2026
77763	Intracavitary radiation source application; complex	Radiation Therapy		1/1/2026
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Radiation Therapy		1/1/2026
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Radiation Therapy		1/1/2026
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Radiation Therapy		1/1/2026
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Radiation Therapy		1/1/2026
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Radiation Therapy		1/1/2026
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	SPECT		1/1/2026
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	SPECT & CT		1/1/2026
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	SPECT & CT		1/1/2026
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	SPECT & CT		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	SPECT & CT		1/1/2026
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	SPECT & CT		1/1/2026
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	PET		1/1/2026
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	SPECT & CT		1/1/2026
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	PET		1/1/2026
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	PET		1/1/2026
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	SPECT & CT		1/1/2026
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	PET		1/1/2026
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	PET		1/1/2026
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	SPECT & CT		1/1/2026
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	PET		1/1/2026
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	PET		1/1/2026
78813	Positron emission tomography (PET) imaging; whole body	PET		1/1/2026
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	PET		1/1/2026
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	PET		1/1/2026
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	PET		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging	SPECT & CT		1/1/2026
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days	SPECT & CT		1/1/2026
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging	SPECT & CT		1/1/2026
81105	Human Platelet Antigen 1 genotyping, gene analysis, common variant, HPA-1a/b (L33P)	Genetic Testing		1/1/2026
81106	Human Platelet Antigen 2 genotyping, gene analysis, common variant, HPA-2a/b (T145M)	Genetic Testing		1/1/2026
81107	Human Platelet Antigen 3 genotyping, gene analysis, common variant, HPA-3a/b (I843S)	Genetic Testing		1/1/2026
81108	Human Platelet Antigen 4 genotyping, gene analysis, common variant, HPA-4a/b (R143Q)	Genetic Testing		1/1/2026
81109	Human Platelet Antigen 5 genotyping, gene analysis, common variant, HPA-5a/b (K505E)	Genetic Testing		1/1/2026
81110	Human Platelet Antigen 6 genotyping, gene analysis, common variant, HPA-6a/b (R489C)	Genetic Testing		1/1/2026
81111	Human Platelet Antigen 9 genotyping, gene analysis, common variant, HPA-9a/b (V837M)	Genetic Testing		1/1/2026
81112	Human Platelet Antigen 15 genotyping, gene analysis, common variant, HPA-15a/b (S682Y)	Genetic Testing		1/1/2026
81161	DMD (<i>dystrophin</i>) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Genetic Testing		1/1/2026
81162	BRCA1 (<i>BRCA1</i> , DNA repair associated), BRCA2 (<i>BRCA2</i> , 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		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81163	BRCA1 (<i>BRCA1, DNA repair associated</i>), BRCA2 (<i>BRCA2, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Genetic Testing - BRCA	HCR Benefit	1/1/2026
81164	BRCA1 (<i>BRCA1, DNA repair associated</i>), BRCA2 (<i>BRCA2, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Genetic Testing - BRCA		1/1/2026
81165	BRCA1 (<i>BRCA1, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Genetic Testing - BRCA	HCR Benefit	1/1/2026
81166	BRCA1 (<i>BRCA1, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (eg, detection of large gene rearrangements)	Genetic Testing - BRCA		1/1/2026
81167	BRCA2 (<i>BRCA2, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (eg, detection of large gene rearrangements)	Genetic Testing - BRCA		1/1/2026
81170	ABL1 (<i>ABL proto-oncogene 1, non-receptor tyrosine kinase</i>) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Genetic Testing		1/1/2026
81171	AFF2 (<i>AF4/FMR2 family, member 2 [FMR2]</i>) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81172	AFF2 (<i>AF4/FMR2 family, member 2 [FMR2]</i>) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Genetic Testing		1/1/2026
81173	AR (<i>androgen receptor</i>) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81174	AR (<i>androgen receptor</i>) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Genetic Testing		1/1/2026
81175	ASXL 1 (<i>additional sex combs like 1, transcriptional regulator</i>) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Genetic Testing		1/1/2026
81176	ASXL 1 (<i>additional sex combs like 1, transcriptional regulator</i>) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Genetic Testing		1/1/2026
81177	ATN1 (<i>atrophin 1</i>) (eg, dentatorubral- pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81178	ATXN1 (<i>ataxin 1</i>) (eg, spinocerebellar ataxial) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81179	ATXN2 (<i>ataxin 2</i>) (eg, spinocerebellar ataxial) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81180	ATXN3 (<i>ataxin 3</i>) (eg, spinocerebellar ataxial, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81181	ATXN7 (<i>ataxin 7</i>) (eg, spinocerebellar ataxial) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81182	ATXN8OS (<i>ATXN8 opposite strand [non-protein coding]</i>) (eg, spinocerebellar ataxial) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81183	ATXN10 (<i>ataxin 10</i>) (eg, spinocerebellar ataxial) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81184	CACNA1A (<i>calcium voltage-gated channel subunit alpha 1A</i>) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81185	CACNA1A (<i>calcium voltage-gated channel subunit alpha 1A</i>) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81186	CACNA1A (<i>calcium voltage-gated channel subunit alpha 1A</i>) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Genetic Testing		1/1/2026
81187	CNBP (<i>CCHC-type zinc finger nucleic acid binding protein</i>) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81188	CSTB (<i>cystatin B</i>) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81189	CSTB (<i>cystatin B</i>) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81190	CSTB (<i>cystatin B</i>) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Genetic Testing		1/1/2026
81191	NTRK1 (<i>neurotrophic receptor tyrosine kinase 1</i>) (eg, solid tumors) translocation analysis	Genetic Testing		1/1/2026
81192	NTRK2 (<i>neurotrophic receptor tyrosine kinase 2</i>) (eg, solid tumors) translocation analysis	Genetic Testing		1/1/2026
81193	NTRK3 (<i>neurotrophic receptor tyrosine kinase 3</i>) (eg, solid tumors) translocation analysis	Genetic Testing		1/1/2026
81200	ASPA (<i>aspartoacylase</i>) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Genetic Testing		1/1/2026
81201	APC (<i>adenomatous polyposis coli</i>) (eg, familial adenomatosis polyposis [FAP], attenuated [FAP] gene analysis; full gene sequence	Genetic Testing		1/1/2026
81202	APC (<i>adenomatous polyposis coli</i>) (eg, familial adenomatosis polyposis [FAP], attenuated [FAP] gene analysis; known familial variants	Genetic Testing		1/1/2026
81203	APC (<i>adenomatous polyposis coli</i>) (eg, familial adenomatosis polyposis [FAP], attenuated [FAP] gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81204	AR (<i>androgen receptor</i>) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Genetic Testing		1/1/2026
81205	BCKDHB (<i>branched-chain keto acid dehydrogenase E1, beta polypeptide</i>) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Genetic Testing		1/1/2026
81209	BLM (<i>Bloom syndrome, RecQ helicase-like</i>) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	Genetic Testing		1/1/2026
81212	BRCA1 (<i>BRCA1, DNA repair associated</i>), BRCA2 (<i>BRCA2, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Genetic Testing - BRCA	HCR Benefit	1/1/2026
81215	BRCA1 (<i>BRCA1, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Genetic Testing - BRCA	HCR Benefit	1/1/2026
81216	BRCA2 (<i>BRCA2, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Genetic Testing - BRCA		1/1/2026
81217	BRCA2 (<i>BRCA2, DNA repair associated</i>) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Genetic Testing - BRCA	HCR Benefit	1/1/2026
81220	CFTR (<i>cystic fibrosis transmembrane conductance regulator</i>) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Genetic Testing		1/1/2026
81221	CFTR (<i>cystic fibrosis transmembrane conductance regulator</i>) (eg, cystic fibrosis) gene analysis; known familial variants	Genetic Testing		1/1/2026
81222	CFTR (<i>cystic fibrosis transmembrane conductance regulator</i>) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81223	CFTR (<i>cystic fibrosis transmembrane conductance regulator</i>) (eg, cystic fibrosis) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81224	CFTR (<i>cystic fibrosis transmembrane conductance regulator</i>) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Genetic Testing		1/1/2026
81225	CYP2C19 (<i>cytochrome P450, family 2, subfamily C, polypeptide 9</i>) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Genetic Testing		1/1/2026
