

G	nealti	La	rge Employer	Indivi	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	, these coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	Therapy for contour defects	Х	-	Х	-	Х	-
	Therapy for contour defects	Х	-	Х	-	Х	-
	Therapy for contour defects	Х	-	Х	-	Х	-
11954	Therapy for contour defects	Х	-	Х	-	Х	-
15775	Hair transplant punch grafts	Х	-	Х	-	Х	-
15776	Hair transplant punch grafts	Х	-	Х	-	Х	-
15780	Abrasion treatment of skin	Х	-	Х	-	Х	-
15781	Abrasion treatment of skin	Х	-	Х	-	Х	-
15782	Abrasion treatment of skin	Х	-	Х	-	Х	-
15783	Abrasion treatment of skin	Х	-	Х	-	Х	-
15786	Abrasion, lesion, single	Х	-	Х	-	Х	-
15787	Abrasion, lesions, add-on	Х	-	Х	-	Х	-
15788	Chemical peel, face, epiderm	Х	-	Х	-	Х	-
15789	Chemical peel, face, dermal	Х	-	Х	-	Х	-
	Chemical peel, nonfacial	Х	-	Х	-	Х	-
15793	Chemical peel, nonfacial	Х	-	Х	-	Х	-
	Revision of lower eyelid	-	Х	-	Х	-	Х
15821	Revision of lower eyelid	-	Х	-	Х	-	Х
	Revision of upper eyelid	-	Х	-	Х	-	Х
15823	Revision of upper eyelid	-	Х	-	Х	_	Χ
15824	Removal of forehead wrinkles	Х	-	Х	-	Х	-
15825	Removal of neck wrinkles	Х	-	Х	-	Х	-
15826	Removal of brow wrinkles	Х	-	Х	-	Х	-
15828	Removal of face wrinkles	Х	-	Х	-	Х	-
15829	Removal of skin wrinkles	Х	-	Х	-	Х	-
15832	Excise excessive skin tissue	Х	-	Х	-	Х	-
	Excise excessive skin tissue	Х	-	Х	-	Х	-
	Excise excessive skin tissue	Х	-	Х	-	Х	-
15835	Excise excessive skin tissue	Х	-	Х	-	Х	-
15836	Excise excessive skin tissue	Х	-	Х	-	Х	-
15837	Excise excessive skin tissue	Х	-	Х	-	Х	-
15838	Excise excessive skin tissue	Х	-	Х	-	Х	-
	Skin and muscle repair, face	Х	-	Х	-	Х	-
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	Х	-	Х	-	Х	-
	Removal of sutures	X	-	Х	-	Х	-
	Suction assisted lipectomy	X	-	X	_	X	_
	Suction assisted lipectomy	X	_	X	-	X	-

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Possibility	\vee	nealti	Lar	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
International Parametry into groups within the without Profession Control Parametry into Control Parametry into Control Parametry in	Codes	Description					Not Covered	
18879 Suction assisted lipectomy	directed to	the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
17380 Skin peel therapy	15878	Suction assisted lipectomy	Χ	-	Х	-	Х	-
Hair removal by electrolysis	15879	Suction assisted lipectomy	Χ	-	Х	-	Х	-
1910 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	17360	Skin peel therapy	Χ	-	Х	-	Х	-
Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma X	17380	Hair removal by electrolysis	Χ	-	Х	-	Х	-
19356 Correct inverted nipple(s)	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Х	-	Х	-	Х	-
20560 Ndl insj Wo njx 1 or 2 musc	19355		Х	-	Х	-	Х	-
20561 Ndl insi; Wio njx 3+ musc			Х	-		-		-
Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)				-	Х	-	Х	-
20985 Spinal bone autograft		Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list	Х	-	Х	-		-
Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in additio	20936		Х	-	Х	-	Х	-
21010 Incision of jaw joint		Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less		-		-		-
21050 Removal of jaw joint Removal of jaw joint Removal of jaw joint cartilage Removal of	21010		_	_	Y	_	_	
21060 Remove jaw joint cartilage		, ,						
21070 Remove coronoid process 21073 Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored 21084 Prepare face/oral prosthesis 21084 Prepare face/oral prosthesis 21084 Prepare face/oral prosthesis 21085 21							 	
21073 Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored								
21084 Prepare face/oral prosthesis		Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie,	-	-			-	-
21110 Interdental fixation	21084	9	Y	_	Y	_	Y	
21116 Injection, jaw joint x-ray				_				
21120 Reconstruction of chin X							t	
21121 Reconstruction of chin X - X - X - 21122 Reconstruction of chin X - X - X - 21123 Reconstruction of chin X - X - X - 21280 Revision of eyelid - X - X - X 21295 Revision of jaw muscle/bone X - X - X - X 21296 Revision of jaw muscle/bone X - X - X - X - 21480 Reset dislocated jaw - - X - X -			X					
21122 Reconstruction of chin X - X - X - 21123 Reconstruction of chin X - X - X - 21280 Revision of eyelid - X - X - X 21295 Revision of jaw muscle/bone X - X - X - 21296 Revision of jaw muscle/bone X - X - X - 21296 Revision of jaw muscle/bone X - X - X - 21490 Reset dislocated jaw - - X - - - 21490 Repair dislocated jaw - - - - - - 21490 Repair dislocated jaw - <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
21123 Reconstruction of chin X - -								
21280 Revision of eyelid - X - X - X 21282 Revision of eyelid - X - X - X 21295 Revision of jaw muscle/bone X - X - X - 21296 Revision of jaw muscle/bone X - X - X - 21480 Reset dislocated jaw - - X - - - 21490 Repair dislocated jaw - - - X - - - 21497 Interdental wiring X - X - X - - - 22505 Manipulation of spine X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
21282 Revision of eyelid - X - X - X 21295 Revision of jaw muscle/bone X - X - X - 21296 Revision of jaw muscle/bone X - X - X - 21480 Reset dislocated jaw - - - X - - - 21490 Repair dislocated jaw - - - X - - - - 21497 Interdental wiring X - X - X - X - 22505 Manipulation of spine X - X - X - X - X 22510 Perq cervicothoracic inject - X <							1	
21295 Revision of jaw muscle/bone X - X - X - 21296 Revision of jaw muscle/bone X - X - X - 21480 Reset dislocated jaw - - - X - - - 21480 Repair dislocated jaw - - X - - - - 21497 Interdental wiring X - X - X - X - 22505 Manipulation of spine X - X - X - X - 22510 Perq cervicothoracic inject - X - X - X - X			_		_		+ - +	
21296 Revision of jaw muscle/bone X - X - X - 21480 Reset dislocated jaw - - - X - - - 21485 Reset dislocated jaw - - - X - - - 21490 Repair dislocated jaw - - - X - - - - 21497 Interdental wiring X - X - X - X - 22505 Manipulation of spine X - X - X - X - 22510 Perq cervicothoracic inject - X - X - X - X			X					
21480 Reset dislocated jaw - - X - - - 21485 Reset dislocated jaw - - X - - - 21490 Repair dislocated jaw - - X - - - - 21497 Interdental wiring X - X - X - X - 22505 Manipulation of spine X - X - X - X - 22510 Perq cervicothoracic inject - X - X - X				-		-		-
21485 Reset dislocated jaw - - X - - - 21490 Repair dislocated jaw - - X - - - - 21497 Interdental wiring X - X - X - X - 22505 Manipulation of spine X - X - X - X - 22510 Perg cervicothoracic inject - X - X - X			-				1	-
21490 Repair dislocated jaw - - X - - - 21497 Interdental wiring X - X - X - 22505 Manipulation of spine X - X - X - 22510 Perq cervicothoracic inject - X - X - X			-	-		-	 _ 	-
21497 Interdental wiring X - X - X - 22505 Manipulation of spine X - X - X - 22510 Perq cervicothoracic inject - X - X - X			-	-			 	
22505 Manipulation of spine X - X - X - 22510 Perq cervicothoracic inject - X - X - X		,	Х	-			X	-
22510 Perq cervicothoracic inject - X - X - X						-		-
		· · · · · · · · · · · · · · · · · · ·		Х		Х	t	Χ
			-	X	_	X	 _ 	X

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9	Tiediti	Lar	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
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22512	Vertebroplasty addl inject	-	X	-	Х	-	Х
22513	Perq vertebral augmentation	-	X	-	Х	-	Χ
22514	Perq vertebral augmentation	-	Х	-	Х	-	Х
22515	Perq vertebral augmentation	-	X	-	Х	-	Χ
	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Х	-	Х	-	Х	-
	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	Х	-	Х	-	Х	-
	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	Х	-	Х	-	Х
22551	Neck spine fuse&remove	-	X	-	Х	-	Χ
22552	Neck spine fuse&remove addl	-	X	-	Х	-	Χ
22554	Neck spine fusion	-	X	-	Х	-	Х
22558	Lumbar spine fusion	-	X	-	Х	-	Χ
22586	PrescrI fuse /w instr I5/1	Х	-	Х	-	Х	-
22600	Neck spine fusion	-	Х	-	Х	-	Х
	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	-	Х	-	Х	-	Х
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	Х	-	Х	-	Х
	Spine fusion, extra segment	-	Х	-	Х	-	Х
	Lumbar spine fusion	-	X	-	X	-	X
	Spine fusion, extra segment	-	Х	-	Х	-	Х
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	Х	-	Х	-	Х
	Fusion of spine	-	X	-	Χ	-	X
	Fusion of spine	-	X	-	X	-	Χ
	Fusion of spine	-	X	-	Χ	-	Χ
	Anterior thoracic vertebral body tethering, including thoracoscopy	Χ	-	Х	-	X	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	-	Х	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	Х	-	X	-	Х	-
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	Х	-	Х	-	Х
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х	-	Х	-	Х
	Second level cer diskectomy	-	Х	-	Х	-	Х

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22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare						
	interspace (other than for decompression); second interspace, lumbar (list separately in addition	-	Х	-	Х	-	Χ
	to code for primary procedure)						
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	V				. V	
	including image guidance when performed, with open decompression, lumbar; sing	Х	-	X	-	Х	-
22868							
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	Х	-	Х	-	X	-
	including image guidance when performed, with open decompression, lumbar; seco						
	Insertion of interlaminar/interspinous process stabilization/distraction device, without open	V		V		V	
	decompression or fusion, including image guidance when performed, lumbar; single	Х	-	X	-	Х	-
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open	V		V		V	
	decompression or fusion, including image guidance when performed, lumbar; second	Х	-	Х	-	Х	-
23472	Reconstruct shoulder joint	-	Х	-	Х	-	Х
24357	·	Х		Х		Х	
	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	^	-	^	-	^	-
	Total hip replacement	-	X	-	X	-	Χ
27447	Total knee replacement	-	Х	-	X	-	Х
27702	Reconstruct ankle joint	-	X	-	X	-	Χ
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other	Х	_	Х		Х	
	than local, including ultra	^	-	^	•	^	-
29800	Jaw arthroscopy/surgery	-	-	Χ	-	-	-
	Jaw arthroscopy/surgery	-	-	Χ		-	-
	Reconstruction of nose	Χ	-	Χ	•	X	-
	Reconstruction of nose	Χ	-	Χ	-	X	-
	Revision of nose	Χ	-	Χ	-	Х	-
	Revision of nose	Χ	-	Χ	-	X	-
	Revision of nose	Χ	-	Χ	-	X	-
	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Χ	-	Χ	-	X	-
	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency)	Х	_	Х	_	Х	_
	subcutaneous/submucosal remodeling		_		_		<u>-</u>
	Intranasal reconstruction	Χ	-	Χ	-	X	-
	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s)	Х	_	Х	_	Х	_
	(bullous or non-bullous) for lung volume reduction, sternal split or transthoracic	^	_	^		^	
	Thorax stereo rad target w/tx	-	X	-	X	-	Χ
	Donor pneumonectomy	-	X	-	X	-	X
	Lung transplant, single	-	X	-	X	-	X
32852	Lung transplant with bypass	-	X	-	X	-	X

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As of: 12/19/24

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Lung transplant, double	_	Х	_	Х	_	Х
	Lung transplant with bypass	-	X	_	X	_	X
	Backbench standard preparation of cadaver donor lung allograft; unilateral	_	X	-	X	_	X
	Backbench standard preparation of cadaver donor lung allograft; bilateral	_	X	_	X	-	X
	Ablation therapy for reduction or eradication of 1 or more pulm tumor(s)	Х	-	Х	-	Х	-
	Heart revascularize (tmr)	X	-	X	-	X	-
	Heart tmr w/other procedure	X	_	X	-	X	-
	Removal of heart lesion	Х	_	X	-	X	-
	Removal of donor heart/lung	-	Х	-	Х	-	X
	Backbench standard preparation of cadaver donor heart/lung allograft	-	Х	-	Х	-	Х
	Transplantation, heart/lung	-	Х	-	Х	-	Х
	Removal of donor heart	-	Х	-	Х	-	Х
	Backbench standard preparation of cadaver donor heart allograft	-	Χ	-	Х	-	Χ
33945	Transplantation of heart	-	Χ	-	Х	-	Χ
	Plnning pt spec fenest graft	Х	-	Х	-	Х	-
	Place needle in vein	Χ	-	Х	-	Х	-
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	Χ	-	Х	-	Х	-
	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	X	Х	-	-	Χ
36466	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	Χ	Х	-	-	Χ
36468	Injection(s), spider veins	Χ	-	Х	-	Х	-
36470	Injection therapy of vein	-	X	Х	-	-	Χ
36471	Injection therapy of veins	-	X	Х	-	-	Χ
36475	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	Х	-	Х	-	Х
36476	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep sites	-	Х	-	Х	-	Х
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	Х	-	Х	-	Х
36479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	Х	-	Х	-	Х
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	-	Х	-	Х	-	Х
36483	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	Х	-	Х	-	Х
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncorona	Х	-	Х	-	х	-
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps)	Х	-	Х	-	Х	-
	Revise leg vein	-	Х	-	Х	-	Х
	needed after cortain number of vicits. Limit depends on plan/provider type		.,				