81226	CYP2D6 (<i>cytochrome P450, family 2, subfamily D, polypeptide 6</i>) (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		1/1/2026
81227	CYP2C19 (<i>cytochrome P450, family 2, subfamily C, polypeptide 9</i>) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Genetic Testing		1/1/2026
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Genetic Testing		1/1/2026
81230	CYP3A4 (<i>cytochrome P450, family 3, subfamily A, member 4</i>) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Genetic Testing		1/1/2026
81231	CYP3A5 (<i>cytochrome P450, family 3, subfamily A, member 5</i>) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Genetic Testing		1/1/2026
81232	DPYD (<i>dihydropyrimidine dehydrogenase</i>) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Genetic Testing		1/1/2026
81234	DMPK (<i>DM1 protein kinase</i>) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Genetic Testing		1/1/2026
81238	F9 (<i>coagulation factor IX</i>) (eg, hemophilia B), full gene sequence	Genetic Testing		1/1/2026
81239	DMPK (<i>DM1 protein kinase</i>) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Genetic Testing		1/1/2026
81240	F2 (<i>prothrombin, coagulation factor II</i>) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Genetic Testing		1/1/2026
81241	F5 (<i>coagulation Factor V</i>) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Genetic Testing		1/1/2026
81242	FANCC (<i>Fanconi anemia, complementation group C</i>) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Genetic Testing		1/1/2026
81243	FMR1 (<i>fragile X mental retardation 1</i>) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81244	FMR1 (<i>fragile X mental retardation 1</i>) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Genetic Testing		1/1/2026
81247	G6PD (<i>glucose-6-phosphate dehydrogenase</i>) (eg, hemolytic anemia, jaundice), gene analysis: common variant(s) (eg, A, A-)	Genetic Testing		1/1/2026
81248	G6PD (<i>glucose-6-phosphate dehydrogenase</i>) (eg, hemolytic anemia, jaundice), gene analysis: known familial variant(s)	Genetic Testing		1/1/2026
81249	G6PD (<i>glucose-6-phosphate dehydrogenase</i>) (eg, hemolytic anemia, jaundice), gene analysis: full gene sequence	Genetic Testing		1/1/2026
81250	G6PC (<i>glucose-6-phosphatase, catalytic subunit</i>) (eg, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	Genetic Testing		1/1/2026
81251	GBA (<i>glucosidase, beta, acid</i>) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Genetic Testing		1/1/2026
81252	GJB2 (<i>gap junction protein, beta 2, 26kDa; connexin 26</i>) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81253	GJB2 (<i>gap junction protein, beta 2, 26kDa; connexin 26</i>) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81254	GJB6 (<i>gap junction protein, beta 6, 30kDa, connexin 30</i>) (eg, nonsyndromic hearing loss) gene analysis, common variant(s) (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Genetic Testing		1/1/2026
81255	HEXA (<i>hexosaminidase A [alpha polypeptide]</i>) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	Genetic Testing		1/1/2026
81256	HFE (<i>hemochromatosis</i>) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Genetic Testing		1/1/2026
81257	HBA1/HBA2 (<i>alpha globin 1 and alpha globin 2</i>) (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		1/1/2026
81258	HBA1/HBA2 (<i>alpha globin 1 and alpha globin 2</i>) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variants	Genetic Testing		1/1/2026
81259	HBA1/HBA2 (<i>alpha globin 1 and alpha globin 2</i>) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Genetic Testing		1/1/2026
81260	IKBKAP (<i>inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein</i>) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Genetic Testing		1/1/2026
81262	IGH (<i>Immunoglobulin heavy chain locus</i>) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Genetic Testing		1/1/2026
81263	IGH (<i>Immunoglobulin heavy chain locus</i>) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Genetic Testing		1/1/2026
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hemopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Genetic Testing		1/1/2026
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Genetic Testing		1/1/2026
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Genetic Testing		1/1/2026
81269	HBA1/HBA2 (<i>alpha globin 1 and alpha globin 2</i>) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81271	HTT (<i>huntingtin</i>) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81274	HTT (<i>huntingtin</i>) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Genetic Testing		1/1/2026
81283	IFNL3 (<i>interferon, lambda 3</i>) (eg, drug response), gene analysis, rs12979860 variant	Genetic Testing		1/1/2026
81284	FXN (<i>frataxin</i>) (eg, Friedreich ataxis) gene analysis; evaluation to detect abnormal (expanded) alleles	Genetic Testing		1/1/2026
81285	FXN (<i>frataxin</i>) (eg, Friedreich ataxis) gene analysis; characterization of alleles (eg, expanded size)	Genetic Testing		1/1/2026
81286	FXN (<i>frataxin</i>) (eg, Friedreich ataxis) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	Genetic Testing		1/1/2026
81288	MLH1 (<i>mutL homolog 1, colon cancer, nonpolyposis type 2</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Genetic Testing		1/1/2026
81289	FXN (<i>frataxin</i>) (eg, Friedreich ataxis) gene analysis; known familial variant(s)	Genetic Testing		1/1/2026
81290	MCOLN1 (mucolipin 1)(eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6, 4kb)	Genetic Testing		1/1/2026
81291	MTHFR (5, 10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 667T, 1298C)	Genetic Testing		1/1/2026
81292	MLH1 (<i>mutL homolog 1, colon cancer, nonpolyposis type 2</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Genetic Testing		1/1/2026
81293	MLH1 (<i>mutL homolog 1, colon cancer, nonpolyposis type 2</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing		1/1/2026
81294	MLH1 (<i>mutL homolog 1, colon cancer, nonpolyposis type 2</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81295	MSH2 (<i>mutS homolog 2, colon cancer, nonpolyposis type 1</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Genetic Testing		1/1/2026
81296	MSH2 (<i>mutS homolog 2, colon cancer, nonpolyposis type 1</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing		1/1/2026
81297	MSH2 (<i>mutS homolog 2, colon cancer, nonpolyposis type 1</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81298	MSH6 (<i>mutS homolog 6 [E. Coli]</i>) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81299	MSH6 (<i>mutS homolog 6 [E. Coli]</i>) (eg, jeredotaru mpm-polypsis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing		1/1/2026
81300	MSH6 (<i>mutS homolog 6 [E. Coli]</i>) (eg, jeredotaru mpm-polypsis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81301	Microsatellite instability analysis (eg, hereditary non-polypsis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Genetic Testing		1/1/2026
81302	MECP2 (<i>methyl CpG binding protein 2</i>) (eg, Rett syndrome) gene analysis; full sequence analysis	Genetic Testing		1/1/2026
81303	MECP2 (<i>methyl CpG binding protein 2</i>) (eg, Rett syndrome) gene analysis; known familial variant	Genetic Testing		1/1/2026
81304	MECP2 (<i>methyl CpG binding protein 2</i>) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81306	NUDT15 (<i>nudix hydrolase 15</i>) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Genetic Testing		1/1/2026
81307	PALB2 (<i>partner and localizer of BRCA2</i>) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81308	PALB2 (<i>partner and localizer of BRCA2</i>) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Genetic Testing		1/1/2026
81310	NPM1 (<i>nucleophosmin</i>) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Genetic Testing		1/1/2026
81312	PABPN (<i>poly[A] binding protein nuclear 1</i>) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81317	PMS2 (<i>postmeiotic segregation increased 2 [S. cerevisiae]</i>) (eg, hereditary non-polypsis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis or known familial variants or duplication/deletion variants	Genetic Testing		1/1/2026
81318	PMS2 (<i>postmeiotic segregation increased 2 [S. cerevisiae]</i>) (eg, hereditary non-polypsis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Genetic Testing		1/1/2026
81319	PMS2 (<i>postmeiotic segregation increased 2 [S. cerevisiae]</i>) (eg, hereditary non-polypsis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Genetic Testing		1/1/2026
81321	PTEN (<i>phosphatase and tensin homolog</i>) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Genetic Testing		1/1/2026
81322	PTEN (<i>phosphatase and tensin homolog</i>) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81323	PTEN (<i>phosphatase and tensin homolog</i>) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Genetic Testing		1/1/2026
81324	PMP22 (<i>peripheral myelin protein 22</i>) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Genetic Testing		1/1/2026
81325	PMP22 (<i>peripheral myelin protein 22</i>) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Genetic Testing		1/1/2026
81326	PMP22 (<i>peripheral myelin protein 22</i>) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Genetic Testing		1/1/2026
81327	SEPT9 (<i>Septin9</i>) (eg, colorectal cancer) methylation analysis	Genetic Testing		1/1/2026
81328	SLCO1B1 (<i>solute carrier organic anion transporter family, member 1B1</i>) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Genetic Testing		1/1/2026