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As of: 12/19/24

Irrected to the Phar Plan coverage limi 37718 Ligat 37712 Ligat knee 37735 Rem 37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37780 Revis 37780 Revis 37780 Revis 37780 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans withol	phlebectomy of varicose veins, one extremity; 10-20 stab incisions phlebectomy of varicose veins, one extremity; more than 20 incisions	Not Covered se coding lists	Preauthorization Required do not reflect information X X X X	Not Covered regarding imn	Preauthorization Required nunizations, injectable dru X X X	Not Covered Igs, or specialty me	X X
Irrected to the Phar Plan coverage limi 37718 Ligat 37712 Ligat knee 37735 Rem 37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37780 Revis 37780 Revis 37780 Revis 37780 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans withol	armacy link option within the website. inted to ACA 10 essential health benefits. tion, division, and stripping, short saphenous vein tion, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to e or below noval of leg veins/lesion tion of perforator veins, subfascial, radical (linton type), including skin graft, when performed, n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, p phlebectomy of varicose veins, one extremity; 10-20 stab incisions o phlebectomy of varicose veins, one extremity; more than 20 incisions	e coding lists	X X X	-	X	-	X X
Plan coverage limi 37718 Ligat 37718 Ligat 37712 Ligat knee 37735 Rem 37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37780 Revis 37785 Revis 37788 Revis 37789 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	tion, division, and stripping, short saphenous vein tion, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to e or below noval of leg veins/lesion tion of perforator veins, subfascial, radical (linton type), including skin graft, when performed, n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, phlebectomy of varicose veins, one extremity; 10-20 stab incisions of phlebectomy of varicose veins, one extremity; more than 20 incisions		X X	-	Х	-	Х
37718 Ligat 37722 Ligat knee 37735 Rem 37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37766 Stab 37788 Revis 37788 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	tion, division, and stripping, short saphenous vein tion, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to e or below noval of leg veins/lesion tion of perforator veins, subfascial, radical (linton type), including skin graft, when performed, n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, p phlebectomy of varicose veins, one extremity; 10-20 stab incisions o phlebectomy of varicose veins, one extremity; more than 20 incisions	-	X X	-	Х	-	X
37722 Ligat knee 37735 Rem. 37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37780 Revis 37788 Revis 37789 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	tion, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to e or below hoval of leg veins/lesion tion of perforator veins, subfascial, radical (linton type), including skin graft, when performed, n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, g phlebectomy of varicose veins, one extremity; 10-20 stab incisions ophlebectomy of varicose veins, one extremity; more than 20 incisions	-	X X	-	Х	-	X
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37735 Rem. 37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37780 Revis 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	noval of leg veins/lesion tion of perforator veins, subfascial, radical (linton type), including skin graft, when performed, n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, phlebectomy of varicose veins, one extremity; 10-20 stab incisions ophlebectomy of varicose veins, one extremity; more than 20 incisions	-		-	Х	-	
37760 Ligat open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	tion of perforator veins, subfascial, radical (linton type), including skin graft, when performed, n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, go phlebectomy of varicose veins, one extremity; 10-20 stab incisions ophlebectomy of varicose veins, one extremity; more than 20 incisions	-		-			X
open 37761 Ligat 1 leg 37765 Stab 37766 Stab 37780 Revis 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	n,1 leg tion of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, p phlebectomy of varicose veins, one extremity; 10-20 stab incisions p phlebectomy of varicose veins, one extremity; more than 20 incisions	-	Х	-			
1 leg 37765 Stab 37766 Stab 37780 Revis 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	phlebectomy of varicose veins, one extremity; 10-20 stab incisions phlebectomy of varicose veins, one extremity; more than 20 incisions	-			Х	-	X
1 leg 37765 Stab 37766 Stab 37780 Revis 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	phlebectomy of varicose veins, one extremity; 10-20 stab incisions phlebectomy of varicose veins, one extremity; more than 20 incisions	-	\/		٧/		
37766 Stab 37780 Revis 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	phlebectomy of varicose veins, one extremity; more than 20 incisions		X	-	Х	-	X
37766 Stab 37780 Revis 37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	phlebectomy of varicose veins, one extremity; more than 20 incisions	-	Χ	Х	-	-	Х
37785 Revis 37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	ision of log voin	-	Χ	Х	-	-	Х
37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	ision of leg vein	-	Χ	-	X	-	Χ
37788 Reva 37790 Penil 38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	ise secondary varicosity	-	Χ	-	Х	-	Х
38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	ascularization, penis	-	-	Х	-	-	-
38204 Mana 38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	ile venous occlusion	-	-	Х	-	-	-
38205 Blood allog 38206 Blood autol 38207 Trans 38208 Trans witho	agement of recipient hematopoietic progenitor cell donor search and cell acquisition	Х	-	Х	-	Х	-
allog 38206 Blood autol 38207 Trans 38208 Trans witho	d-derived hematopoietic progenitor cell harvesting for transplantation, per collection;		.,		.,		
autol 38207 Trans 38208 Trans witho		-	Х	-	Х	-	X
38207 Trans 38208 Trans witho	d-derived hematopoietic progenitor cell harvesting for transplantation, per collection;						· · · · · · · · · · · · · · · · · · ·
38208 Trans	logous	-	X	-	Х	-	X
38208 Trans	splant preparation of hematopoietic progenitor cells; cryopreservation and storage	-	X	-	Х	-	Х
	splant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest,	_	Х	_	Х	_	Х
38209 Trans	out washing, per donor		Χ		Λ		Λ
	splant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest,	_	X	l <u>.</u>	Х	_	X
	washing, per donor	_	Α		Λ		
	splant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-depletion	-	Х	-	Х	-	Χ
38211 Trans	splant preparation of hematopoietic progenitor cells; tumor cell depletion	-	Χ	-	Х	-	X
	splant preparation of hematopoietic progenitor cells; red blood cell removal	-	Χ	-	X	-	Χ
38213 Trans	splant preparation of hematopoietic progenitor cells; platelet depletion	-	Χ	-	Х	-	Х
	splant preparation of hematopoietic progenitor cells; plasma (volume) depletion	-	X	-	Х	-	Х
	splant preparation of hematopoietic progenitor cells; cell concentration in plasma,				V		
	onuclear, or buffy coat layer	-	X	_	X	-	X
38225 Chim	neric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for elopment of genetically modified autologous CAR-T cells, per day	Х	-	Х	-	Х	-
38226 Chim	neric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes	Х	-	Х	-	Х	-
38227 Chim	ransportation (eg, cryopreservation, storage)	X	-	Х	-	Х	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Required Covered Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. 38230 Bone marrow harvesting for transplantation; allogenic Χ Χ Χ _ 38232 Bone marrow harvesting for transplantation; autologous X Х Χ 38240 Bone marrow/stem transplant Х Χ Χ 38241 Bone marrow/stem transplant Χ Χ Χ 38242 Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte Χ Χ Χ infusions 41512 Tongue base suspension, permanent suture technique Х Χ Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session Χ Х Χ 41821 Excision of gum flap Χ Χ -Χ -Excision of gum lesion Χ Χ Х 41823 Excision of gum lesion Χ Χ Χ 41825 Excision of gum lesion Χ Χ Χ -Χ X 41826 Excision of aum lesion Х 41827 Excision of gum lesion Χ Χ Χ 41828 Excision of gum lesion X Χ Χ Χ 41830 Removal of gum tissue Χ Χ 41850 Treatment of gum lesion Χ Χ Χ 41870 Gum graft Χ Χ Х 41872 Repair gum Χ Χ Χ 41874 Repair tooth socket Χ Х Х 42820 Remove tonsils and adenoids Χ Χ Χ 42821 Remove tonsils and adenoids -Χ -Χ -Χ 42825 Removal of tonsils Х Х Х 42826 Removal of tonsils X Х Χ 42830 Removal of adenoids Χ Χ Χ -Х Χ Removal of adenoids Х Removal of adenoids X X Χ 42835 _ 42836 Removal of adenoids Χ Х Χ Х Χ 43206 Esoph optical endomicroscopy Χ Upper di optical endomicrscopy Χ Χ Χ _ _ Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric Χ Χ Χ balloon 43291 Χ Χ Χ Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)

Χ

Χ

Х

Χ

43644 Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y

gastroenterostomy (roux limb <= 150 cm)

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43633 Removal of stomach, partial

Χ

Χ

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As of: 12/19/24

G	Tieda	Laı	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	Х	-	Χ	-	Χ
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou	Х	-	Х	-	Х	-
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Х	-	Х	-	Х	-
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	Х	-	Х	-	Х	-
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	Х	-	Х	-	Х	-
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component	-	Х	Х	-	Х	-
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	Х	Х	-	Х	-
43800	Pyloroplasty	-	X	-	Х	-	Χ
	Gastroplasty for obesity	-	Χ	Χ	-	Х	-
43843	Gastroplasty for obesity	Χ	-	Χ	•	X	-
	Gastric revision for obesity	-	Χ	Χ	-	X	-
43846	Gastric bypass for obesity	-	Χ	Χ	•	X	-
	Gastric bypass for obesity	Χ	-	Χ	-	X	-
43848	Revision gastroplasty	-	Χ	Χ	•	X	-
	Revise stomach-bowel fusion	-	Χ	Χ	-	X	-
	Revise stomach-bowel fusion	-	Χ	Χ	-	X	-
	Gastric restrictive procedure, open; revision of subcutaneous port component only	Х	-	Χ	-	X	-
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Х	-	Χ	-	Х	-
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Х	-	Х	-	х	-
44132	Enterectomy, cadaver donor	Х	-	Χ	-	Х	-
	Enterectomy, live donor	Χ	-	Χ	-	Х	-
44135	Intestine transplnt, cadaver	-	Х	-	Х	-	Х
	Intestine transplant, live	-	X	-	Х	-	Χ
	Removal of transplanted intestinal allograft, complete	-	Х	-	Х	-	Х
	Backbench standard preparation of cadaver or living donor intestine allograft	Χ	-	Χ	-	Х	-
44720	Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	Х	-	Х	-	Х	-
44721	Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery,			1			
+0330	radiofrequency)	Х	-	Х	-	X	-
47133	Removal of donor liver	-	Х	_	Х	_	X
	Transplantation of liver	-	X	_	X	_	X
	Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral						
	segment only	-	Х	-	X	-	X
47141	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left		.,		.,		.,
	lobectomy	-	X	-	X	-	X
47142	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right						
	lobectomy	-	X	-	X	-	X
47143	Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe		V				V
	split	-	X	-	Х	-	X
47144	Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft		V		V		V
	into two partial grafts	-	Х	-	Х	-	X
47145	Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into		Х	_	Х	_	Х
	two partial grafts		^	-	^	-	Λ
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation;		Х	_	Х	_	Х
	venous anastomosis, each	•	^	_	^	-	^
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial		Х	_	Х	_	Х
	anastomosis, each					_	
	Donor pancreatectomy	-	X	-	X	-	Χ
	Backbench standard preparation of cadaver donor pancreas allograft	-	X	-	Х	-	Χ
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous	_	Х	_	Х	_	Χ
	anastomosis, each						
	Transpl allograft pancreas	-	X	-	X	-	X
	Removal, allograft pancreas	-	X	-	X	-	X
	Removal of donor kidney	-	X	-	X	-	X
	Removal of donor kidney	-	X	-	X	-	X
	Backbench standard preparation of cadaver donor renal allograft	-	X	-	X	-	X
	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X	-	X	-	X
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation;	-	Х	-	X	-	Χ
50000	venous anastomosis, each					1	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation;	-	X	-	Х	-	Χ
E0220	arterial anastomosis, each Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation;						
o∪329	ureteral anastomosis, each	-	X	-	Х	-	Χ
50240	Removal of kidney		X	_	Х	_	X
	Transplantation of kidney	-	X		X	 	X
	needed after certain number of visits. Limit depends on plan/provider type	-	^		^		^

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Transplantation of kidney	_	Х	_	Х		Х
	Remove transplanted kidney	_	X	_	X		X
	Reimplantation of kidney	-	X		X	-	X
	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via		Λ	_	Λ	_	
30302	percutaneous approach, including r	Χ	-	Х	-	X	-
50547	Laparo removal donor kidney	_	X	_	X	<u> </u>	X
	Hysterectomy/bladder repair		X		X		X
	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	X		X	-	X	
	Insertion of tandem cuff (dual cuff)	X		X		X	
	Transurethral rf treatment	X	-	X		X	-
	Treatment of penis lesion		-	X		^	
	Circumcision	-	-	X		-	
	Circumcision	-	-	X		-	<u> </u>
	Circumcision		-	X	-	-	
	Treatment of penis lesion	-	-	X	-	X	-
	Treatment of penis lesion	-	-	X		X	<u> </u>
	Treatment of penis lesion		-	X	-	X	<u> </u>
	Prepare penis study	-	-	X		X	-
	Dynamic cavernosometry		-	X	-	X	<u> </u>
	Penile injection	-	-	X	-	X	<u> </u>
	Penis study	-	-	X	-	X	-
	Penis study Penis study		-	X	-	X	<u> </u>
	Removal of all components of a multi-component, inflatable penile prosthesis without	-	-	^	-	^	-
	replacement of prosthesis	ı	-	X	1	X	-
	Repair of component(s) of a multi-component, inflatable penile prosthesis	-	-	Χ	-	Х	-
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session		-	Х	-	Х	-
54411	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op	-	-	Х	_	Х	_
54445	sess, w irrig & debridemnt			,,			
54415	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	-	-	Х	-	Х	-
54416	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	-	-	Х	-	Х	-
54417	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess,	_	_	Х	_	X	
	w irrig & debridement			^		^	<u>-</u>
	Revision of testis	Χ	•	Х	-	Х	-
	Repair of sperm duct	-	-	Χ	-	X	-
55870	Electroejaculation	Χ	-	Х	-	Х	-
- ·	nooded after certain number of visits. Limit depends on plan/provider type						

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these than the property of the proper	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu),						
	including ultrasound guidance	Х	-	X	-	X	-
55970	Sex transformation, m to f	-	Х	-	Х	-	Х
	Sex transformation, f to m	-	Х	-	Х	-	Х
	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Х	-	Х	-	х	-
58150	Total hysterectomy	-	Х	-	Х	-	Х
	Total hysterectomy	-	Х	-	Х	- 1	Х
	Partial hysterectomy	-	Х	-	Х	-	Х
58200	Extensive hysterectomy	-	Х	-	Х	-	X
58260	Vaginal hysterectomy, for uterus 250 grams or less;	-	Х	-	Х	-	Χ
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)		Х	-	Х	-	Х
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele		Х	-	Х	-	Х
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra	-	Х	-	Х	-	Х
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	-	Х	-	Х	-	Х
58275	Hysterectomy/revise vagina	-	Х	-	Х	-	Х
58280	Hysterectomy/revise vagina	-	Х	-	Х	-	Χ
58290	Vaginal hysterectomy, for uterus greater than 250 grams;	-	Х	-	Х	-	Χ
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)		Х	-	Х	-	Х
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	Х	-	Х	-	Х
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	-	X	-	Х	-	Х
	Artificial insemination	Χ	-	Х	-	Х	<u> </u>
	Artificial insemination	Χ	-	Χ	-	Х	-
	Sperm washing	Χ	-	Χ	-	Х	-
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	Χ	-	Х	-	X
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	-	Х
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	-	Х	-	Х	-	Х
	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	-	Х	-	Х	-	Х
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	-	Х	_	Х	-	Х