81329	SMN1 (<i>survival of motor neuron 1, telomeric</i>) (eg, spinal muscular dystrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (<i>survival of motor neuron 2, centromeric</i>) analysis, if performed	Genetic Testing		1/1/2026
81330	SMPD1 (<i>sphingomyelin phosphodiesterase 1, acid lysosomal</i>) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Genetic Testing		1/1/2026
81331	SNRPN/UBE3A (<i>small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A</i>) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Genetic Testing		1/1/2026
81332	SERPINA1 (<i>serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1</i>) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Genetic Testing		1/1/2026
81333	TGFBI (<i>transforming growth factor beta-induced</i>) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Genetic Testing		1/1/2026
81335	TPMT (<i>thiopurine S-methyltransferase</i>) (e.g., drug metabolism), gene analysis, common variants (eg, *2, *3)	Genetic Testing		1/1/2026
81336	SMN1 (<i>survival of motor neuron 1, telomeric</i>) (eg, spinal muscular dystrophy) gene analysis; full gene sequence	Genetic Testing		1/1/2026
81337	SMN1 (<i>survival of motor neuron 1, telomeric</i>) (eg, spinal muscular dystrophy) gene analysis; known familial sequence variant(s)	Genetic Testing		1/1/2026
81343	PPP2R2B (<i>protein phosphatase 2 regulatory subunit Bbeta</i>) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026
81344	TBP (<i>TATA box binding protein</i>) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81346	TYMS (<i>thymidylate synthetase</i>) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Genetic Testing		1/1/2026
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Genetic Testing		1/1/2026
81350	UGT1A1 (<i>UDP glucuronosyltransferase 1 family, polypeptide A1</i>) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Genetic Testing		1/1/2026
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Genetic Testing		1/1/2026
81355	VKORC1 (<i>vitamin K epoxide reductase complex, subunit 1</i>) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639G>A, c. 173+1000C>T)	Genetic Testing		1/1/2026
81361	HBB (<i>hemoglobin, subunit beta</i>) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Genetic Testing		1/1/2026
81362	HBB (<i>hemoglobin, subunit beta</i>) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Genetic Testing		1/1/2026
81363	HBB (<i>hemoglobin, subunit beta</i>) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Genetic Testing		1/1/2026
81364	HBB (<i>hemoglobin, subunit beta</i>) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Genetic Testing		1/1/2026
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Genetic Testing		1/1/2026
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1/3/4/5 (eg, verification typing)	Genetic Testing		1/1/2026
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Genetic Testing		1/1/2026
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Genetic Testing		1/1/2026
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Genetic Testing		1/1/2026
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Genetic Testing		1/1/2026
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Genetic Testing		1/1/2026
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Genetic Testing		1/1/2026
81378	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLAA, -B, and -C)	Genetic Testing		1/1/2026
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Genetic Testing		1/1/2026
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Genetic Testing		1/1/2026
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Genetic Testing		1/1/2026
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P),each	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Genetic Testing		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Genetic Testing		1/1/2026
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Genetic Testing	Whole Exome Sequencing (WES)	1/1/2026
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)	1/1/2026
81418	Drug metabolism (eg , pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Genetic Testing		1/1/2026
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNO@, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN2B, SLC2A1, SLC9A6, STXBPI, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Genetic Testing		1/1/2026
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Genetic Testing		1/1/2026
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Genetic Testing		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Genetic Testing		1/1/2026
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026
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		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond Blackfan anemia, Shwachman Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Genetic Testing		1/1/2026
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, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Genetic Testing		1/1/2026
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		1/1/2026
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Genetic Testing		1/1/2026
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Genetic Testing		1/1/2026
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Genetic Testing		1/1/2026
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		1/1/2026
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Genetic Testing		1/1/2026
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		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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		1/1/2026
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Genetic Testing		1/1/2026
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		1/1/2026
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		1/1/2026
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Genetic Testing		1/1/2026
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Genetic Testing		1/1/2026
81506	Endocrinology (type 2 diabetes), biochemical assays of 7 analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Genetic Testing		1/1/2026
81535	Oncology (gynecological), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Genetic Testing		1/1/2026
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Genetic Testing		1/1/2026
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Genetic Testing		1/1/2026
83080	b-Hexosaminidase, each assay	Genetic Testing		1/1/2026
88245	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	Genetic Testing		1/1/2026
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	Genetic Testing		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	Genetic Testing		1/1/2026
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	Genetic Testing		1/1/2026
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	Genetic Testing		1/1/2026
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	Genetic Testing		1/1/2026
88264	Chromosome analysis; analyze 20-25 cells	Genetic Testing		1/1/2026
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	Genetic Testing		1/1/2026
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	Genetic Testing		1/1/2026
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	Genetic Testing		1/1/2026
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, derivatives and markers)	Genetic Testing		1/1/2026
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	Genetic Testing		1/1/2026
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	Genetic Testing		1/1/2026
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	Genetic Testing		1/1/2026
88280	Chromosome analysis; additional karyotypes, each study	Genetic Testing		1/1/2026
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	Genetic Testing		1/1/2026
88285	Chromosome analysis; additional cells counted, each study	Genetic Testing		1/1/2026
88289	Chromosome analysis; additional high resolution study	Genetic Testing		1/1/2026
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	Capsule Endoscopy		1/1/2026
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	Capsule Endoscopy		1/1/2026
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Capsule Endoscopy		1/1/2026
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Capsule Endoscopy		1/1/2026
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Sleep Study	Polysomnography - Attended	1/1/2026
95783	Polysomnography; younger than 6 years, 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	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone) and sleep time	Sleep Study	Unattended - Per CPB 0004 - considered Home sleep study	1/1/2026
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Sleep Study	Unattended - Per CPB 0004 - considered Home sleep study	1/1/2026
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	1/1/2026
95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Sleep Study	Unattended - Per CPB 0004 - considered Home sleep study	1/1/2026
95807	Sleep Study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Sleep Study	Attended	1/1/2026
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Sleep Study	Polysomnography - Attended	1/1/2026
95810	Polysomnography; age 6 or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Sleep Study	Polysomnography - Attended	1/1/2026
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	1/1/2026
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Hyperbaric Oxygen Therapy (HBOT)		1/1/2026
A0430	Ambulance Service, conventional air services, transport, one way (fixed wing)	Air Ambulance	Prior Authorization required for non-urgent, non-emergent air ambulance only	1/1/2026
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Air Ambulance	Prior Authorization required for non-urgent, non-emergent air ambulance only	1/1/2026
A0435	Fixed wing air mileage, per statute mile	Air Ambulance	Prior Authorization required for non-urgent, non-emergent air ambulance only	1/1/2026
A0436	Rotary wing air mileage, per statute mile	Air Ambulance	Prior Authorization required for non-urgent, non-emergent air ambulance only	1/1/2026
A0999	Unlisted ambulance Service		Prior Authorization required for non-urgent, non-emergent air ambulance only	1/1/2026
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries (Use this code for Zevalin)	Oncology & Transplant Related Injections/Infusions/Treatment	Immunotherapy - Zevalin	1/1/2026
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Oncology & Transplant Related Injections/Infusions/Treatment	Immunotherapy	1/1/2026
C1813	Prosthesis, penile, inflatable	10-Prosthetics/Orthotics		1/1/2026
C2622	Prosthesis, penile, non-inflatable	10-Prosthetics/Orthotics		1/1/2026
C8900	MRA with contrast, abdomen	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
C8901	MRA without contrast, abdomen	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8902	MRA without contrast followed by with contrast, abdomen	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8903	MRI with contrast, breast: unilateral	MRI (for non-orthopedic)		1/1/2026
C8905	MRI without contrast followed by with contrast, breast; unilateral	MRI (for non-orthopedic)		1/1/2026
C8906	MRI with contrast, breast: bilateral	MRI (for non-orthopedic)		1/1/2026
C8908	MRI without contrast followed by with contrast, breast; bilateral	MRI (for non-orthopedic)		1/1/2026
C8909	MRA with contrast, chest (excluding myocardium)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8910	MRA without contrast, chest (excluding myocardium)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8911	MRA without contrast followed by with contrast, chest (excluding myocardium)	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8918	MRA with contrast, pelvis	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8919	MRA without contrast, pelvis	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8920	MRA without contrast followed by with contrast, pelvis	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8931	MRA with contrast, spinal canal and contents	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8932	MRA without contrast, spinal canal and contents	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8933	MRA without contrast followed by with contrast, spinal canal and contents	MRA (for non-orthopedic)	Angiography = vascular	1/1/2026
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation	MRI (for non-orthopedic)		1/1/2026
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	SOC	1/1/2026
E0650	Pneumatic compressor; non-segmental home model	DME	Pneumatic Compression Devices	1/1/2026
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	DME	Pneumatic Compression Devices	1/1/2026
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	DME	Pneumatic Compression Devices	1/1/2026
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	DME	Pneumatic Compression Devices	1/1/2026
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	DME	Pneumatic Compression Devices	1/1/2026
E1230	Power operated vehicle (three or four wheel non-highway) specify brand name and model number	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
E1239	Power wheelchair, pediatric size, not otherwise specified	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Home Health Care	PT	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Home Health Care	OT	1/1/2026
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Home Health Care	ST	1/1/2026
G0156	Services of a home health aide in home health setting, each 15 minutes	Home Health Care	HHA	1/1/2026
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Home Health Care	PTA	1/1/2026
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Home Health Care	OTA	1/1/2026
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	Home Health Care	PT	1/1/2026
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes	Home Health Care	OT	1/1/2026
G0161	Services performed by a qualified speech-language pathologist, in the home setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	Home Health Care	ST	1/1/2026
G0162	Skilled services by a registered nurse (RN) in the delivery of management & evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home health or hospice setting)	Home Health Care	RN	1/1/2026
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session	Radiation Therapy	Radiosurgery	1/1/2026
G0219	PET imaging whole body; melanoma for non-covered indications	PET		1/1/2026
G0235	PET imaging, any site, not otherwise specified	PET		1/1/2026
G0251	Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum 5 sessions per course of treatment	Radiation Therapy	Radiosurgery	1/1/2026
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/ or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes)	PET		1/1/2026
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Hyperbaric Oxygen Therapy (HBOT)		1/1/2026
G0288	Reconstruction, CTA of aorta for surgical planning for vascular surgery	CTA (for non-orthopedic)	Angiography = vascular	1/1/2026
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Home Health Care	RN	1/1/2026
G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Home Health Care	LPN	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session, or first session of fractionated treatment	Radiation Therapy	Radiosurgery	1/1/2026
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	Radiation Therapy	Radiosurgery	1/1/2026
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Transplants	Islet Cell	1/1/2026
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Transplants	Islet Cell	1/1/2026
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Transplants	Islet Cell	1/1/2026
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Sleep Study	Home	1/1/2026
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Sleep Study	Home	1/1/2026
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Sleep Study	Home	1/1/2026
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Radiation Therapy		1/1/2026
G0490	Face-to-face home health nursing visit by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) in an area with a shortage of home health agencies (services limited to RN or LPN only)	Home Health Care	RN/LPN	1/1/2026
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Home Health Care	RN	1/1/2026
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Home Health Care	LPN	1/1/2026
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Home Health Care	RN	1/1/2026
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Home Health Care	LPN	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (eg, home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Chemotherapy	Administration - Infusions /Injections	1/1/2026
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Radiation Therapy		1/1/2026
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Radiation Therapy		1/1/2026
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Radiation Therapy		1/1/2026
J1304	Injection, tofersen, 1 mg (Use this code for Qalsody)	Gene Therapy	Qalsody	1/1/2026
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose (Use this code for Hemgenix)	Gene Therapy	Hemgenix	1/1/2026
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes (Use this code for Roctavian)	Gene Therapy	Roctavian	1/1/2026
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose (Use this code for Elevidys)	Gene Therapy	Elevidys	1/1/2026
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose (Use this code for Beqvez)	Gene Therapy	Beqvez	1/1/2026
J1428	Injection, eteplirsen, 10 mg (Use this code for Exondys 51)	Oncology & Transplant Related Injections/Infusions/Treatment	Immunotherapy - Exondys 51	1/1/2026
J2326	Injection, nusinersen, 0.1 mg (Use this code for Spinraza)	Gene Therapy	Spinraza	1/1/2026
J3392	Injection, exagamglogene autotemcel, per treatment (Use this code for Casgevy)	Gene Therapy	Casgevy	1/1/2026
J3393	Injection, betibeglogene autotemcel, per treatment (Use this code for Zynteglo)	Gene Therapy	Zynteglo	1/1/2026
J3394	Injection, lovetibeglogene autotemcel, per treatment (Use this code for Lyfgenia)	Gene Therapy	Lyfgenia	1/1/2026
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Use this code for Luxturna)	Gene Therapy	Luxturna	1/1/2026
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{12} (Use this code for Zolgensma)	Gene Therapy	Zolgensma	1/1/2026
J9000	Injection, doxorubicin HCl, 10 mg (Use this code for Adriamycin, Rubex)	Chemotherapy		1/1/2026
J9015	Injection, aldesleukin, per single use vial (Use this code for Proleukin)	Chemotherapy		1/1/2026
J9017	Injection, arsenic trioxide, 1 mg (Use this code for Trisenox)	Chemotherapy		1/1/2026
J9019	Injection, asparaginase (Erwinaze), 1,000 iu	Chemotherapy		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Chemotherapy		1/1/2026
J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	Chemotherapy		1/1/2026
J9022	Injection, atezolizumab, 10 mg (Use this code for Tecentriq)	Chemotherapy	Immunotherapy - Tecentriq	1/1/2026
J9023	Injection, avelumab, 10 mg (Use this code for Bavencio)	Chemotherapy	Immunotherapy - Bavencio	1/1/2026
J9025	Injection, azacitidine, 1 mg	Chemotherapy		1/1/2026