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As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these lands are updated quarterly.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of		.,		.,		.,
	tube(s) and/or ovary(s)	-	Х	-	X	-	X
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	Х	-	Х	-	Х
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with						
	removal of tube(s) and/or ovar	-	X	-	X	-	X
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement	V				V	
	of permanent implants	Х	-	Х	-	X	-
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;		Х	-	Х	-	Χ
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s)		Х		Х		Х
	and/or ovary(s)		^	-	^	-	^
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	1	Х	-	X	-	Χ
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of		Х		Х		Х
	tube(s) and/or ovary(s)	•	^	_	^	-	^
	Laparoscopy, salpingostomy	Χ	-	X	-	X	-
	Repair oviduct	Χ	-	X	-	Х	-
	Create new tubal opening	Χ	-	Χ	-	X	-
	Retrieval of oocyte	Χ	-	Х	-	X	-
	Transfer of embryo	Χ	-	X	-	X	-
	Transfer of embryo	Χ	-	Х	-	X	-
	Transabdominal amnioinfusion, including ultrasound guidance	Χ	-	Χ	-	X	-
	Fetal umbilical cord occlusion, including ultrasound guidance	Χ	-	Х	-	X	-
	Abortion (mpr)	Χ	-	Х	-	Х	-
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging		Х	_	Х	_	Χ
	guidance, radiofrequency	-	^				
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging	_	Х	_	Х	_	Χ
	guidance, radiofrequency (List separately in addition to code for primary procedure)		^				
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	X	-	X	-	Х	-
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis),	Х	_	Х	_	×	-
	including balloon angiop						
	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Х	-	Х	-	Х	-
	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	Χ	-	Х	-	Х	-
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-	Х	-	Х	-
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	-	Х	-	Х	-	X

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As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
61736							
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Х	-	Х	-	Х	-
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Х	-	Х	-	х	-
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	Х	Х	-	-	Х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	Х	Х	-	-	Х
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	Х	Х	-	-	Х
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	Х	Х	-	-	Х
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	Х	Х	-	-	Х
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-	Х	-	Х	-
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-	Х	-	Х	-
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	Х	-	Х	-	Х	-
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	Х	-	Х	-	Х	-
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (list separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	Х	Х	-	-	Х
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	Х	Х	-	-	Х

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection, anesthetic agent; sphenopalatine ganglion	Х	-	Х	-	Х	-
	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	-	Х	-	-	-
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	-	-	Х	-	-	-
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	-	Х	-	-	-
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	Х	-	Х	-	Х
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	-	Х	-	Х	-	Х
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat	-	Х	-	Х	-	Х
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	Х	-	Х	-	Х
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	Х	-	Х	-	Х
	Revision of cornea	Χ	-	Χ	-	Χ	-
	Revision of cornea	Х	-	Х	-	Х	-
	Corneal tissue transplant	Х	-	Х	-	X	-
	Revise cornea with implant	Х	-	Х	•	Χ	-
65771	Radial keratotomy	Χ	-	X	-	X	-

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As of: 12/19/24

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	Revision of iris	X	_	Х	_	Х	
	Implant eye drug system	-	Х	-	Х	-	Х
	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Х	-	Х	-	Х	-
	Incision of eyelid fold	X	_	X	-	X	_
	Repair brow defect	-	Х	-	Х	-	Х
	Repair eyelid defect	-	X	_	X	-	X
	Repair eyelid defect	-	X	-	X	-	X
	Repair eyelid defect	-	X	-	X	-	X
	Repair eyelid defect	-	X	-	X	-	X
	Repair eyelid defect	-	Х	-	Х	-	Х
	Repair eyelid defect	-	Х	-	Х	-	Х
	Revise eyelid defect	-	Х	-	Х	-	Х
	Revise eyelid defect	-	Х	-	Х	-	Х
	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Х	-	Х	-	Х	-
69090	Pierce earlobes	Х	_	Х	-	Х	_
	Revise external ear	X	-	X	_	X	_
	Implant/replace hearing aid	-	_	X	_	-	-
	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х	Х	-	-	Х
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	Х	Х	-	-	Х
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х	Х	-	-	Х
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х	Х	-	-	Х
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х	Х	-	-	Х
	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х	-	Х	-	Х
	Implant cochlear device	-	X	-	X	-	Χ
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Х	-	Χ	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



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		Laı	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
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	MR safety implant and/or foreign body assessment by trained clinical staff, including						
	identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging),	Х	_	X	_	X	_
	analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	^					
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including						
	identification and verification of implant components from appropriate sources (eg, surgical						
	reports, imaging reports, medical device databases, device vendors, review of prior imaging),	V		V		V	
	analyzing current MR conditional status of individual components and systems, and consulting	Х	-	Х	-	Х	-
	published professional guidance with written report; each additional 30 minutes (List separately						
	in addition to code for primary procedure)						
76016	MR safety determination by a physician or other qualified health care professional responsible						
	for the safety of the MR procedure, including review of implant MR conditions for indicated MR						
	examination, analysis of risk vs clinical benefit of performing MR examination, and determination	Х	-	Х	-	Х	-
	of MR equipment, accessory equipment, and expertise required to perform examination, with						
	written report						
76017	MR safety medical physics examination customization, planning and performance monitoring by						
	medical physicist or MR safety expert, with review and analysis by physician or other qualified						
	health care professional to prioritize and select views and imaging sequences, to tailor MR	Х	-	Х	-	Х	-
	acquisition specific to restrictive requirements or artifacts associated with MR conditional						
	implants or to mitigate risk of non-conditional implants or foreign bodies, with written report						
76018	MR safety implant electronics preparation under supervision of physician or other qualified						
	health care professional, including MR-specific programming of pulse generator and/or						
	transmitter to verify device integrity, protection of device internal circuitry from MR	Χ	-	Х	-	X	-
	electromagnetic fields, and protection of patient from risks of unintended stimulation or heating						
	while in the MR room, with written report						
76019	MR safety implant positioning and/or immobilization under supervision of physician or other						
	qualified health care professional, including application of physical protections to secure						
1	implanted medical device from MR-induced translational or vibrational forces, magnetically	Х	-	Х	-	Х	-
	induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue						
70440	contact while in the MR room, with written report	V		V		V	
	X-ray consultation	X	-	X	-	X	-
	Echo guide, ova aspiration Us bone density measure	X	-	X	-	X	<u>-</u>
	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips,		-		-		-
11010	pelvis, spine) old code 760	Х	-	Х	-	Χ	-
	pervis, spirie, oid code 700						

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As of: 12/19/24

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, th he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
77081	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, rad	X	-	Х	-	Х	-
77086	Fracture assessment via dxa	Χ	-	Х	-	Х	-
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	Х	Х	-	-	Х
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	Х	Х	-	-	Х
	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	-	Х	Х	-	-	Х
	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blo	Х	-	Х	-	Х	-
77/22	Stereotactic radiation trmt	_	Х	X	_	+	X
	Stereotactic body radiation therapy, treatment management, per treatment course, to one or	-	X	X		-	X
	more lesions, including image						.,
	Proton trmt, simple w/o comp	-	X	-	X	-	X
	Proton trmt, simple w/comp	-	X	-	X	-	X
	Proton trmt, intermediate	-	X	-	X	-	X
	Proton treatment, complex	-	X	-	Х	-	X
	Bone mineral, single photon	Х	-	Х	-	X	-
	Alcohols	X	-	Х	-	X	-
	Alcohol biomarkers; 1 or 2	Х	-	Х	-	X	-
	Alcohol biomarkers; 3 or more	Χ	-	Х	-	Х	-
	Alkaloids, not otherwise specified	Х	-	X	-	Х	-
	Amphetamines; 1 or 2	Х	-	X	-	Х	-
	Amphetamines; 3 or 4	X	-	Х	-	X	-
	Amphetamines; 5 or more	Х	-	X	-	Х	-
	Anabolic steroids; 1 or 2	Х	-	Х	-	Х	-
	Anabolic steroids; 3 or more	Χ	-	Х	-	Х	-
	Analgesics, non-opioid; 1 or 2	Х	-	Х	-	Х	-
	Analgesics, non-opioid; 3-5	Х	-	X	-	Х	-
	Analgesics, non-opioid; 6 or more	Х	-	Х	-	X	-
	Antidepressants, serotonergic class; 1 or 2	Χ	-	X	-	Х	-
	Antidepressants, serotonergic class; 3-5	Х	-	Х	-	Х	-
	Antidepressants, serotonergic class; 6 or more	X	-	Χ	-	Х	-
	Antidepressants, tricyclic and other cyclicals; 1 or 2	Χ	-	Χ	-	X	-
	Antidepressants, tricyclic and other cyclicals; 3-5	Х	-	X	-	X	-
	Antidepressants, tricyclic and other cyclicals; 6 or more	Χ	-	Х	-	X	-
80338	Antidepressants, not otherwise specified	Χ	-	X	-	X	<u>-</u>

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		nealti	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Presence Parametry the Costor within the website.	Codes	Description					Not Covered	
Phonoxomage Immedia to XCA 1 in assential haralth bradfiles 80338 Antilepiplicise, not otherwise specified; 4-6			ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
B0333 Antiophisptics, not otherwise specified; 1:3								
80340 Anteplieptics, not otherwise spacified; 4-6			Tv		V		T v T	
Bigast Antipolleptics, not otherwise specified; 1-3				-				
Biomark Antiposychotics, not otherwise specified; 4-8				-				
B0344 Antipsychotics, not otherwise specified; 4-6				-				
B0344 Antipsychotics, not otherwise specified; 7 or more				-				-
Barbiturates X				-				<u> </u>
Boradiazepines: 1-12				-				
Bo348 Buprenorphine				-				
B0349 Cannabinoids, natural				-				
B0340 Cannabinoids, natural				-				-
B0350 Cannabinoids, synthetic; 1-3				-				-
State Cannabinoids, synthetic; 4-6				-				
80352 Cannabinoids, synthetic; 7 or more				-				
80353 Cocaine								
S0354 Fentany								
State Stat				-		-		-
80356 Heroin metabolite				-		-		-
80357 Ketamine and norketamine X - <td< td=""><td></td><td></td><td>_</td><td>-</td><td></td><td>-</td><td></td><td>-</td></td<>			_	-		-		-
80358 Methadone X - X - X - 80359 Methylphendioxyamphetamines (mda, mdea, mdma) X - X - X - 80360 Methylphenidate X - X - X - 80361 Opiates, 1 or more X - X - X - 80362 Opioids and opiate analogs; 1 or 2 X - X - X - 80363 Opioids and opiate analogs; 3 or 4 X - X - X - X - 80364 Opioids and opiate analogs; 5 or more X -				-		-		-
80359 Methylenedioxyamphetamines (mda, mdea, mdma) X - X - X - 80360 Methylphenidate X - X - X - 80361 Opiates, 1 or more X - X - X - 80362 Opioids and opiate analogs; 1 or 2 X - X - X - 80363 Opioids and opiate analogs; 3 or 4 X - X - X - 80364 Opioids and opiate analogs; 5 or more X - X - X - 80365 Oxycodone X - X - X - X - 80366 Pregabalin X - X - X - X - 80367 Propoxyphene X - X - X - X - X - X - X - X - X - X - X - X - <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td>-</td><td></td><td>-</td></t<>				-		-		-
80360 Methylphenidate X				-		-		-
80361 Opiates, 1 or more				-		-		-
80362 Opioids and opiate analogs; 1 or 2				-		-		-
80363 Opioids and opiate analogs; 3 or 4 X - X				-		-		-
80364 Opioids and opiate analogs; 5 or more X - X - X - X - X - X - - X				-	Χ	-	X	-
80365 Oxycodone X - X - X - 80366 Pregabalin X - X - X - 80367 Propoxyphene X - X - X - 80368 Sedative hypnotics (non-benzodiazepines) X - X - X - 80369 Skeletal muscle relaxants; 1 or 2 X - X - X - 80370 Skeletal muscle relaxants; 3 or more X - X - X - 80371 Stimulants, synthetic X - X - X - 80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3			Χ	-		-	X	-
80366 Pregabalin X - X - X - 80367 Propoxyphene X - X - X - 80368 Sedative hypnotics (non-benzodiazepines) X - X - X - 80369 Skeletal muscle relaxants; 1 or 2 X - X - X - 80370 Skeletal muscle relaxants; 3 or more X - X - X - 80371 Stimulants, synthetic X - X - X - 80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -				-	Χ	-		-
80367 Propoxyphene X - X - X - 80368 Sedative hypnotics (non-benzodiazepines) X - X - X - 80369 Skeletal muscle relaxants; 1 or 2 X - X - X - 80370 Skeletal muscle relaxants; 3 or more X - X - X - 80371 Stimulants, synthetic X - X - X - 80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -				•	Χ	-	X	-
80368 Sedative hypnotics (non-benzodiazepines) X -<	80366	Pregabalin	Χ	•	Χ	•	X	-
80369 Skeletal muscle relaxants; 1 or 2 X - X - X - 80370 Skeletal muscle relaxants; 3 or more X - X - X - 80371 Stimulants, synthetic X - X - X - 80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -	80367	Propoxyphene	Х	-	Χ	-	Х	-
80370 Skeletal muscle relaxants; 3 or more X -	80368	Sedative hypnotics (non-benzodiazepines)	X	-	X	-	X	-
80371 Stimulants, synthetic X - X - X - 80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -	80369	Skeletal muscle relaxants; 1 or 2	Х	-	Х	-	Х	-
80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -	80370	Skeletal muscle relaxants; 3 or more	X	-	X	-	X	-
80372 Tapentadol X - X - X - 80373 Tramadol X - X - X - 80374 Stereoisomer anal single drug class X - X - X - 80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -	80371	Stimulants, synthetic	Х	-	Х	-	X	-
80374Stereoisomer anal single drug classX-X-X-80375Drug(s) definitive, qual or quant nos 1-3X-X-X-	80372	Tapentadol	Х	-	Х	-	X	-
80374Stereoisomer anal single drug classX-X-X-80375Drug(s) definitive, qual or quant nos 1-3X-X-X-				-	Х	-	Х	-
80375 Drug(s) definitive, qual or quant nos 1-3 X - X - X -			Х	-	Х	-	Х	-
				-	Х	-	Х	-
			X	-	X	-	X	-