J9026	Injection, tarlatamab-dlle, 1 mg	Chemotherapy		1/1/2026
J9027	Injection, clofarabine, 1 mg (Use this code for Clolar)	Chemotherapy		1/1/2026
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	Chemotherapy		1/1/2026
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Chemotherapy		1/1/2026
J9030	BCG live intravesical instillation, 1 mg	Chemotherapy		1/1/2026
J9032	Injection, belinostat, 10 mg (Use this code for Beleodaq)	Chemotherapy		1/1/2026
J9033	Injection, bendamustine hcl (treanda), 1 mg (Use this code for Treanda)	Chemotherapy		1/1/2026
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Chemotherapy		1/1/2026
J9035	Injection, bevacizumab, 10 mg (Use this code for Avastin)	Chemotherapy		1/1/2026
J9036	Injection, bendamustine, hydrochloride, (belrapzo/bendamustine), 1 mg	Chemotherapy		1/1/2026
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Chemotherapy		1/1/2026
J9039	Injection, blinatumomab, 1 microgram (Use this code for Blincyto)	Chemotherapy		1/1/2026
J9040	Injection, bleomycin sulfate, 15 units (Use this code for Blenoxane)	Chemotherapy		1/1/2026
J9041	Injection, bortezomib, 0.1 mg (Use this code for Velcade)	Chemotherapy		1/1/2026
J9042	Injection, brentuximab vedotin, 1 mg (Use this code for Adcetris)	Chemotherapy		1/1/2026
J9043	Injection, cabazitaxel, 1 mg (Use this code for Jevtana)	Chemotherapy		1/1/2026
J9045	Injection, carboplatin, 50 mg (Use this code for Paraplatin)	Chemotherapy		1/1/2026
J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy		1/1/2026
J9047	Injection, carfilzomib, 1 mg (Use this code for Kyprolis)	Chemotherapy		1/1/2026
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy		1/1/2026
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	Chemotherapy		1/1/2026
J9050	Injection, carmustine, 100 mg (Use this code for BiCNU)	Chemotherapy		1/1/2026
J9051	Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg	Chemotherapy		1/1/2026
J9052	Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg	Chemotherapy		1/1/2026
J9055	Injection, cetuximab, 10 mg (Use this code for Erbitux)	Chemotherapy		1/1/2026
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Chemotherapy		1/1/2026
J9057	Injection, copanlisib, 1 mg (Use this code for Aliqopa)	Chemotherapy		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
J9060	Injection, cisplatin, powder or solution, 10 mg (Use this code for Platinol AQ)	Chemotherapy		1/1/2026
J9061	Injection, amivantamab-vmjw, 2 mg	Chemotherapy		1/1/2026
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Chemotherapy		1/1/2026
J9064	Injection, cabazitaxel (sandoz), not therapeutically equivalent to j9043, 1 mg	Chemotherapy		1/1/2026
J9065	Injection, cladribine, per 1 mg (Use this code for Leustatin)	Chemotherapy		1/1/2026
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	Chemotherapy		1/1/2026
J9072	Injection, cyclophosphamide, (dr. reddy's), 5 mg	Chemotherapy		1/1/2026
J9073	Injection, cyclophosphamide (ingenus), 5 mg	Chemotherapy		1/1/2026
J9074	Injection, cyclophosphamide (sandoz), 5 mg	Chemotherapy		1/1/2026
J9075	Injection, cyclophosphamide, not otherwise specified, 5mg	Chemotherapy		1/1/2026
J9076	Injection, cyclophosphamide (baxter), 5 mg	Chemotherapy		1/1/2026
J9098	Injection, cytarabine liposome, 10 mg (Use this code for DepoCyt)	Chemotherapy		1/1/2026
J9100	Injection, cytarabine, 100 mg (Use this code for Cytosar-U)	Chemotherapy		1/1/2026
J9118	Injection, calaspargase pegol-mknl, 10 units	Chemotherapy		1/1/2026
J9119	Injection, cemiplimab-rwlc, 1 mg	Chemotherapy		1/1/2026
J9120	Injection, dactinomycin, 0.5 mg (Use this code for Cosmegen)	Chemotherapy		1/1/2026
J9130	Dacarbazine, 100 mg (Use this code for DTIC-Dome)	Chemotherapy		1/1/2026
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Chemotherapy		1/1/2026
J9145	Injection, daratumumab, 10 mg (Use this code for Darzalex)	Chemotherapy		1/1/2026
J9150	Injection, daunorubicin, 10 mg (Use this code for Cerubidine)	Chemotherapy		1/1/2026
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg (Use this code for Daunoxome)	Chemotherapy		1/1/2026
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine (Use this code for Vyxeos)	Chemotherapy		1/1/2026
J9155	Injection, degarelix, 1 mg (Use this code for Firmagon)	Chemotherapy		1/1/2026
J9165	Injection, diethylstilbestrol diphosphate, 250 mg (Use this code for Stilphostrol)	Chemotherapy		1/1/2026
J9171	Injection, docetaxel, 1 mg (Use this code for Docefrez, Taxotere)	Chemotherapy		1/1/2026
J9172	Injection, docetaxel (ingenus) not therapeutically equivalent to J9171, 1 mg	Chemotherapy		1/1/2026
J9173	Injection, duvalumab, 10 mg (Use this code for Imfinzi)	Chemotherapy	Immunotherapy - Imfinzi	1/1/2026
J9175	Injection, elliotts' b solution, 1 ml	Chemotherapy		1/1/2026
J9176	Injection, elotuzumab, 1 mg (Use this code for Empliciti)	Chemotherapy		1/1/2026
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Chemotherapy		1/1/2026
J9178	Injection, epirubicin hcl, 2 mg (Use this code for Ellence)	Chemotherapy		1/1/2026
J9179	Injection, eribulin mesylate, 0.1 mg (Use this code for Halaven)	Chemotherapy		1/1/2026
J9181	Injection, etoposide, 10 mg (Use this code for Etopophos, Toposar)	Chemotherapy		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
J9185	Injection, fludarabine phosphate, 50 mg (Use this code for Fludara)	Chemotherapy		1/1/2026
J9190	Injection, fluorouracil, 500 mg (Use this code for Adrucil)	Chemotherapy		1/1/2026
J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	Chemotherapy		1/1/2026
J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg	Chemotherapy		1/1/2026
J9200	Injection, floxuridine, 500 mg (Use this code for FUDR)	Chemotherapy		1/1/2026
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg (Use this code for Gemzar)	Chemotherapy		1/1/2026
J9202	Goserelin acetate implant, per 3.6 mg (Use this code for Zoladex)	Chemotherapy		1/1/2026
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Chemotherapy		1/1/2026
J9204	Injection, mogamulizumab-kpkc, 1 mg	Chemotherapy		1/1/2026
J9205	Injection, irinotecan liposome, 1 mg (Use this code for ONIVYDE)	Chemotherapy		1/1/2026
J9206	Injection, irinotecan, 20 mg (Use this code for Camptosar)	Chemotherapy		1/1/2026
J9207	Injection, ixabepilone, 1 mg (Use this code for Ixempria Kit)	Chemotherapy		1/1/2026
J9208	Injection, ifosfamide, 1 gram (Use this code for Ifex)	Chemotherapy		1/1/2026
J9209	Injection, mesna, 200 mg (Use this code for Mesnex)	Chemotherapy		1/1/2026
J9210	Injection, emapalumab-lzsg, 1 mg	Chemotherapy		1/1/2026
J9211	Injection, idarubicin hydrochloride, 5 mg (Use this code for Idamycin PFS)	Chemotherapy		1/1/2026
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram (Use this code for Amgen, Infergen)	Chemotherapy		1/1/2026
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units (Use this code for Roferon-A)	Chemotherapy		1/1/2026
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units (Use this code for Intron-A)	Chemotherapy		1/1/2026
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu (Use this code for Alferon N)	Chemotherapy		1/1/2026
J9216	Injection, interferon, gamma 1-b, 3 million units (Use this code for Actimmune)	Chemotherapy		1/1/2026
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (Use this code for Eligard, Lupron Depot)	Chemotherapy		1/1/2026
J9218	Leuprolide acetate, per 1 mg (Use this code for Lupron)	Chemotherapy		1/1/2026
J9219	Leuprolide acetate implant, 65 mg (Use this code for Viadur)	Chemotherapy		1/1/2026
J9223	Injection, lurbectedin, 0.1 mg	Chemotherapy		1/1/2026
J9225	Histrelin implant (Vantas), 50 mg	Chemotherapy		1/1/2026
J9226	Histrelin implant (supprelin Ia), 50 mg (Use this code for Vantas)	Chemotherapy		1/1/2026
J9227	Injection, isatuximab-irfc, 10 mg	Chemotherapy		1/1/2026
J9228	Injection, ipilimumab, 1 mg (Use this code for Yervoy)	Chemotherapy	Immunotherapy - Yervoy	1/1/2026
J9229	Injection, inotuzumab ozogamicin, 0.1 mg (Use this code for (Besponsa)	Chemotherapy		1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg (Use this code for Mustargen)	Chemotherapy		1/1/2026
J9245	Injection, melphalan hydrochloride, 50 mg (Use this code for Alkeran, Evomela)	Chemotherapy		1/1/2026
J9246	Injection, melphalan (Evomela), 1 mg	Chemotherapy		1/1/2026
J9247	Injection, melphalan flufenamide, 1mg	Chemotherapy		1/1/2026
J9248	Injection, melphalan (hepzato), 1 mg	Chemotherapy		1/1/2026
J9249	Injection, melphalan (apotex), 1 mg	Chemotherapy		1/1/2026
J9255	Injection, methotrexate (accord) not therapeutically equivalent to J9250 and J9260, 50 mg	Chemotherapy		1/1/2026
J9258	Injection, paclitaxel protein-bound particles (teva) not therapeutically equivalent to J9264, 1 mg	Chemotherapy		1/1/2026
J9260	Methotrexate sodium, 50 mg (Use this code for Folex)	Chemotherapy		1/1/2026
J9261	Injection, nelarabine, 50 mg (Use this code for Arranon)	Chemotherapy		1/1/2026
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg (Use this code for Synribo)	Chemotherapy		1/1/2026
J9263	Injection, oxaliplatin, 0.5 mg (Use this code for Eloxatin)	Chemotherapy		1/1/2026
J9264	Injection, paclitaxel protein-bound particles, 1 mg (Use this code for Abraxane)	Chemotherapy		1/1/2026
J9266	Injection, pegaspargase, per single dose vial (Use this dose for Oncaspar)	Chemotherapy		1/1/2026
J9267	Injection, paclitaxel, 1 mg (Use this code for Taxol)	Chemotherapy		1/1/2026
J9268	Injection, pentostatin, 10 mg (Use this code for Nipent)	Chemotherapy		1/1/2026
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Chemotherapy		1/1/2026