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	age limited to ACA 10 essential health benefits.						
80377	Drug(s) definitive, qual or quant nos 7 or more	Χ	-	Х	-	Х	-
81120	Idh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	-	Х	-	Х	-	Х
81121	Idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	-	Х	-	Х	-	Х
81161	Dmd deletion and duplication analysis, if performed	-	Х	-	Х	-	Χ
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	Х	-	Х	-	Х
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de	-	Х	-	Х	-	Х
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х	-	Х
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х	-	Х
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	Х	-	Х	-	Х
81175	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	-	Х	-	Х	-	х
81176	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	-	Х	-	Х	-	Х
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х

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9	Tiediti	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Χ
	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	Х	-	Х	-	Х
81187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence		X	-	Х	-	Χ
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	Χ	-	Χ	-	Χ
81191	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	X	-	X	-	Χ
81192	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	Χ	-	Х	-	X
81193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	X	-	X	-	X
	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х	-	Х	-	Х
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	-	Х	-	Х	-	Х
81201	Apc gene analysis; full sequence	-	Χ	-	Х	-	Χ
	Apc gene analysis; known fam variants	-	Х	-	Х	-	Х
81203	Apc gene analysis; duplication/deletion variants	-	Х	-	Х	-	Χ
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	-	Х	-	Х	-	Х
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	Х	-	Х	-	Х
81212	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	-	Х	-	Х	-	Х
81215	Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х	-	Х	-	Х

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		Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
81216	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х	-	Χ
81217	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х	-	Х	-	Х
	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	Х	-	Х	-	Х
	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	-	Х	-	Х	-	Х
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	Х	-	Х	-	Х
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	-	Х	-	Х	-	Х
	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	Х	-	Х	-	Х
	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma	-	Х	-	Х	-	Х
	Cyp3a4, gene analysis, common variant(s)	-	Х	-	Х	-	Х
81231	Cyp3a5, gene analaysis, common variants	-	X	-	Х	-	Χ
	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	-	Х	-	Х	-	Х
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	Х	-	Х	-	Х
	Egfr gene analysis; common variants	-	X	-	X	-	Х
81236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	-	Х	-	Х	-	Х
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	-	Х	-	Х	-	Х
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х	-	Х
	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	-	Х	-	Х	-	Х
	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	Х	-	Х	-	Х

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	Tiediti	Lar	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)		X	-	X	-	Χ
	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	-	Х	-	Х	-	Х
	Gjb6 gene com variants	-	Х	-	Х	-	Х
	Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6	-	Х	-	Х	-	Х
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	Х	-	Х	-	Х
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e	1	X	-	X	-	X
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	1	Х	-	Х	-	Х
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)		Х	-	Х	-	Х
81272	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ	-	Х	-	Х	-	Х
81273	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	-	Х	-	Х	-	Х
81278	Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	Х	-	Х	-	Х
81279	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Х	-	Х	-	Х
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	Х	-	Х	-	Х
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х	-	Х
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Х	-	Х	-	Χ
	Mgmt gene methylation anal	ı	Х	-	Х	-	Χ
	Mlh1 gene methylation anal	-	Х	-	Х	-	Χ
	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Х	-	Х	-	Х	-
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х

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G		Laı	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. Tage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х
	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х
	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	X	-	Χ
	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	Х	-	Х	-	X
	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	X	-	X	-	Х
	Palb2 gene full gene seq	-	Х	-	Х	-	Χ
	Pik3ca gene trgt seq alys	-	X	-	X	-	Χ
	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	Х	-	X	-	Х
	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	Х	-	X
	Pca3 klk3	-	Χ	-	Χ	-	Χ
	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	Х	-	X	-	Х
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	-	Х	-	Х	-	X
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х

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		Lar	ge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	Х	-	Х	-	Х
81321	Pten gene analysis; full seq analysis	-	Х	_	Х	_	X
	Pten gene analysis; duplication/deletion variant	-	X	-	X	_	X
	Pmp22 gene analysis; dup/deletion analysis	-	X	-	X	-	X
	Pmp22 gene analysis; full seq analysis	-	Х	-	Х	-	Х
	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	Х	-	Х	-	Х
81327	Sept9 (septin9) (eg, colorectal cancer) methylation analysis	Х	-	Х	-	Х	-
	Slc01b1, gene analysis, common variant(s)	-	Χ	-	X	-	Χ
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	Х	-	Х	-	Х
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	Х	-	Х	-	Х
	Runx1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	-	Х	-	Х	-	Х
81338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	Х	-	Х	-	Х
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	Х	-	Х	-	Х
	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	Х	-	Х	-	Х
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	Х	-	Х	-	Х
	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х	-	Х	-	Х
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	Х	-	Х	-	Х
81347	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х	-	Х	-	Х
81348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х	-	Х	-	Х

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			ge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
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	-	Х	-	X	-	Χ
81351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	Х	-	Х	-	Х
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	-	Х	-	Х	-	Х
81357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)	-	Х	-	Х	-	Х
81360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	Х	-	Х	-	Х
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)acadm	-	Х	-	Х	-	Х
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 dy	-	Х	-	Х	-	Х
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], immunoglobul	-	Х	-	Х	-	Х
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,	-	Х	-	Х	-	х
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 characterizati	-	Х	-	Х	-	Х
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) cyp21a2 (cytoch	-	Х	-	Х	-	Х
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 ar	-	Х	-	Х	-	х
	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 analysi	-	Х	-	Х	-	х
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (-	Х	-	Х	-	Х
81410	Gsps for aortic dysfnc or dilat		X		Х		Х

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits 81411 Gsps for aortic dysfnc or dilat dupe delete anal Χ Χ Χ _ _ 81412 Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, Х Х Χ familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease). 81413 Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, Χ Х Х catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, 81414 Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, Χ Χ Χ catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy 81415 Exome sequence anal Χ Χ Χ 81416 Exome sequence anal ea add X Х Χ ---Χ 81417 Exome sequence anal re-eval 81418 Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include Χ Χ Χ testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis 81419 Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcng2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, Χ Χ Χ slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2 81422 Fetal chromosomal microdeletion(s) genomic sequence analysis (eg. digeorge syndrome, cri-du-Χ Χ Χ chat syndrome), circulating cell-free fetal dna in maternal blood Gsps for unex costitut heritable ds Χ Χ Χ _ -_ 81426 Gsps for unex costitut heritable ds ea add Х Х Χ Gsps for unex costitut heritable ds re-eval X X Χ 81427 Gsps for hearing loss Χ Χ Χ 81430 _ _ 81431 Gsps for hearing loss dupe delete anal Х Χ Χ 81432 Hereditary breast cancer-related disorders (eq., hereditary breast, ovarian endometrial cancer); Х Χ Χ must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh Hereditary retinal disorders (eg. retinitis pigmentosa, leber congenital amaurosis, cone-rod Χ Χ Χ dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b 81435 Gsps for colon ca X X Χ 81437

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Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer,

malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s

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	Description	Large Employer		Individual Benchmark*		Small Employer and Individua	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. It is a plant to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dr	ugs, or specialty me	edications and should be
81439	Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	Х	-	Х	-	Х
81440	Gsps nuclear encod mitochondrial genes	-	Х	-	Х	-	Х
	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	-	Х	-	х	-	Х
81442	Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge	-	Х	-	Х	-	Х
	Gsps for solid organ neoplasm	-	Χ	-	X	-	Χ
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)	-	Х	-	Х	-	Х
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis	-	х	-	х	-	Х
	Gsps hematolymphoid neo 5-50 genes	-	X	-	Χ	-	Χ
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	Х	-	Х	-	Х
81455	Gsps hematolymphoid neo =/>51 genes	-	Χ	-	X	-	Χ
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	Х	-	Х	-	Х
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	-	Х	-	Х	-	Х
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	X	-	Х	-	Х

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Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website *Plan coverage limited to ACA 10 essential health benefits Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; 81459 DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite Х Х Χ instability, tumor mutation burden, and rearrangements 81460 Gsps for whole mitochondrial genome Χ Х Χ 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 Χ 81462 Х Х number variants and rearrangements Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg. plasma), 81463 interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite Χ Х Χ instability Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), 81464 interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy Х Х Χ number variants, microsatellite instability, tumor mutation burden, and rearrangements 81465 Gsps for whole mitochondrial genome lg delete anal X Χ Χ -81470 Gsps for xlid at least 60 genes X X Χ 81471 Gsps for xlid at least 60 genes _ Χ _ Х _ Χ 81479 Unlisted molecular pathology Χ Χ Χ _ Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing Χ Χ Χ serum, prognostic algorithm reported as a disease activity score 81493 Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing Χ Χ Χ whole peripheral blood, algorithm reported as a risk score 81500 Maaa 2 serum proteins Χ Χ Х 81503 Maaa 2 serum proteins X Χ X 81504 Oncology tissue of origin Χ Χ Χ _ --81506 Maaa 7 serum/plasma analytes Χ Χ Χ 81507 Fetal aneuploidy trisom risk Χ Χ Χ

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81520 Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes

Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing

serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related

81518 Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and

4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm

Maaa 5 maternal serum analytess

clinical events within 5 years

81519 Gsps onco (brst) 21 genes

81512

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		Laı	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
81521	age minor to 764 175 Secondar Iodaki Seriolid.						
01021	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	X	-	X	-	X
81522	Onc breast mrna 12 genes	-	Х	_	X	_	Х
	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content				Λ	†	
0.020	genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm	_	X	_	Х	_	Χ
	reported as index related to risk to distant metastasis				,,		,
81525	Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and						
0.020	5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm	-	X	-	X	-	X
81529	3,7,						
	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes			.,			
	(28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm	Х	-	Х	-	X	-
	reported as recurrence risk, including likelihood of sentinel lymph node metastasis						
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and	V		V			
	morphology, predictive algorithm reported as a drug response score; first singl	Х	-	Х	-	X	-
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and	V		V		V	
	morphology, predictive algorithm reported as a drug response score; each additi	Х	_	Х	-	X	-
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum,	Х		Х		Х	
	prognostic and predictive algorithm reported as good versus poor overall surviva	^	-	^	•	^	-
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa,	Х	_	Х	_	Х	_
	intact psa and human kallikrein-2 [hk2]) utilizing plasma or serum, prognostic	^	-	^	•	^	-
81540	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92	_	Х	_	Х	_	Х
	genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	_		_	^	_	^
	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X	-	X	-	Χ
	Onc prostate mrna 22 cnt gen	-	X	-	X	-	Χ
81546	Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle	_	X	_	Х	_	Χ
	aspirate, algorithm reported as a categorical result (eg, benign or suspicious)						
	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	Х	-	X	-	X
	Onc breast mrna 12 genes	-	Х	-	Х	-	X
81554	Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190				.,		.,
	genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg,	-	Х	-	X	- 1	X
04==5	positive or negative for high probability of usual interstitial pneumonia [uip])						
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by						
	quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm	Х	-	Х	-	X	-
	reported as a binary categorization as transplant excellence, which indicates immune						
	quiescence, or not transplant excellence, indicating subclinical rejection						

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0		Large Employer		Individual Benchmark*		Small Employer and Individual	
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	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of						
0.000	donor and third-party-induced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood,	Х	_	Х	_	×	_
	algorithm reported as a rejection risk score						
	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20						
0.000	genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	-	X	-	Х	-	X
81596	Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-						
	macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz	Х	-	Х	-	X	-
	Beta-amyloid; 1-40 (Abeta 40)	Х	_	Х	-	Х	-
	Beta-amyloid; 1-42 (Abeta 42)	X	-	X	-	X	-
	Assay of galectin-3	Х	_	Х	-	X	-
	Assay growth hormone (st2)	X	-	X	-	X	-
	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including	.,		.,			
	lipoprotein subclasses when	Х	-	Х	-	Х	-
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle	.,		.,		.,	
	subclasses (eg, by nuclear mag	Х	-	Х	-	Х	-
83950	Oncoprotein; her-2/neu	Х	-	Х	-	Х	-
	Oncoprotein; des-gamma-carboxy-prothrombin (dcp)	Х	-	Х	-	Х	-
	Ph; exhaled breath condensate	Х	-	Х	-	Х	-
	Assay for phencyclidine	Х	-	Х	-	Х	-
86005	Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card)	Х	-	Х	-	Х	-
86152	Cell enumeration	Х	-	Х	-	Х	-
86153	Cell enumeration phys interp	Х	-	Х	-	Х	-
86343	Leukocyte histamine release	Х	-	Х	-	Х	-
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker	V		٧/		V	
	(eg, atp)	Х	-	Х	-	Х	-
86890	Autologous blood process	-	-	Х	-	-	-
86891	Autologous blood, op salvage	-	-	Х	-	-	-
86923	Compatibility test each unit; electronic	Х	-	Х	-	Х	-
	Hpv low-risk types	Х	-	Х	-	Х	-
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic	V		V			
	bioinformatics	Х		Х	-	Х	<u> </u>
	Cytp urne 3-5 probes ea spec	Χ	-	Χ	-	Х	=
88121	Cytp urine 3-5 probes cmptr	Χ	-	Х	-	Х	-
	Optical endomicroscopy interp	Χ	-	Χ	-	Х	-
	Hemoglobin (hgb), quantitative, transcutaneous	Χ	-	X	-	Х	-
	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	Χ	-	X	-	Х	-
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	Χ	-	Χ	-	X	-

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		Laı	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
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	Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including						
00010	interpretation and repor	Х	-	Х	-	X	-
89250	Fertilization of oocyte	Х	-	Х	_	Х	_
	Culture oocyte w/embryos	X	-	X	_	X	_
	Embryo hatching	X	-	X	-	X	-
	Occyte identification	X	-	X	_	X	_
	Prepare embryo for transfer	X	-	X	-	X	-
	Sperm identification	X	-	X	-	X	-
	Cryopreservation, embryo	X	-	X	-	X	-
	Cryopreservation, sperm	X	-	X	-	X	-
	Sperm isolation, simple	X	-	X	-	X	-
	Sperm isolation, complex	Х	-	Х	-	Х	-
	Insemination of oocytes	X	-	X	-	X	-
	Extended culture of oocyte(s)/embryo(s), 4-7 days	Х	-	Х	-	Х	-
	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	X	-	X	-	X	-
	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	Х	-	Х	-	Х	-
	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5	Х	-	Х	-	Х	-
	embryos					 	
	Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos	X	-	X	-	X	-
	Semen analysis	X	-	X	-	X	-
	Sperm evaluation test	X	-	X	-	X	-
	Cryopreservation, reproductive tissue, testicular	Х	-	X	-	X	-
	Cryopreservation, mature oocyte(s)	Х	-	X	-	X	-
	Storage, (per year); embryo(s)	X	-	X	-	X	-
	Storage, (per year); sperm/semen	X	-	X	-	X	-
	Storage, (per year); reproductive tissue, testicular/ovarian	Х	-	X	-	X	-
	Storage, (per year); oocyte	X	-	X	-	X	-
	Thawing of cryopreserved; embryo(s)	X	-	X	-	X	-
	Thawing of cryopreserved; sperm/semen, each aliquot	X	-	X	-	X	-
	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Х	-	X	-	X	-
	Thawing of cryopreserved; oocytes, each aliquot	Х	-	X	-	Х	-
	Unlisted reproductive medicine laboratory procedure	-	-	X	-		-
	Anthrax vaccine, for subcutaneous or intramuscular use	Х	-	X	-	X	-
	Bcg vaccine, percut	Х	-	X	-	X	-
	Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use	Х	-	X	-	X	-
	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	Х	-	X	-	X	-
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	X	-	Х	-	X	-

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9	Tiediti	Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	Х	-	Х	-	Х	-
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	Х	-	Х	-	Х	-
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	Χ	-	Х	-	Х	-
	Typhoid vaccine, oral	Χ	-	Х	-	Х	-
90691	Typhoid vaccine, im	Χ	-	Х	-	Х	-
90717	Yellow fever vaccine, sc	Χ	-	Х	-	Х	-
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Χ	-	Х	-	Х	-
90865	Narcosynthesis	Χ	-	Х	-	Х	-
90875	Psychophysiological therapy	Χ	-	Х	-	Х	-
	Psychophysiological therapy	Χ	-	Х	-	Х	-
90880	Hypnotherapy	Χ	-	Х	-	Х	-
90882	Environmental manipulation	Χ	-	Х	-	Х	-
90885	Psy evaluation of records	Х	-	Х	-	Х	-
90887	Consultation with family	Х	-	Х	-	Х	-
90889	Preparation of report	Х	-	Х	-	Х	-
90901	Biofeedback train, any meth	Х	-	Х	-	Х	-
	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Х	-	Х	-	х	-
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	Х	-	Х	-	х	-
	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Х	-	Х	-	Х	-
	Gi wireless capsule measure	Χ	-	Χ	-	Х	-
	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Х	-	Х	-	Х	-
	Colon motility 6 hr study	Х	-	Х	-	Х	-
	Corneal hysteresis deter	Х	-	Х	-	Х	-
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	Х	-	Х	-	X	-
	Contact lens fitting	Х	_	Х	-	Х	-
	Contact lens fitting	X	-	X	_	X	-
	Prescription of contact lens	X	-	X	-	X	-
	Prescription of contact lens	X	_	X	_	X	

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	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Fitting of spectacles	Х		Ι.			
	Fitting of spectacles	X	-	-		-	
	Fitting of spectacles	X	-	-	-		-
	Special spectacles fitting	X		X		X	<u> </u>
	Special spectacles fitting	X		X		X	
	Special spectacles fitting	X	-	X		X	<u> </u>
	Special spectacles fitting	X	-	X		X	
	Eye prosthesis service	X	-	X	-	X	-
02270	Repair & adjust spectacles	X	-	X		X	<u> </u>
	Repair & adjust spectacles	X	-	X		X	
	Speech/hearing therapy			-		_ ^	X**
	Speech/hearing therapy	_	^ X**	-	^ X**	- 1	^ X**
	Evaluation of speech fluency	-	X**	-		-	
	Evaluate speech production		X**		X**		
	Speech sound lang comprehen	-	X**	-	X**	-	
		-	^ X**	-	X**	- 1	
	Behavral qualit analys voice	-	X**	-	X**	-	X**
	Oral function therapy	- V	Χ	- V	Χ	- V	Χ
	Spontaneous nystagmus study	X	-	X	-	X	-
	Positional nystagmus study	X	-	X	-	X	-
	Caloric vestibular test	X	-	X	-	X	-
	Optokinetic nystagmus	X	-	X	-	X	-
	Filtered speech hearing test	X	-	X	-	X	-
	Staggered spondaic word test	X	-	X	-	X	-
	Sensorineural acuity test	X	-	X	-	X	-
	Synthetic sentence test	Х	-	X	-	Х	-
	Hearing aid exam, one ear	-	-	X	-	-	-
	Hearing aid exam, both ears	-	-	X	-	-	-
	Hearing aid check, one ear	-	-	X	-	-	-
	Hearing aid check, both ears	-	-	X	-	-	-
	Electro hearng aid test, one	-	-	X	-	-	-
	Electro hearing aid tst, both	-	-	X	-	-	-
	Ear protector evaluation	Х	-	Х	-	Х	-
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X**	-	X**	-	X**
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X**	-	X**	-	X**
92609	Therapeutic services for the use of speech-generating device, including programming and modification	_	X**	_	X**	_	X**

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Auditory rehabilitation; pre-lingual hearing loss	_	X**	_	X**	Г - Т	X**
	Programming and art	Х	-	Х	-	Х	-
	Prq card angio/athrect addl	X	_	X		X	
	Prq card stent w/angio addl	X	_	X		X	
	Prq card stent/ath/angio	X		X	_	X	
	Prq revasc byp graft addl	X		X	_	X	
	Percut translum revasc of chronic total occusion, corn artery, corn artery branch, or bypass graft;						
	each addl	Х	-	X	-	X	-
	Microvolt t-wave alterans for assessment of ventricular arrhythmias	Х	_	Х	_	Х	_
	Arterial pressure waveform analysis for assessment of central arterial pressures, includes						
	obtaining waveform(s), digitization and application of nonlinear mathematical transf	Х	-	Х	-	X	-
93590	obtaining material (c), argument and appropriate or norm can material mater						
	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Х	-	X	-	X	-
93591	Total and the state of the stat						
	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Х	-	X	-	X	-
	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list						
	separately in addition to code for primary procedure)	Х	-	Х	-	X	-
	Peripheral vascular rehab	-	X**	_	X**	_	X**
	Bioimpedance-derived physiologic cardiovascular analysis	Х	-	Х	-	Х	-
	Bis xtracell fluid analysis	X	-	X	-	X	-
	Temperature gradient studies	X	-	X	-	X	-
	Measure venous pressure	X	-	X	_	X	-
	Carotid intima atheroma eval	X	-	X	-	X	-
	Home ventilator management care plan oversight of a patient (patient not present) in home,						
	domiciliary or rest home (eg,	Х	-	X	-	X	-
94011	dominancy of root name (og,						
	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Х	-	X	-	Х	-
	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant						
	or child through 2 yea	Х	-	X	-	X	-
	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc],	.,		.,		 , 	
	and expiratory reserve	Х	-	X	-	X	-
	Vital capacity test	Х	_	Х	-	Х	-
	High altitude simulation test (hast), with physician interpretation and report;	X	-	X	-	X	-
	High altitude simulation test (hast), with physician interpretation and report; with supplemental						
	oxygen titration	Х	-	X	-	Х	-
	Pos airway pressure, cpap	-	-	Х	-	-	-
94660 L							
	Eye allergy tests	Х	-	-	-	-	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

	Description	Large Employer		Individual Benchmark*		Small Employer and Individua	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Polysom <6 yrs 4/> paramtrs	_	_	Х	_		
	Polysom <6 yrs cpap/bilvl	_	_	X		 	_
	Slp stdy unattended	_	_	X	_	- 1	
	Slp stdy unatnd w/anal	_	_	X			
	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to					+	
33003	14consecutive days of recording)	-	-	Х	-	-	-
35805	Multiple sleep latency test	-	-	Х	_	_	
	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory		_		_	 	
	airflow, and respiratory	-	-	Х	-	-	-
	Sleep study, attended	-	-	Х		-	-
	Polysomnography, 1-3			X		 	
	Polysomnography, 4 or more		_	X		 	
	Polysomnography w/cpap			X		 	
	Eeg digital analysis	X	_	X	_	X	
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics	X		X	_	X	
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with						
1 0006	plantar pressure measurements	Χ	-	X	-	X	-
96002	plantal pressure measurements					1	
	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Χ	-	Χ	-	X	-
	Physician review & interp of motion analysis, plantar pressures, surface electromyography, and					1	
	fine wire emg, w report	Χ	-	Χ	-	X	-
	Assessment of aphasia	Х	-	Х	_	Х	
	Trichogram	X	-	X	-	X	
	Whole body integumentary photography, for monitoring of high risk patients with dysplastic	^	-	^	-	^	
90904	nevus syndrome or a history o	Χ	-	Χ	-	X	-
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image					+	
10931	acquisition and interpretation and report, first lesion	Χ	-	X	-	X	-
26022	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image					+	
	acquisition only, first lesion	Χ	-	Χ	-	X	-
	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation					+	
	and report only, first lesion	Χ	-	Χ	-	X	-
	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image					+	
20334	acquisition and interpretation and report, each additional lesion (list separately i	Χ	-	X	-	X	-
0602E	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image					+ +	
30933	acquisition only, each additional lesion (list separately in addition to code for p	Χ	-	Х	-	X	-
26026	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation			}		+ +	
00800		Χ	-	X	-	X	-
7040		V		V		 	
97010	and report only, each additional lesion (list separately in addition to cod Hot or cold packs therapy	Х	-	X	-	X	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

0	The district of the second of	Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dr	ugs, or specialty me	edications and should be	
	rage limited to ACA 10 essential health benefits.							
97012	Mechanical traction therapy	-	X**	-	X**	-	X**	
	Electric stimulation therapy	-	X**	-	X**	-	X**	
	Vasopneumatic device therapy	-	X**	-	X**	-	X**	
	Paraffin bath therapy	-	X**	-	X**	-	X**	
	Whirlpool therapy	-	X**	-	X**	-	X**	
	Diathermy treatment	-	X**	-	X**	-	X**	
	Infrared therapy	Х	-	Х	-	Х	-	
97028	Ultraviolet therapy	-	X**	-	X**	-	X**	
	Electrical stimulation	-	X**	-	X**	-	X**	
97033	Electric current therapy	-	X**	-	X**	-	X**	
97034	Contrast bath therapy	-	X**	-	X**	-	X**	
97035	Ultrasound therapy	-	X**	-	X**	-	X**	
97036	Hydrotherapy	-	X**	-	X**	-	X**	
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-	V		V		V		
	ablative) for post-operative pain reduction	Х	-	Х	-	Х	-	
97039	Physical therapy treatment	-	X**	-	X**	-	X**	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	-	X**	-	X**	-	X**	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	-	X**	-	X**	-	X**	
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	-	X**	-	X**	-	X**	
97116	Gait training therapy	-	X**	-	X**	-	X**	
	Massage therapy	-	X**	-	X**	-	X**	
97129		-	X**	-	X**	-	X**	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	-	X**	-	X**	-	X**	
97139	Physical medicine procedure	-	X**		X**	-	X**	

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Emp	loyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Manual therapy	l -	X**	_	X**	-	X**
	Group therapeutic procedures	Х	-	Х	-	Х	-
	Physical therapy evaluation: low complex	-	X**	-	X**	-	X**
	Physical therapy evaluation: moderate complex	_	X**	_	X**	_	X**
	Physical therapy evaluation: high complex	-	X**	-	X**	-	X**
	Re-evaluation of physical therapy	_	X**	_	X**	_	X**
	Occupational therapy evaluation, low complex	-	X**	-	X**	-	X**
	Occupational therapy evaluation,moderate complex	-	X**	-	X**	-	X**
	Occupational therapy evaluation,high complex	-	X**	-	X**	-	X**
97168							
	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan	-	X**	-	X**	-	X**
97169	Athletic training evaluation, low complexity, requiring these components: a history and physical	Х	_	Х		Х	
	activity profile with no comorbidities that affect phsical activity;	^				^	
	Athletic training evaluation, moderate complexity, requiring these components: a history and	Х	_	Х	_	X	_
	physical activity profile with no comorbidities that affect phsical activity;	^				^	
	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	Х	-
97172	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented change	Х	-	Х	-	Х	-
	Therapeutic activities	_	X**	_	X**		X**
	Sensory integration		X**	-	X**	-	
	Self care mngment training		X**		X**	 	X**
	Community/work reintegration		X**	-	X**	_	X**
	Wheelchair mngment training		X**	-	X**		X**
	Work hardening	_	X**	-	X**	_	X**
	Work hardening add-on	_	X**	_	X**	_	X**
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance	Х	-	Х	-	Х	-
	in the home or community	^		^		^	
	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility,	х	-	х	-	х	-
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls]	Х	-	Х	-	Х	-
	Wound care non-selective	Х	-	Х	-	Х	-
97610	Low frequency non-thermal us	Х	-	Х	-	Х	-
	Physical performance test	-	X**	-	X**	-	X**

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		Laı	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Physical medicine procedure	-	X**	-	X**	_	X**
	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	Х	-	Х	-	Х	-
97811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-	Х	-	Х	-
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	Х	-	Х	-	Х	-
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-	Х	-	Х	-
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-	Х	-	х	-
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	х	-	х	-	х	-
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	х	-	х	-	х	-
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	х	-	Х	-	х	-
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Х	-	Х	-	х	-
	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	х	-	Х	-	х	-
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Х	-	Х	-	х	-

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Large Employer Individual Benchmark* Small Employer and Individual Description Preauthorization Codes Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Plan coverage limited to ACA 10 essential health benefits 98008 Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision Χ Χ Χ making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. 98009 Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and Χ Χ Χ more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection. 30 minutes must be met or exceeded. Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, Χ Χ Χ and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and Χ Χ Χ more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical Χ Χ Χ decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection. 10 minutes must be exceeded. Synchronous audio-only visit for the evaluation and management of an established patient, 98013 which requires a medically appropriate history and/or examination, low medical decision making, Χ Χ Χ and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision Χ Χ Χ making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision Χ Χ Χ making, and more than 10 minutes of medical discussion. When using total time on the date of

the encounter for code selection, 40 minutes must be met or exceeded.