J9270	Injection, plicamycin, 2.5 mg(Use this code for Mithracin)	Chemotherapy		1/1/2026
J9271	Injection, pembrolizumab, 1 mg (Use this code for Keytruda)	Chemotherapy	Immunotherapy - Keytruda	1/1/2026
J9272	Injection, dostarlimab-gxly, 10 mg	Chemotherapy		1/1/2026
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Chemotherapy		1/1/2026
J9274	Injection, tebentafusp-tebn, 1 microgram	Chemotherapy		1/1/2026
J9280	Injection, mitomycin, 5 mg (Use this code for Mitosol, Mutamycin)	Chemotherapy		1/1/2026
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Chemotherapy		1/1/2026
J9285	Injection, olaratumab, 10 mg	Chemotherapy		1/1/2026
J9286	Injection, glofitamab-gxbm, 2.5 mg	Chemotherapy		1/1/2026
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Chemotherapy		1/1/2026
J9293	Injection, mitoxantrone hydrochloride, per 5 mg (Use this code for Novantrone)	Chemotherapy		1/1/2026
J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Chemotherapy		1/1/2026
J9295	Injection, necitumumab, 1 mg (Use this code for Portrazza)	Chemotherapy		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg	Chemotherapy		1/1/2026
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Chemotherapy		1/1/2026
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Chemotherapy		1/1/2026
J9299	Injection, nivolumab, 1 mg (Use this code for Opdivo)	Chemotherapy	Immunotherapy - Opdivo	1/1/2026
J9301	Injection, obinutuzumab, 10 mg (Use this code for Gazyva)	Chemotherapy		1/1/2026
J9302	Injection, ofatumumab, 10 mg (use this code for Arzerra)	Chemotherapy		1/1/2026
J9303	Injection, panitumumab, 10 mg (Use this code for Vectibix)	Chemotherapy		1/1/2026
J9304	Injection, pemetrexed (pemfexy), 10 mg	Chemotherapy		1/1/2026
J9305	Injection, pemetrexed, 10 mg (Use this code for Alimta)	Chemotherapy		1/1/2026
J9306	Injection, pertuzumab, 1 mg (Use this code for Perjeta)	Chemotherapy		1/1/2026
J9307	Injection, pralatrexate, 1 mg (Use this code for Folutyn)	Chemotherapy		1/1/2026
J9308	Injection, ramucirumab, 5 mg (Use this code for Cyramza)	Chemotherapy		1/1/2026
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Chemotherapy		1/1/2026
J9311	Injection, rituximab 10 mg and hyaluronidase (Use this code for Rituxan)	Chemotherapy		1/1/2026
J9312	Injection, rituximab, 10 mg (Use this code for Rituxin)	Chemotherapy		1/1/2026
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Chemotherapy		1/1/2026
J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg	Chemotherapy		1/1/2026
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Chemotherapy		1/1/2026
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Chemotherapy		1/1/2026
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Chemotherapy		1/1/2026
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Chemotherapy		1/1/2026
J9320	Injection, streptozocin, 1 gram (Use this code for Zanosar)	Chemotherapy		1/1/2026
J9321	Injection, epcoritamab-bysp, 0.16 mg	Chemotherapy		1/1/2026
J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg	Chemotherapy		1/1/2026
J9323	Injection, pemetrexed ditromethamine, 10 mg	Chemotherapy		1/1/2026
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	Chemotherapy		1/1/2026
J9325	Injection, talimogene laherparepvec, per 1 mimmion plaque forming units (Use this code for Imlygic)	Chemotherapy	Immunotherapy - Imlygic	1/1/2026
J9328	Injection, temozolomide, 1 mg (Use this code for Temodar)	Chemotherapy		1/1/2026
J9329	Injection, tislelizumab-jsgr, 1mg	Chemotherapy		1/1/2026
J9330	Injection, temsirolimus, 1 mg (Use this code for Torisel)	Chemotherapy		1/1/2026
J9331	Injection, sirolimus protein-bound particles, 1 mg	Chemotherapy		1/1/2026
J9332	Injection, efgartigimod alfa-fcab, 2mg	Chemotherapy		1/1/2026
J9333	Injection, rozanolixizumab-noli, 1 mg	Chemotherapy		1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Chemotherapy		1/1/2026
J9340	Injection, thiotepa, 15 mg (Use this code for Tepadina, Triethylene thio Phosphoramidate/T)	Chemotherapy		1/1/2026
J9345	Injection, retifanlimab-dlwr, 1 mg	Chemotherapy		1/1/2026
J9347	Injection, tremelimumab-actl, 1 mg	Chemotherapy		1/1/2026
J9348	Injection, naxitamab-ggqk, 1 mg	Chemotherapy		1/1/2026
J9349	Injection, tafasitamab-cxix, 2 mg	Chemotherapy		1/1/2026
J9350	Injection, mosunetuzumab-axgb, 1 mg	Chemotherapy		1/1/2026
J9351	Injection, topotecan, 0.1 mg (Use this code for Hycamtin)	Chemotherapy		1/1/2026
J9352	Injection, trabectedin, 0.1 mg (Use this code for Yondelis)	Chemotherapy		1/1/2026
J9353	Injection, margetuximab-cmkb, 5 mg	Chemotherapy		1/1/2026
J9354	Injection, ado-trastuzumab emtansine, 1 mg (Use this code for Kadcyla)	Chemotherapy		1/1/2026
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg (Use this code for Herceptin)	Chemotherapy		1/1/2026
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Chemotherapy		1/1/2026
J9357	Injection, valrubicin, intravesical, 200 mg (Use this code for Valstar)	Chemotherapy		1/1/2026
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Chemotherapy		1/1/2026
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Chemotherapy		1/1/2026
J9360	Injection, vinblastine sulfate, 1 mg (Use this code for Alkaban-AQ, Velban, Velsar)	Chemotherapy		1/1/2026
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	Chemotherapy		1/1/2026
J9370	Vincristine sulfate, 1 mg (Use this code for Oncovin, Vincasar PFS)	Chemotherapy		1/1/2026
J9376	Injection, pozelimab-bbfg, 1 mg	Chemotherapy		1/1/2026
J9380	Injection, teclistamab-cqyv, 0.5 mg	Chemotherapy		1/1/2026
J9381	Injection, teplizumab-mzwv, 5 mcg	Chemotherapy		1/1/2026
J9390	Injection, vinorelbine tartrate, 10 mg (Use this code for Navelbine)	Chemotherapy		1/1/2026
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	Chemotherapy		1/1/2026
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	Chemotherapy		1/1/2026
J9395	Injection, fulvestrant, 25 mg (Use this code for Faslodex)	Chemotherapy		1/1/2026
J9400	Injection, ziv-aflibercept, 1 mg (Use this code for Zaltrap)	Chemotherapy		1/1/2026
J9600	Injection, porfimer sodium, 75 mg (Use this code for Photofrin)	Chemotherapy		1/1/2026
J9999	Not otherwise specified, antineoplastic drugs (Use this code for Imlygic, Yondelis)	Chemotherapy		1/1/2026
K0010	Standard-weight frame motorized/power wheelchair	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
K0012	Lightweight portable motorized/power wheelchair	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0013	Custom motorized/power wheelchair base	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0014	Other motorized/power wheelchair base	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity, 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity, 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0812	Power operated vehicle, not otherwise classified	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0813	Power wheelchair, group 1 standard portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0814	Power wheelchair, group 1 standard portable, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0820	Power wheelchair, group 2 standard portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0821	Power wheelchair, group 2 standard portable, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity, 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity, 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity, 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0829	Power wheelchair, group 2 extra heavy duty captains chair, patient weight capacity 601 pounds or more	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451- 600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026

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K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
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	1/1/2026
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
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	1/1/2026
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	1/1/2026
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	1/1/2026
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	1/1/2026
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	1/1/2026
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451-600 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301-450 pounds	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
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	1/1/2026

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CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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	1/1/2026
K0898	Power wheelchair, not otherwise classified	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	DME	Electric/Motorized Wheelchair or Scooter	1/1/2026
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	Prosthetics/Orthotics		1/1/2026
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	Prosthetics/Orthotics		1/1/2026
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	Prosthetics/Orthotics		1/1/2026
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Prosthetics/Orthotics		1/1/2026
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	Prosthetics/Orthotics		1/1/2026
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	Prosthetics/Orthotics		1/1/2026
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	Prosthetics/Orthotics		1/1/2026
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	Prosthetics/Orthotics		1/1/2026
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	Prosthetics/Orthotics		1/1/2026
L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	Prosthetics/Orthotics		1/1/2026