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^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	Х	•	X	-	X	-
	Chiropractic manipulation	-	X**	-	X**	-	X**
	Chiropractic manipulation	-	X**	-	X**	-	X**
	Chiropractic manipulation	-	X**	-	X**	-	X**
	Chiropractic manipulation	-	X**	-	X**	-	X**
	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	Х	-	Х	-
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	Х	-	Х	-
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	Х	-	Х	-
	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Х	-	Х	-	Х	-
	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Х	-	х	-	х	-
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Х	-	Х	-	х	-
99000	Specimen handling	Χ	-	Х	-	Х	-
99001	Specimen handling	Χ	-	Х	-	Х	•
99002	Device handling	Χ	-	Х	-	Х	-
	Postop follow-up visit	Χ	-	Χ	-	Х	•
	Hospital mandated on call service; in-hospital, each hour	Χ	-	Х	-	Х	-
99027	Hospital mandated on call service; out-of-hospital, each hour	Χ	-	Χ	-	Х	•
99070	Special supplies	Χ		Х	-	X	
	Patient education materials	Χ	-	Χ	-	Х	-
99072	Addl supl matrl&staf tm phe	Χ		Х	-	X	-
99075	Medical testimony	Χ	-	Χ	-	Х	-
	Group health education	Χ	-	X	-	X	-
99080	Special reports or forms	Χ	-	Х	-	Х	-

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G	nealti	Laı	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. It is a constant to the services are updated quarterly. Additionally, these that the pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty mo	edications and should be
99082	Unusual physician travel	Χ	-	Х	-	X	-
99116	Anesthesia with hypothermia	Χ	-	Χ	-	Х	-
99221	Initial hospital care	-	Х	-	Х	-	Χ
99222	Initial hospital care	-	Х	-	Х	-	Χ
99223	Initial hospital care	-	Х	-	Х	-	Χ
99231	Subsequent hospital care	-	Х	-	Х	-	Χ
99232	Subsequent hospital care	-	Х	-	Х	-	Χ
99233	Subsequent hospital care	-	Х	-	Х	-	Х
99241	Office consultation	Χ	-	Χ	-	Х	-
99242	Office consultation	Х	-	Х	-	Х	-
	Office consultation	Х	-	Х	-	Х	-
	Office consultation	Х	-	Х	-	Х	-
	Office consultation	Х	-	Х	-	Х	-
99251	Initial inpatient consult	Х	-	Х	-	Х	-
	Initial inpatient consult	Х	-	Х	-	Х	-
	Initial inpatient consult	Х	-	Х	-	Х	-
	Initial inpatient consult	Х	-	Х	-	Х	-
	Initial inpatient consult	Х	-	Х	-	Х	-
	Initial nursing facility care, per day, for the evaluation and management of a patient which	-	Х	-	Х	-	Х
99305	requires these three key co Initial nursing facility care, per day, for the evaluation and management of a patient which	-	Х	-	Х	-	X
99306	requires these three key co Initial nursing facility care, per day, for the evaluation and management of a patient, which	_	X		X	_	X
	requires these three key c		Λ		Λ		Λ
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х	-	Χ
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х	-	Х
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х	-	Х
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which	-	X	-	Х	-	X
99318	requires at least two o Evaluation and management of a patient involving an annual nursing facility assessment, which	-	Х	-	Х	_	X
99339	requires these three key c Individual physician supervision of a patient (patient not present) in home, domiciliary or rest	Х	-	Х	-	X	_
	home (eg, assisted livi						
	Prolong service w/o contact	X	-	X	-	Х	-
99359	Prolong serv w/o contact add	Χ	-	Χ	-	X	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or famil	Х	-	Х	-	Х	-
	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	-	Х	-	Х	-
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	-	Х	-	Х	-
	Home health care supervision	Х	-	Х	-	Х	-
99377	Hospice care supervision	Χ	-	Χ	-	Х	-
99379	Nursing fac care supervision	Χ	-	Χ	-	Х	-
99380	Nursing fac care supervision	Χ	-	Χ	-	Х	-
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)	Х	-	Х	-	х	-
	Life/disability evaluation	Χ	-	Χ	-	X	-
	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 m	Х	-	Х	-	Х	-
99455	Disability examination	Χ	-	Χ	-	Х	-
	Disability examination	Χ	-	Χ	-	Х	-
	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Х	-	Х	-	Х	-
	Suprv interfacilty transport	X	-	Х	-	Х	-
	Suprv interfac trnsport addl	X	-	Χ	-	Х	-
	Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	-	Х	-	Х	-	Х
	Home visit for postnatal assessment and follow-up care	-	Х	-	X	-	Χ
	Home visit for newborn care and assessment	-	X	-	X	-	Χ
	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	-	Х	-	X	-	Χ
99504	Home visit for mechanical ventilation care	-	Х	-	X	-	Χ
	Home visit for stoma care and maintenance including colostomy and cystostomy	-	X	-	X	-	Χ
99506	Home visit for intramuscular injections	-	Χ	-	Χ	-	Χ

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Required Covered Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. 99507 Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral) Χ Χ Χ _ 99509 Home visit for assistance with activities of daily living and personal care X Χ Χ _ 99510 Home visit for individual, family, or marriage counseling Χ Χ Χ 99511 Home visit for fecal impaction management and enema administration Χ Χ Χ Χ Home visit for hemodialysis, per diem Χ Χ 99605 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face Χ Χ Χ with patient, with assessmen 99606 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face Χ Χ Χ with patient, with assessmen Medication therapy management service(s) provided by a pharmacist, individual, face-to-face Χ Χ Χ with patient, with assessmen 0001F Heart failure assessed (includes assessment of all the following components) (cad) Χ Χ Χ 0005F Osteoarthritis assessed (oa) Х Χ Х 0012F Community acquired bacterial pneumonia assessed (cap) Χ Χ Χ _ _ 0014F Comprehensive preoperative assessment performed for cataract surgery with intraocular lens Χ Χ Χ (iol) placement (includes ass 0015F Melanoma follow up completed (includes assessment of all of the following components) (ml)5: Χ Χ Χ history obtained regarding 0500F Initial prenatal care visit Χ Χ Χ 0501F Prenatal flow sheet documented in medical record by first prenatal visit Χ Χ 0502F Subsequent prenatal care visit Χ Х Χ Χ 0503F Postpartum care visit2 Χ _ Χ -0505F Hemodialysis plan of care documented (esrd) X Χ Χ 0507F Peritoneal dialysis plan of care documented (esrd) Χ Χ Χ 0509F Urinary incontinence plan of care documented (ger) Χ Χ Χ -Х X 0513F Elevated blood pressure plan of care documented (ckd)1 Χ 0514F Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-Χ Χ Χ stimulating agent (esa) thera 0516F Anemia plan of care documented (esrd)1 Χ Χ Χ 0517F Glaucoma plan of care documented (ec)5 Χ Χ Χ _ 0518F Falls plan of care documented (ger)5 Χ Χ Χ 0519F Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, Χ Χ Χ documented prior to initia 0520F Normal tissue dose constraints established within five treatment days from the initiation of a Χ Χ Χ course of 3d conformal ra 0521F Plan of care to address pain documented (onc)1 Χ Χ Χ 0525F Initial visit for episode (bkp)2 Χ Χ Χ

Χ

Χ

0526F Subsequent visit for episode (bkp)2

Χ

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in						
00201	colonoscopy report (end/polyp)	Х	-	Х	-	X	-
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	Х	_	Х	_	Х	
	Dyspnea management plan of care, documented (pall cr)	X	_	X	-	X	-
	Glucorticoid management plan documented (ra)	X	_	X	-	X	-
	Plan for follow-up care for major depressive disorder, documented (mdd adol)	X	_	X	-	X	
	Cytopath report-nongyn spcmn	X	_	X	-	X	-
	Cytopath report non-routine	X	_	X	-	X	-
	Symptom management plan of care documented (hf)	X	_	X	_	X	-
	Plan of care to achieve lipid control documented (cad)	X	_	X	_	X	-
	Plan of care to manage anginal symptoms documented (cad)	X	_	X	-	X	-
	Hiv rna control plan of care, documented (hiv)	X	_	X	_	X	-
	Multidisciplinary care plan	X	_	X	-	X	-
	Pt trnsfrd from anesth to cc	X	_	X	_	X	-
	No trnsfr from anesth to cc	X	_	X	_	X	-
	Transfer care checklist used	X	-	Х	-	X	-
	No transfer care chklist used	X	-	Х	-	X	-
	Tobacco use, smoking, assessed1	Х	-	Х	-	Х	-
	Anginal symptoms and level of activity assessed (nma - no measure associated)	Х	-	Х	-	Х	-
	Level of activity assessed (nma no measure associated)	Х	-	Х	-	Х	-
	Clinical symptoms of volume overload (excess) assessed (nma - no measure associated)	Х	-	Х	-	Х	-
1005F							
	Asthma symptoms evaluated (includes physician documentation of numeric frequency of	Х	-	Х	-	X	-
	symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (nma - no						
	Osteoarthritis symptoms and functional status assessed	Х	-	Х	-	Х	-
1007F	Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief			V		V	
	assessed	Х	-	Х	-	Х	-
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaids	Х	-	Х	-	Х	-
	Severity of angina assessed by level of activity (cad)	Х	-	Х	-	Х	-
1011F	Angina present (cad)	Х	-	Х	-	Х	-
	Angina absent (cad)	Х	-	Х	-	Х	-
1015F	Chronic obstructive pulmonary disease (copd) symptoms assessed (includes assessment of at least one of the following:	Х	-	Х	-	Х	-
1018F	Dyspnea assessed, not present (copd)	Х	-	Х	-	Х	-
	Dyspnea assessed, present (copd)	X	-	Х	-	X	-
	Pneumococcus immunization status assessed (cap, copd)	X	-	Х	-	X	-

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 $[\]ensuremath{^{**}\text{Preauth}}$ after 3rd rental month when doesn't met criteria.



As of: 12/19/24

Persistent asthma (mid, moderate or severe)			Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
diseased to the Thermany link option within the redealus. The Prince rounge limeds to ACA 10 secendaris between the Prince rounge limeds to ACA 10 secendaris between the Prince rounge limeds to ACA 10 secendaris between the Prince rounge limeds and the Prince rounge limed and the	Codes	Description					Not Covered	
Table Tabl			se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
1026F Co-morbid conditions assessed 9eg, includes assessment for presence or absence of:								
malignancy, liver disease, A		· ·						
1030F Influenza immunization status assessed (cap)		· · · · · · · · · · · · · · · · · · ·	Х	-	Х	-	X	-
1031F Smoking status and exposure to second hand smoke in the home assessed (asthma) X			X	-	Х	-	Х	-
1032F Current tobacco nonsmoker and not currently exposed to secondhand smoke (asthma)		(1)		-		-		-
1033F Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma)				-		-		-
1034F Current tobacco smoker (cad, cap, copd, fm, pv)				-		-		-
1035F Current smokeless tobacco user (eg chew, snuff)(pv)				_		_		-
1038F Persistent asthma (mild, moderate or severe)			X	_		_		-
Persistent asthma (mild, moderate or severe)				-		-		-
Intermittent asthma				-		-		-
1040F Dsm-lvi, criteria for major depressive disorder documented (mdd) X - X - X - X - 1050F History obtained regarding new or changing moles (ml) X - X - X - X - X - 1052F Type, anatomic location, and activity all assessed (ibd) X - X - X - X - X - X - 1050F Visual functional staus assessed (ec) Nocumentation of permanent or persistent or paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) Nocumentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) X - X - X - X - X - X - X - X - X - X				-		-		-
1050F History obtained regarding new or changing moles (ml)			Х	-		-		-
Type, anatomic location, and activity all assessed (bd)				-		-		-
1055F Visual functional status assessed (ec) X				-		-		-
1060F Documentation of permanent or persistent or paroxysmal atrial fibrillation (str) X			Х	-	Х	-	Х	-
Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) 1065F Ischemic stroke symptom onset of less than 3 hours prior to arrival (str)			Х	-		-		-
1065F Ischemic stroke symptom onset of less than 3 hours prior to arrival (str) X - X - X - X - X - 1066F Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str) X -	1061F			-		-		-
1066F Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str) X			Χ	-	Х	-	Х	-
1070F Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (gerd) 1071F Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present (gerd) 1090F Presence or absence of urinary incontinence assessed (ger) 1090F Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger) 1090F Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th 1100F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1100F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1101F Patient screened for man inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within 1101F Discharge medications reconciled with the current medication list in outpatient medical record (ger) 1101F Discharge medications reconciled with the current medication list in outpatient medical record (ger) 1101F Gerd symptoms assessed after 12 months of therapy (gerd)5 1101F Gerd symptoms assessed after 12 months of therapy (gerd)5				-		_		-
1091 Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present (gerd) 1090 Presence or absence of urinary incontinence assessed (ger) 1091 Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger) 1092 Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th 1005 Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1006 Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1007 Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1008 Presence or absence of urinary incontinence assessed (ger) 1009 V V V V V V V V V V V V V V V V V V	1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed;		-		-		-
1090F Presence or absence of urinary incontinence assessed (ger) 1091F Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger) 1100F Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th 1101F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1100F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1100F Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within 1111F Discharge medications reconciled with the current medication list in outpatient medical record (ger) 1116F Auricular or periauricular pain assessed (aoe) X - X - X - X - X - 1118F Gerd symptoms assessed after 12 months of therapy (gerd)5		Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one	Х	-	Х	-	Х	-
1091F Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger) X	1090F		Х	-	Х	-	Х	-
1100F Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th 1101F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1101F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y 1110F Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within 1111F Discharge medications reconciled with the current medication list in outpatient medical record (ger) 1116F Auricular or periauricular pain assessed (aoe) 1118F Gerd symptoms assessed after 12 months of therapy (gerd)5 1100F X - X - X - X - X - X - X - X - X - X	1091F	Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how	Х	-		-		-
injury in the past y 1110F Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within 1111F Discharge medications reconciled with the current medication list in outpatient medical record (ger) 1116F Auricular or periauricular pain assessed (aoe) X X X X X X X X X X X X X	1100F		Х	-	Х	-	Х	-
facility) within 1111F Discharge medications reconciled with the current medication list in outpatient medical record (ger) 1116F Auricular or periauricular pain assessed (aoe) X - X - X - X - X - 1118F Gerd symptoms assessed after 12 months of therapy (gerd)5 X - X - X - X - X - X X		injury in the past y	Х	-	Х	-	Х	-
(ger) X - X - X - 1116F Auricular or periauricular pain assessed (aoe) X - X - X - X - 1118F Gerd symptoms assessed after 12 months of therapy (gerd)5 X - X - X - X -	1110F		Х	-	Х	-	Х	-
1118F Gerd symptoms assessed after 12 months of therapy (gerd)5 X - X - X -		(ger)	Х	-	Х	-	Х	-
			X	-	X	-	X	-
1119F Initial evaluation for condition (hep c)1 X - X - X -			X	-		-		-
	1119F	Initial evaluation for condition (hep c)1	X	-	X	-	X	-

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Required Covered Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits 1121F Subsequent evaluation for condition (hep c)1 Χ Χ Χ _ _ 1123F Advance care planning discussed and documented advance care plan or surrogate decision Χ Χ Χ maker documented in the medical record (dem) (ger, pall cr) 1124F Advance care planning discussed and documented in the medical record, patient did not wish or Χ Χ Χ was not able to name a surrogate decision maker or provide an advance care plan (1125F Pain severity quantified; pain present (onc)1 Х Χ Х 1126F Pain severity quantified; no pain present (onc)1 Χ Х Χ Χ Χ 1127F New episode for condition (nma-no measure associated) Χ _ -1128F Subsequent episode for condition (nma-no measure associated) X Χ Χ 1130F Back pain and function assessed, including all of the following: pain assessment and functional Χ Χ Χ status and patient histo Episode of back pain lasting 6 weeks or less (bkp) Х Χ Х 1134F 1135F Episode of back pain lasting longer than six weeks (bkp)2 Χ Χ Χ 1136F Episode of back pain lasting 12 weeks or less (bkp)2 X Χ Χ Х 1137F Episode of back pain lasting longer than 12 weeks (bkp)2 Χ Χ 1150F Documentation that a patient has a substantial risk of death within 1 year (pall cr) Χ Χ Χ _ _ 1151F Х Χ Χ Documentation that a patient does not have a substantial risk of death within one year (pall cr) Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr) 1152F Χ Χ 1153F Χ Χ Χ Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr) 1157F Advance care plan or similar legal document present in the medical record (coa) X Χ Х 1158F Advance care planning discussion documented in the medical record (coa) Χ Χ Χ 1159F Medication list documented in medical record (coa) Χ Χ Χ _ 1160F Rvw meds by rx/dr in rcrd Χ Χ Χ 1170F Functional status assessed (coa) (ra) Χ Χ Χ _ _ 1175F Functional status for dementia assessed and results reviewed (dem) Χ Χ Χ 1180F All specified thromboembolic risk factors assessed (afib) Х Χ Χ 1181F Neuropsychiatric symptoms assessed and results reviewed (dem) Χ Χ Χ 1182F Neuropsychiatric symptoms, one or more present (dem) X Χ Χ 1183F Neuropsychiatric symptoms, absent (dem) Χ Χ Χ _ 1200F | Seizure type(s) and current seizure frequency(ies) documented (epi) Х Χ Х 1205F Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi) Χ Х Χ

Χ

Χ

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Patient screened for depression (sud)

1400F Prkns diag rviewed

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Χ

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



directed to the Phar Plan coverage lim 1450F Sym 1451F Sym 1460F Qua 1461F No county Qua 1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	Description see note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these narmacy link option within the website. Implementation of the provided of the provid	X X X X X X X X	Preauthorization Required do not reflect information	Not Covered regarding imm	Preauthorization Required nunizations, injectable dru	X X X X X X	Preauthorization Required edications and should be
directed to the Phar Plan coverage lim 1450F Sym 1451F Sym 1460F Qua 1461F No county Qua 1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	mptoms improved or remained consistent with treatment goals since last assessment (hf) mptoms improved or remained consistent with treatment goals since last assessment (hf) mptoms demonstrated clinically important deterioration since last assessment (hf) alifying cardiac event/diagnosis in previous 12 months (cad) qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X X X	- - -	X X X X X	- - -	X X X X X X	- - - -
Plan coverage lim 1450F Sym* 1451F Sym* 1460F Qua 1461F No construction No construction 1490F Dem* 1491F Dem* 1494F Cog 1500F Sym* 1501F Not	mptoms improved or remained consistent with treatment goals since last assessment (hf) mptoms demonstrated clinically important deterioration since last assessment (hf) alifying cardiac event/diagnosis in previous 12 months (cad) qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X X	-	X X X X X		X X X X X	-
1450F Sym 1451F Sym 1460F Qua 1461F No c 1490F Derr 1491F Derr 1493F Derr 1494F Cog 1500F Sym 1501F Not	mptoms improved or remained consistent with treatment goals since last assessment (hf) mptoms demonstrated clinically important deterioration since last assessment (hf) alifying cardiac event/diagnosis in previous 12 months (cad) qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X X	-	X X X X X		X X X X X	-
Sym 1451F Sym 1460F Qua 1461F No c 1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	mptoms demonstrated clinically important deterioration since last assessment (hf) alifying cardiac event/diagnosis in previous 12 months (cad) qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X X	-	X X X X X		X X X X X	-
1451F Sym 1460F Qua 1461F No c 1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	mptoms demonstrated clinically important deterioration since last assessment (hf) alifying cardiac event/diagnosis in previous 12 months (cad) qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X X	-	X X X X		X X X X	-
1460F Qua 1461F No c 1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	alifying cardiac event/diagnosis in previous 12 months (cad) qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X X		X X X X		X X X X	- - - -
1461F No c 1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	qualifying cardiac event/diagnosis in previous 12 months (cad) mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X X		X X X		X X X X	- - -
1490F Dem 1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	mentia severity classified, mild (dem) mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X X	-	X X X		X X X	- - -
1491F Dem 1493F Dem 1494F Cog 1500F Sym 1501F Not	mentia severity classified, moderate (dem) mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X		X	-	X	-
1493F Dem 1494F Cog 1500F Sym 1501F Not	mentia severity classified, severe (dem) gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X X	-	Х	-	Х	_
1494F Cog 1500F Sym 1501F Not	gnition assessed and reviewed (dem) mptom + sign symm polyneuro t initial eval for cond	X X X	-				
1500F Sym 1501F Not	mptom + sign symm polyneuro t initial eval for cond	X	-	, ,	-	X	-
1501F Not	t initial eval for cond	Χ		Х	_	X	-
			-	X	-	X	-
1502F Pt a		Χ	-	Х	_	X	-
	queried symp resp insufficient	X	-	X	_	X	-
	nas resp insufficiency	X	-	X	_	X	-
	nas no resp insufficiency	X	-	X	-	X	-
	od pressure measured (ckd)(dm)	X	-	X	_	X	-
	ight recorded (pag)	X	-	X	_	X	-
	nical signs of volume overload (excess) assessed (nma - no measure associated)	X	-	X	_	X	-
	ial examination of the involved joint(s)	X	-	X	_	X	-
2010F Vital	al signs recorded (includes at minimum: temperature, pulse, respiration, and blood ssure)(cap)	Х	-	Х	-	Х	-
	ntal status assessed (normal/mildly impaired/severely impaired)(cap)	Х	-	Х	-	Х	-
	hma impairment assessed (asthma)	X	-	X	-	X	-
	hma risk assessed (asthma)	X	-	X	-	X	-
	dration status assessed (normal/mildly dehydrated/severely dehydrated)	Х	-	Х	-	Х	-
2019F Dilat	ated macular exam performed, including documentation of the presence or absence of cular thickening or hemmorrhage	Х	-	Х	-	Х	-
2020F Dila	ated fundus evaluation performed within six months prior to cataract surgery (ec)	Χ	-	Х	-	Х	-
	ated macular or fundus exam performed, including documentation of the presence or absence macular edema and level	Х	-	Х	-	Х	-
	ated retinal eye exam with interpretation by an ophthalmologist or optometrist documented dreviewed (dm)	Х	-	Х	-	Х	-
	at rta xm w/o rtnopthy	Х	-	Х	-	Х	-
2024F Seve	ven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist cumented and review	Х	-	Х	-	Х	-
	fld rta photo w/o rtnopthy	Х	-	Х	-	Х	-
2026F Eye	e imaging validated to match diagnosis from seven standard field stereoscopic photos results cumented and reviewed	X	-	X	-	X	-

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	rage limited to ACA 10 essential health benefits.						
2027F	Optic nerve head evaluation performed (ec)	Χ	-	Х	-	Х	-
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with	Х		Х		Х	
	monofilament, and pulse	Χ	-	Α	-	\ \ \ \	-
	Complete physical skin exam performed (ml)	Χ		Χ	-	Х	-
2030F	Hydration status documented, normally hydrated (pag)	Χ		Χ	•	Х	-
	Hydration status documented, dehydrated (pag)	Χ		Χ	-	Х	-
2033F	Eye img valid w/o rtnopthy	Χ		Χ	•	Х	-
	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	Χ	-	Χ	•	Х	-
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	Х	-	Х	-	Х	-
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back	Х	-	Х	-	Х	-
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)	Х	-	Х	-	Х	-
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-	Х	-	Х	-
3006F	Chext xray results documented and reviewed (cap)	Х	-	Х	-	Х	-
	Body mass index (bmi), documented (pv)	Х	-	Х	-	Х	-
	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-	Х	-	Х	-
3014F	Screening mammography results documented and reviewed	Х	-	Х	-	Х	-
	Cervical cancer screening results documented and reviewed (pv)	Х	-	Х	-	Х	-
	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-	Х	-	Х	-
	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	Х	-	Х	-	Х	-
	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (end/polyp)	Х	-	х	-	х	-
3019F	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	Χ	-	Χ		Х	-
3020F	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass	Х	-	Х	-	х	-
3021F	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	Х	-	Х	-	Х	-
3022F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-	Х	-	Х	-

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As of: 12/19/24

	nealti	La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
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directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
3023F	Spirometry results documented and reviewed (copd)	Х	-	Х	-	X	-
	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	Х	-	Х	-	Х	-
	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	Х	-	Х	-	X	-
	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood gas	Х	-	Х	-	X	-
	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	X	-	X	-	X	-
	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	Х	-	Х	-	X	-
	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	Χ	-	Х	-	Χ	-
3040F	Functional expiratory volume (fev1) <40% of predicted value (copd)	Х	-	Х	-	Х	-
3042F	Functional expiratory volume (fev1) >=40% of predicted value (copd)	Х	-	Х	-	Х	-
3044F	Most recent hemoglobin a1c level <7.0% (dm)	Х	-	Х	-	Х	-
3046F	Hemoglobin a1c level > 9.0%	Х	-	Х	-	Х	-
3048F	Most recent Idl-c less than 100 mg/dl (cad) (dm)	Х	-	Х	-	Х	-
3049F	Most recent Idl-c 100-129 mg/dl (cad) (dm)	Х	-	Х	-	Х	-
3050F	Most recent Idl-c greater than or equal to 130 mg/dl (cad) (dm)	Х	-	Х	-	Х	-
3051F	Hg a1c>equal 7.0%<8.0%	Х	-	Х	-	Х	-
3052F	Hg a1c>equal 8.0%	Х	-	Х	-	Х	-
3055F	Left ventricular ejection fraction (lvef) less than or equal to 35% (hf)	Х	-	Х	-	Х	-
	Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf)	Х	-	Х	-	Х	-
	Positive microalbuminuria test result documneted and reviewed (dm)	Х	-	Х	-	Х	-
	Negative microalbuminuria test result documented and reviewed (dm)	Х	-	Х	-	Х	-
	Positive macroalbuminuria test result documented and reviewed (dm)	Х	-	X	-	X	-
	Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	Х	-	Х	-	Х	-
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	Х	-	Х	-	Х	-
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen	Х	-	Х	-	Х	-
3074F	Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-	Х	-	Х	-
3075F	Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	Х	-	Х	-	Х	-
3077F	Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
3078F	Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
	Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	X	-
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	X	-
	Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	Х	_	Х	_	Х	-

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Required Covered Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. 3083F Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd) Χ Χ Χ 3084F Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd) X Χ Χ _ 3085F Suicide risk assessed (mdd) Χ Χ Χ 3088F Major depressive disorder, mild (mdd) Χ Χ Χ Х Χ X 3089F Major depressive disorder, moderate (mdd) 3090F Major depressive disorder, severe without psychotic features (mdd) Χ Χ Χ 3091F Major depressive disorder, severe with psychotic features (mdd) Х Χ Х 3092F Major depressive disorder, in remission (mdd) Χ Χ Χ Documentation of new diagnosis of initial or recurrent episode of major depressive disorder 3093F Χ Χ Χ 3095F Central dual - energy x-ray absorptionmetry (dxa) results documented (op) Χ Χ Χ 3096F Central dual - energy x-ray absorptionmetry (dxa) ordered (op) Χ Χ Χ _ -Carotid imaging study report includes direct or indirect reference to measurements of distal Χ Χ Χ internal carotid diameter a 3110F Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion Χ Χ Χ and acute infarction (str) 3111F Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an Χ Χ Χ outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac 3112F Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in Χ Χ Χ an outpatient imaging center for purpose other than confirmation of initia 3115F Quantitative results of an evaluation of current level of activity and clinical symptoms (hf) Χ Х Χ 3117F Heart failure disease specific structured assessment tool completed (hf) Χ Χ _ Χ -3118F New york heart association (nyha) class documented (hf) X Χ Χ 3119F No evaluation of level of activity or clinical symptoms (hf) Χ Χ Χ 3120F 12-lead ecg performed (em) Χ Χ Χ -3126F Esoph bx rprt w/dyspl info Χ X Х 3130F Upper gastrointestinal endoscopy performed (gerd) Χ Χ Χ 3132F Documentation of referral for upper gastrointestinal endoscopy (gerd) X Χ Χ Χ 3140F Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd) Χ Χ 3141F Χ Χ Χ Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd) 3142F Barium swallow test ordered (gerd) Χ Χ Χ 3150F Forceps esophageal biopsy performed (gerd) Χ Χ 3155F Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment Χ Χ Χ 3160F Documentation of iron stores prior to initiating erythropoietin therapy (hem) Χ Χ Χ 3170F

Χ

Χ

Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)