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	Prosthetics/Orthotics		1/1/2026
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	Prosthetics/Orthotics		1/1/2026
L5230	AK PROX FEM FOCAL DEFIC SACH FOOT	Prosthetics/Orthotics		1/1/2026
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	Prosthetics/Orthotics		1/1/2026
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	Prosthetics/Orthotics		1/1/2026
L5280	HEMIPELVECT CANADIAN; MOLD SOCKET	Prosthetics/Orthotics		1/1/2026
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	Prosthetics/Orthotics		1/1/2026
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	Prosthetics/Orthotics		1/1/2026
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	Prosthetics/Orthotics		1/1/2026
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Prosthetics/Orthotics		1/1/2026
L5341	SINGLE AXIS KNEE SACH FOOT	Prosthetics/Orthotics		1/1/2026
L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	Prosthetics/Orthotics		1/1/2026
L5410	IMMED POSTSURG RIGD DRS BK-EA CAST	Prosthetics/Orthotics		1/1/2026
L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	Prosthetics/Orthotics		1/1/2026
L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	Prosthetics/Orthotics		1/1/2026
L5450	IMMED POSTSURG NONWT BEAR RIGD BK	Prosthetics/Orthotics		1/1/2026
L5460	IMMED POSTSURG NONWT BEAR RIGD AK	Prosthetics/Orthotics		1/1/2026
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	Prosthetics/Orthotics		1/1/2026
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	Prosthetics/Orthotics		1/1/2026
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	Prosthetics/Orthotics		1/1/2026
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	Prosthetics/Orthotics		1/1/2026
L5530	PREP BK PTB THERMOPLSTC/=MOLD MODEL	Prosthetics/Orthotics		1/1/2026
L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT	Prosthetics/Orthotics		1/1/2026

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L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	Prosthetics/Orthotics		1/1/2026
L5560	PREP AK-DISARTIC PLASTER MOLD MODEL	Prosthetics/Orthotics		1/1/2026
L5570	PREP AK-DISRTC THRMOPSTC/=DIR FORM	Prosthetics/Orthotics		1/1/2026
L5580	PREP AK-DISARTIC THERMOPSTC/=MOLD	Prosthetics/Orthotics		1/1/2026
L5585	PREP AK-DISARTIC PRFAB ADJ OPEN END	Prosthetics/Orthotics		1/1/2026
L5590	PREP AK-DISARTIC LAMINATD SCKT MOLD	Prosthetics/Orthotics		1/1/2026
L5595	PREP HIP DISARTIC THERMOPSTC/=MOLD	Prosthetics/Orthotics		1/1/2026
L5600	PREP HIP DISARTIC LAMINATD SCKT MOLD	Prosthetics/Orthotics		1/1/2026
L5610	ADD LOW EXTRM ENDO AK HYDRACADENCE	Prosthetics/Orthotics		1/1/2026
L5611	ADD LW EXT AK-DISARTIC W/FRICT CNTRL	Prosthetics/Orthotics		1/1/2026
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	Prosthetics/Orthotics		1/1/2026
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	Prosthetics/Orthotics		1/1/2026
L5615	ADD ENDOSKL K-SHN 4 BAR LINK/MXAXL	Prosthetics/Orthotics		1/1/2026
L5616	ADD LOW EXT AK UNIVRSL MXPLX FRICT	Prosthetics/Orthotics		1/1/2026
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	Prosthetics/Orthotics		1/1/2026
L5652	ADD LOW EXTRM SUCTN SUSP AK/DISARTIC	Prosthetics/Orthotics		1/1/2026
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	Prosthetics/Orthotics		1/1/2026
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	Prosthetics/Orthotics		1/1/2026
L5671	ADD LOW EXTRM BK/AK SUSP LOCK MECH	Prosthetics/Orthotics		1/1/2026
L5672	ADD LOW EXTRM BK REMV MED BRIM SUSP	Prosthetics/Orthotics		1/1/2026
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	Prosthetics/Orthotics		1/1/2026
L5701	REPL SCKT AK/DISARTIC W/ ATTCH PLAT	Prosthetics/Orthotics		1/1/2026
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	Prosthetics/Orthotics		1/1/2026
L5703	ANK SYMES MLD PT MDL SACH FT REPL	Prosthetics/Orthotics		1/1/2026
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	Prosthetics/Orthotics		1/1/2026
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	Prosthetics/Orthotics		1/1/2026
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	Prosthetics/Orthotics		1/1/2026
L5707	CUSTOM SHAPED COVER HIP DISARTIC	Prosthetics/Orthotics		1/1/2026
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	Prosthetics/Orthotics		1/1/2026
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	Prosthetics/Orthotics		1/1/2026
L5712	ADD EXO KN-SHIN SA FRICT SWG CNTRL	Prosthetics/Orthotics		1/1/2026
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	Prosthetics/Orthotics		1/1/2026
L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	Prosthetics/Orthotics		1/1/2026
L5718	ADD EXO KN-SHIN PC FRICT SWG CNTRL	Prosthetics/Orthotics		1/1/2026
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	Prosthetics/Orthotics		1/1/2026
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	Prosthetics/Orthotics		1/1/2026
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	Prosthetics/Orthotics		1/1/2026
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	Prosthetics/Orthotics		1/1/2026

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L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	Prosthetics/Orthotics		1/1/2026
L5781	ADD LW LIMB PROS LIMB MGMT SYS	Prosthetics/Orthotics		1/1/2026
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	Prosthetics/Orthotics		1/1/2026
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	Prosthetics/Orthotics		1/1/2026
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	Prosthetics/Orthotics		1/1/2026
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	Prosthetics/Orthotics		1/1/2026
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	Prosthetics/Orthotics		1/1/2026
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	Prosthetics/Orthotics		1/1/2026
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	Prosthetics/Orthotics		1/1/2026
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	Prosthetics/Orthotics		1/1/2026
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	Prosthetics/Orthotics		1/1/2026
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	Prosthetics/Orthotics		1/1/2026
L5827	ENDO KNEE SHIN SINGLE AXIS	Prosthetics/Orthotics		1/1/2026
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	Prosthetics/Orthotics		1/1/2026
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	Prosthetics/Orthotics		1/1/2026
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	Prosthetics/Orthotics		1/1/2026
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	Prosthetics/Orthotics		1/1/2026
L5848	ADD ENDOSKEL KNEE-SHIN FLUID EXT	Prosthetics/Orthotics		1/1/2026
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	Prosthetics/Orthotics		1/1/2026
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	Prosthetics/Orthotics		1/1/2026
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE	Prosthetics/Orthotics		1/1/2026
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT	Prosthetics/Orthotics		1/1/2026
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	Prosthetics/Orthotics		1/1/2026
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	Prosthetics/Orthotics		1/1/2026
L5950	ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT	Prosthetics/Orthotics		1/1/2026
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	Prosthetics/Orthotics		1/1/2026
L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	Prosthetics/Orthotics		1/1/2026
L5964	ADD ENDO AK FLXBL PROTVE OUTR COVER	Prosthetics/Orthotics		1/1/2026
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	Prosthetics/Orthotics		1/1/2026
L5969	ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST	Prosthetics/Orthotics		1/1/2026
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	Prosthetics/Orthotics		1/1/2026
L5972	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	Prosthetics/Orthotics		1/1/2026
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR	Prosthetics/Orthotics		1/1/2026
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	Prosthetics/Orthotics		1/1/2026
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	Prosthetics/Orthotics		1/1/2026
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	Prosthetics/Orthotics		1/1/2026
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	Prosthetics/Orthotics		1/1/2026
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Prosthetics/Orthotics		1/1/2026

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L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Prosthetics/Orthotics		1/1/2026
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	Prosthetics/Orthotics		1/1/2026
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	Prosthetics/Orthotics		1/1/2026
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	Prosthetics/Orthotics		1/1/2026
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	Prosthetics/Orthotics		1/1/2026
L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	Prosthetics/Orthotics		1/1/2026
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	Prosthetics/Orthotics		1/1/2026
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	Prosthetics/Orthotics		1/1/2026
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	Prosthetics/Orthotics		1/1/2026
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	Prosthetics/Orthotics		1/1/2026
L5999	LOWER EXTREMITY PROSTHESIS NOS	Prosthetics/Orthotics		1/1/2026
L6026	TRANSCARPL/MC/PART HAND DISART PROS	Prosthetics/Orthotics		1/1/2026
L6031	REP INTERFACE HANDFNG MOLDED	Prosthetics/Orthotics		1/1/2026
L6700	UE ADD EXT POWER MYOEL	Prosthetics/Orthotics		1/1/2026
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	Prosthetics/Orthotics		1/1/2026
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL	Prosthetics/Orthotics		1/1/2026
L6880	ELEC HAND SW/MYOELC CNTRL ARTC DIG	Prosthetics/Orthotics		1/1/2026
L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	Prosthetics/Orthotics		1/1/2026
L6895	ADD UP EXT PROSTH GLOV TERM CSTM	Prosthetics/Orthotics		1/1/2026
L6925	WRIST DSRTC OTTO BOCK/=MYOELC CNTRL	Prosthetics/Orthotics		1/1/2026
L6930	BELW ELBOW OTTO BOCK/=SWITCH CNTRL	Prosthetics/Orthotics		1/1/2026
L6935	BELW ELBOW OTTO BOCK/=MYOELC CNTRL	Prosthetics/Orthotics		1/1/2026
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	Prosthetics/Orthotics		1/1/2026
L6955	ABVE ELBOW OTTO BOCK/=MYOELC CNTRL	Prosthetics/Orthotics		1/1/2026
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	Prosthetics/Orthotics		1/1/2026
L6975	INTERSCAP-THORAC OTTO BOCK/=MYOELC	Prosthetics/Orthotics		1/1/2026
L7007	ELEC HND SWTCH/MYOELC CNTRL ADULT	Prosthetics/Orthotics		1/1/2026
L7008	ELEC HAND SWITCH/MYOELC CNTRL PED	Prosthetics/Orthotics		1/1/2026
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT	Prosthetics/Orthotics		1/1/2026
L7045	ELEC HOOK SWITCH MYOELC CNTRL PED	Prosthetics/Orthotics		1/1/2026
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	Prosthetics/Orthotics		1/1/2026
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	Prosthetics/Orthotics		1/1/2026
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	Prosthetics/Orthotics		1/1/2026
L7191	ELEC ELB CHLD VRITY VILL/=MYOELC	Prosthetics/Orthotics		1/1/2026
L7406	ADD TO UPP EXTR USER ADJ MEC	Prosthetics/Orthotics		1/1/2026
L7499	UPPER EXTREMITY PROSTHESIS NOS	Prosthetics/Orthotics		1/1/2026
L7510	REP PROS DEVC REP/REPL MINOR PART	Prosthetics/Orthotics		1/1/2026
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	Prosthetics/Orthotics		1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
L7600	PROSTETIC DOWNING SLEEVE MATERIAL EA	Prosthetics/Orthotics		1/1/2026
L7700	GKT/SEAL USE PROS SOC INS ANY TY EA	Prosthetics/Orthotics		1/1/2026
L8600	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL	Prosthetics/Orthotics		1/1/2026
L8614	COCHLEAR DEVC INCL INT&EXT COMPNT	Prosthetics/Orthotics		1/1/2026
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	Prosthetics/Orthotics		1/1/2026
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	Prosthetics/Orthotics		1/1/2026
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	Prosthetics/Orthotics		1/1/2026
L8618	TX CBL U CI/AUD OSSEOINTG DVC REPL	Prosthetics/Orthotics		1/1/2026
L8619	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	Prosthetics/Orthotics		1/1/2026
L8621	ZUBC AIR BA CI & AUD SD PRC RPL E	Prosthetics/Orthotics		1/1/2026
L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	Prosthetics/Orthotics		1/1/2026
L8623	LITH ION BATT NOT EAR LEVEL REPL EA	Prosthetics/Orthotics		1/1/2026
L8624	LIB CI/AO DVC SP EAR LEVEL REPL EA	Prosthetics/Orthotics		1/1/2026
L8625	EXT RECHRG BATT CI/AO DEVC REPL EA	Prosthetics/Orthotics		1/1/2026
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	Prosthetics/Orthotics		1/1/2026
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	Prosthetics/Orthotics		1/1/2026
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	Prosthetics/Orthotics		1/1/2026
L8699	PROSTHETIC IMPLANT NOS	Prosthetics/Orthotics		1/1/2026
M0075	Cellular Therapy	Oncology & Transplant Related Injections/Infusions/Treatment	Cell Therapy	1/1/2026
Q0083	Chemotherapy administration by other than infusion technique only (eg, subcutaneous, intramuscular, push), per visit	T1030	Nursing care, in the home, by registered nurse, per diem	1/1/2026
Q0084	Chemotherapy administration by infusion technique only, per visit	T1031	Nursing care, in the home, by licensed practical nurse, per diem	1/1/2026
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (eg, subcutaneous, intramuscular, push), per visit	Chemotherapy	Administration - Infusions /Injections	1/1/2026
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)	1/1/2026
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)	1/1/2026
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-SCF, including leukapheresis and all other preparatory procedures, per infusion (Use this code for Provenge)	Oncology & Transplant Related Injections/Infusions/Treatment	Immunotherapy - Provenge	1/1/2026
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)	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
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)	1/1/2026
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)	1/1/2026
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)	1/1/2026
S2053	Transplantation of small intestine, and liver allografts	Transplants	intestinal	1/1/2026
S2054	Transplantation of multivisceral organs	Transplants		1/1/2026
S2060	Lobar lung transplantation	Transplants	Heart-Lung	1/1/2026
S2061	Donor lobectomy (lung) for transplantation, living donor	Transplants	Heart-Lung	1/1/2026
S2065	Simultaneous pancreas kidney transplantation	Transplants	Pancreas-Kidney	1/1/2026
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/ or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Potentially Cosmetic	Mammoplasty /Augmentation /Reduction	1/1/2026
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Sleep Apnea Procedures	Laser Assisted Uvuloplasty (LAUP)	1/1/2026
S2102	Islet cell tissue transplant from pancreas; allogeneic	Transplants	Islet Cell	1/1/2026
S2103	Adrenal tissue transplant to brain	Transplants	Adrenal tissue	1/1/2026
S2107	Adoptive immunotherapy ie, development of specific anti-tumor reactivity (eg, tumor-infiltrating lymphocyte therapy) per course of treatment	Oncology & Transplant Related Injections/Infusions/Treatment	Immunotherapy - Adoptive	1/1/2026
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Autologous Chondrocyte Implantation/Knee	Carticel	1/1/2026
S2140	Cord blood harvesting for transplantation, allogeneic	Transplants	Hematopoietic Cell	1/1/2026
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Transplants	Hematopoietic Cell	1/1/2026
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition	Transplants	Hematopoietic Cell	1/1/2026

Outpatient				
CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	Transplants		1/1/2026
S2202	Echosclerotherapy	Potentially Cosmetic	Varicose Vein Surgery /Sclerotherapy	1/1/2026
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Spinal Procedures	IDET (Thermal Intradiscal - TIPS)	1/1/2026
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	Spinal Procedures		1/1/2026
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Genetic Testing		1/1/2026
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Genetic Testing		1/1/2026
S3841	Genetic testing for retinoblastoma	Genetic Testing		1/1/2026
S3842	Genetic testing for von Hippel-Lindau disease	Genetic Testing		1/1/2026
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Genetic Testing		1/1/2026
S3845	Genetic testing for alpha-thalassemia	Genetic Testing		1/1/2026
S3846	Genetic testing for hemoglobin E beta-thalassemia	Genetic Testing		1/1/2026
S3849	Genetic testing for Niemann- Pick disease	Genetic Testing		1/1/2026
S3850	Genetic testing for sickle cell anemia	Genetic Testing		1/1/2026
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Genetic Testing		1/1/2026
S3853	Genetic testing for myotonic muscular dystrophy	Genetic Testing		1/1/2026
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome	Genetic Testing		1/1/2026
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Genetic Testing		1/1/2026
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Genetic Testing		1/1/2026
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Genetic Testing		1/1/2026
S4011	In Vitro fertilization; including but not limited to identification and incubation	2-Outpatient	3 cycle IVF limit	1/1/2026
S4015	Complete In Vitro fertilization cycle, not otherwise specified	2-Outpatient	3 cycle IVF limit	1/1/2026
S4016	Frozen In Vitro fertilization cycle	2-Outpatient	3 cycle IVF limit	1/1/2026
S4017	Incomplete cycle, treatment cancelled prior to stimulation	2-Outpatient	3 cycle IVF limit	1/1/2026
S4020	In Vitro fertilization procedure cancelled before aspiration	2-Outpatient	3 cycle IVF limit	1/1/2026

Outpatient

CPT/HCPCS CODE	CPT/HCPCS CODE DESCRIPTION	SERVICE	COMMENT	PRECERT LIST EFFECTIVE DATE
S4021	In Vitro fertilization procedure cancelled after aspiration	2-Outpatient	3 cycle IVF limit	1/1/2026
S8042	Magnetic resonance imaging (MRI), low-field	MRI (for non-orthopedic)		1/1/2026
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	CT (for non-orthopedic)		1/1/2026
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Home Health Care	HHA/CNA	1/1/2026
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Home Health Care	RN	1/1/2026
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Home Health Care	LPN	1/1/2026
S9960	AMB SERVC AIR NON-ER 1 WAY FIX WING	Transportation		1/1/2026
S9961	AMB SERVC AIR NON-ER 1 WAY ROT WING	Transportation		1/1/2026
T1002	RN Services, up to 15 minutes	Home Health Care	RN	1/1/2026
T1003	LPN/LVN services, up to 15 minutes	Home Health Care	LPN/LVN	1/1/2026
T1004	Services of a qualified nursing aide, up to 15 minutes	Home Health Care	QNA	1/1/2026
T1021	Home health aide or certified nurse assistant, per visit	Home Health Care	HHA/CAN	1/1/2026
T1030	Nursing care, in the home, by registered nurse, per diem	Home Health Care	RN	1/1/2022
T1031	Nursing care, in the home, by licensed practical nurse, per diem	Home Health Care	LPN	1/1/2022