Χ

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	Barium swallow test not ordered (gerd)	Х		Х		X	
	Group a strep test performed (phar)	X		X		X	
	Patient has documented immunity to hepatitis a (hep-c)	X	-	X		X	<u> </u>
	Patient has documented immunity to hepatitis a (hep-c)	X		X	_	X	
	Rna testing for hepatitis c documented as performed within six months prior to initiation of						
02101	antiviral treatment for hep	Х	-	X	-	X	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of						
02201	antiviral treatment (hep-c)	Х	-	Х	-	X	-
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube						
0200.	insertion (ome)	Х	-	Х	-	Х	-
3250F	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node						
0200.	biopsy) (path)	Х	-	Х	-	X	-
3260F	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade					.,	
	documented in pathology report (pa	Х	-	Х	-	X	-
3265F	3 1 2 3 3	.,				.,	
	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-	Х	-	Х	-
3266F	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for						
	hepatitis c (hep c)1	Х	-	X	-	Х	-
3267F	Pathology report includes pt category, pn category, gleason score and statement about margin	Х	-	Х	-	Х	-
2269E	status (path) Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented						
3200F	prior to initiation of treatm	Х	-	Х	-	Х	-
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate	Х		V		V	
	cancer (prca)1	^	-	Х	-	X	-
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of	Х		Х		Х	
	prostate cancer (prca)1	^	•	^	•	^	-
	Low risk of recurrence, prostate cancer (prca)1	Χ	-	Χ	-	Х	-
3272F	Intermediate risk of recurrence, prostate cancer (prca)1	Χ	-	Χ	-	X	-
	High risk of recurrence, prostate cancer (prca)1	Χ	-	Χ	-	Х	-
3274F	Dractate cancer rick of recurrence not determined as neither law intermediate per high (esca)4	Х	-	Х	-	Х	-
2270⊑	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1 Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered					+	
32/85	(ckd)1	Х	-	Х	-	Х	-
3279F	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	Х	-	Χ	-	Х	-
	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	Х	-	Х	-	Х	-
3281F	Hemoglobin level less than 11 g/dl (ckd, esrd)1	Х	-	Χ	-	Х	-
	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre- intervention level (ec)5	Х	-	Х	-	Х	-
<u> </u>	needed after certain number of visits. Limit depends on plan/provider type			<u> </u>			

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	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
3285F				.,			
	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	Х	-	Х	-	X	-
	Falls risk assessment documented (ger)5	Х	-	Х	-	Х	-
	Patient is d (rh) negative and unsensitized (prenatal)1	Χ	-	Х	-	Х	-
	Patient is d (rh) positive or sensitized (prenatal)1	Χ	•	Х	-	Х	-
3292F	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	Х	-	Х	-	Х	-
3293F	Abo and rh blood typing documented as performed (pre-cr)	Х	-	Х	-	Х	-
3294F	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-	Х	-	Х	-
	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	Х	-	Х	-	Х	-
	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	Х	-	Х	-	Х	-
3315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-	Х	-	Х	-
	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-	Х	-	Х	-
	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-	Х	-	Х	-
	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-	Х	-	Х	-
3319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	Х	-	Х	-	Х	-
3320F	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	Х	-	Х	-	Х	-
3321F	Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	-	Х	-	Х	-
	Melanoma greater than ajcc stage 0 or ia (ml)	X	-	X	-	X	-
	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	Х	-	Х	-	Х	-
3324F	Mri or ct scan ordered, reviewed or requested (epi)	Х	-	Х	-	Х	-
	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	X	-	X	-	X	-
3328F	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	Х	-	Х	-	Х	-
3330F	Imaging study ordered (bkp)2	Х	-	Х	-	Х	-
	Imaging study not ordered (bkp)2	X	-	X	-	X	-
3340F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	X	-	X	-	X	-

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As of: 12/19/24

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3341F		V		V			
	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	Х	-	Х	-	X	-
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	Х	-	Х	-	Х	-
3343F		Х		Х		Х	
	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	^	-	^	-	^	-
3344F	Mammogram assessment category of "suspicious," documented (rad)	Χ	-	Χ	-	Х	-
3345F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	Х	-	Х	-	Х	-
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Х	-	Х	-	Х	-
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	Х	-	Х	-	Х	-
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	Х	-	Х	-	Х	-
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	Х	-	Х	-	Х	-
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (Х	-	Х	-	Х	-
3370F	Ajcc breast cancer stage 0, documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	X	-	X	-	X	-
	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage ii, documented (onc)	Х	-	Х	-	Х	-
3378F	Ajcc breast cancer stage iii, documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage iv, documented (onc)	Χ	-	Χ	-	Х	-
	Ajcc colon cancer, stage 0, documented (onc)	Х	-	Χ	-	Х	-
	Ajcc colon cancer, stage i, documented (onc)	Х	-	X	-	X	-
	Ajcc colon cancer, stage ii, documented (onc)	Х	-	Х	-	X	-
	Ajcc colon cancer, stage iii, documented (onc)	Х	-	Х	-	X	-
	Ajcc colon cancer, stage iv, documented (onc)	X	-	X	-	Х	-
3394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	Х	-	Х	-	Х	-
3395F	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	Х	-	Х	-	Х	-
3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Х	-	Х	-	Х	-
	Dyspnea screened, moderate or severe dyspnea (pall cr)	X	-	X	-	X	-
	Dyspnea not screened (pall cr)	Х	-	Х	-	Х	-

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	Tb screening performed and results interpreted within six months prior to initiation of first-time			1		<u> </u>	
04001	biologic disease modifying anti-rheumatic drug therapy for ra (ra)	Х	-	Х	-	X	-
3470F	Rheumatoid arthritis (ra) disease activity, low (ra)	Х		Х	_	Х	
	Rheumatoid arthritis (ra) disease activity, moderate (ra)	X	_	X	_	X	
	Rheumatoid arthritis (ra) disease activity, high (ra)	X	_	X	_	X	_
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	X	_	X	_	X	
	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	X		X	_	X	
	History of aids-defining condition (hiv)	X	_	X	_	X	
	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	X		X	_	X	
	History of nadir cd4+ cell count <350 cells/mm (hiv)	X	_	X	_	X	
3493F	· · · · · · · · · · · · · · · · · · ·						
0 1001	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	Х	-	Х	-	X	-
3494F	Cd4+ cell count <200 cells/mm (hiv)	Х	_	Х	_	Х	_
	Cd4+ cell count 200 - 499 cells/mm (hiv)	X	_	X	_	X	
	Cd4+ cell count >=500 cells/mm (hiv)	X		X	_	X	
	Cd4+ cell percentage <15% (hiv)	X	-	X	-	X	-
	Cd4+ cell percentage >=15% (hiv)	X		X	_	X	
	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	_	X	_	X	_
	Hiv rna viral load below limits of quantification (hiv)	X	_	X	_	X	_
	Hiv rna viral load not below limits of quantification (hiv)	X	_	X	_	X	_
	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	-	X	_	X	-
	Chlamydia and gonorrhea screenings documented as performed (hiv)	X	-	X	-	X	-
	Syphilis screening documented as performed (hiv)	X	-	X	_	X	_
	Hepatitis b screening documented as performed (hiv)	X	-	X	-	X	-
	Hepatitis c screening documented as performed (hiv)	X	-	X	-	X	-
	Patient has documented immunity to hepatitis c (hiv)	X	_	X	-	X	-
	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a						
	first course of anti-tnf (tumor necrosis factor) therapy (ibd)	Х	-	Х	-	X	-
3520F	Clostridium difficile testing performed (ibd)	Х	_	Х	-	Х	-
	Low risk for thromboembolism (afib)	X	_	X	-	X	-
	Intermediate risk for thromboembolism (afib)	X	-	X	-	X	-
	High risk for thromboembolism (afib)	X	-	X	-	X	-
	Patient had international normalized ratio (inr) measurement performed (afib)	X	-	X	-	X	-
	Final report for bone scintigraphy study includes correlation with existing relevant imaging						
	studies (eg, x-ray, mri, ct	Х	-	X	-	Х	-
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	-	Х	-	Х	-
3573F		X	-	X	-	X	-
	needed after certain number of visits. Limit depends on plan/provider type			1		<u> </u>	

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	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	X	I	Х	_	Х	
	Psych disorders assessed	X	-	X	-	X	
	Cognit impairment assessed	X	-	X	-	X	
	Screening for depression performed (dem)	X	-	X	-	X	<u> </u>
	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater	^	-	^	-	^	-
3/30	consecutive days (ibd)	Х	-	Х	-	X	-
27515	Electrodiag polyneuro6mon	Х		Х	_	Х	
	No electrodiag polyneuro6mon	X		X	-	X	
	Pt has symp plus signs neuropathy	X	_	X		X	
	Screening tests dm done	X	-	X	-	X	
	Cog and behav imprmnt scrng done	X	_	X	-	X	
	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	X	-	X		X	
	Pt /w no pseudobulbar affect, sialorrhea or als ritd sysmptom	X		X		X	
	Pt ref pulmon fx test with peak flow	X	-	X	-	X	-
	Pt scrn dysphag /wt loss/nutrition	X	_	X		X	
	Pt w/ dysphag /wt loss/nutr	X		X	-	X	<u> </u>
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	X	_	X		X	
	Patient is dysarthric	X	-	X		X	
	Patient is not dysarthric	X		X		X	
	Adenoma detected screening	X	-	X	-	X	
	Adenoma not detect screening Adenoma not detect screening	X	_	X		X	
	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	_	X		X	
	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	X	-	X	-	X	<u> </u>
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	Х	-	Х	-	Х	-
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	Х	-	Х	-	Х	-
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	Х	-	Х	-	Х	-
	Beta-blocker therapy prescribed or currently being taken (cad,hf)	Х	-	Х	-	Х	-
4010F	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)	Х	-	Х	-	Х	-
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-	Х	-	х	-
4012F	Warfarin therapy prescribed (nma-no measure associated)	Х	-	Х	-	Х	-
	Statin therapy prescribed or currently being taken (cad)	Х	-	Х	-	Х	-
4014F	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	Х	-	Х	-	Х	-

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As of: 12/19/24

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	Persistent asthma, preferred long term control medication or an acceptable alternative treatment,		1				
+0131	prescribed (nma - no measure associated) (note: there are no medical exclusio	Х	-	Х	-	X	-
4016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s),						
40101	including otc medication(s)]	Х	-	Х	-	X	-
∕017F	Gastrointestinal prophylaxis for nsaid use prescribed	Х	_	Х	_	Х	_
	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy		_	^	-	^	-
4010	prescribed	Х	-	Х	-	X	-
4010E	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or						
40131	counseling regarding bot	Χ	-	Х	-	X	-
4025E	Inhaled bronchodilator prescribed (copd)	Х	_	Х	-	Х	_
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	X		X		X	-
	Pulmonary rehabilitation exercise training recommended (copd)	X	_	X	_	X	-
	Influenza immunization recommended (copd)(ibd)	X	-	X	-	X	
	Influenza immunization recommended (copd)(ibd) Influenza immunization ordered or administered (copd, pv)	X	-	X	-	X	-
	Pneumococcal vaccine administer or previously received (copd) (pv)	X	-	X	-	X	-
	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	X		X		X	
	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical	^	-	^	-	^	-
4042F		Х	-	Х	-	Х	-
4042E	incision nor given intra Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of						
40436	7 7 7	Х	-	Х	-	Х	-
4044E	surgical end time, card Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be						
4044F	given within 24 hrs prior to in	Х	-	Х	-	X	-
404EE		Х	_	X		Х	
	Appropriate empiric antibio0 Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or	^	-	^	-	^	-
40466		Χ	-	Х	-	Χ	-
40.47E	given intraoperative Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if						
4047F	fluoroguinolone or vancom	Х	-	Х	-	Х	-
4049E	Documentation that administration of prophylactic parenteral antibiotic was initiated within one						
4040	hour (if fluoroquinolon	Χ	-	Х	-	Χ	-
4040E	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of						
40496	surgical end time, non-car	Х	-	Х	-	Х	-
40E0E		Х	_	X		Х	
	Hypertension plan of care documented as appropriate (nma - no measure associated) Referred for an arterio-venous (av) fistula (esrd)	X	-	X	-	X	-
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	X	-	X	-	X	-
			-		-		-
	Hemodialysis via functioning arterio-venous (av) graft (esrd) Hemodialysis via catheter (esrd)	X	-	X	-	X	-
			-		-		-
	Patient receiving peritoneal dialysis (esrd)	X	-	X	-	X	-
	Appropriate oral rehydration solution recommended (pag)	X	-	X	-	Х	-

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	Pediatric gastroenteritis education provided to caregiver (pag)	X	I	Х	I	Х	
	Psychotherapy services provided (mdd)	X	-	X	-	X	<u> </u>
	Patient referral for psychotherapy documented (mdd)	X	_	X		X	<u>.</u>
	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	X	-	X	-	X	-
	Antidepressant pharmacotherapy prescribed (mdd) Antidepressant pharmacotherapy prescribed (mdd)	X		X	-	X	
	Antipsychotic pharmacotherapy prescribed (mdd)	X		X	-	X	<u> </u>
	Electroconvulsive therapy (ect) provided (mdd)	X	-	X	-	X	-
	Patient referral for electroconvulsive therapy (ect) documented (mdd)	X	-	X	-	X	<u>-</u>
	Venous thromboembolism (vte) prophylaxis received (ibd)	X	-	X	-	X	
	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	X	-	X	-	X	-
	Oral antiplatelet therapy prescribed at discharge (str)	X	-	X	-	X	
	Anticoagulant therapy prescribed at discharge (str)	X	-	X	-	X	-
4075F	Anticoagulant therapy prescribed at discharge (str)	^	-	^	-	^	-
	Decumentation that tipque placeming an activator (t. no.) administration was considered (atr.)	X	-	Χ	-	X	-
	Documentation that tissue plasminogen activator (t-pa) administration was considered (str) Documentation that rehabilitation services were considered (str)	X		Х	_	Х	
	Aspirin received within 24 hours before emergency department arrival or during emergency	^	-	^	-	^	<u> </u>
4084F	department stay (em)	X	-	X	-	X	-
4006E	Aspirin or clopidogrel prescribed or currently being taken (cad)	X		Х		Х	
	Patient receiving erythropoietin therapy (hem)	X	-	X	-	X	
	Patient not receiving erythropoletin therapy (hem)	X	-	X	-	X	-
4093F	Bisphosphonate therapy, intravenous, ordered or received (hem)	X	-	X	-	X	-
	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft	^	-	^	-	^	<u> </u>
4110	procedure (cabg)	X	-	Χ	-	X	-
/115E	Beta blocker administered within 24 hours prior to surgical incision (cabg)	X	_	Х		Х	
	Antibiotic prescribed or dispensed (uri, phar)	X	-	X	-	X	-
	Antibiotic prescribed or dispensed (un, phar) Antibiotic neither prescribed nor dispensed (uri, phar)	X		X	-	X	
	Topical preparations (including otc) prescribed for acute otitis externa (aoe)	X	-	X	-	X	-
	Systemic antimicrobial therapy prescribed (aoe)	X	_	X		X	
	Systemic antimicrobial therapy not prescribed (aoe)	X	_	X	-	X	<u> </u>
	Antihistamines or decongestants prescribed or recommended (ome)	X		X		X	
	Antihistamines or decongestants prescribed or recommended (ome) Antihistamines or decongestants neither prescribed nor recommended (ome)	X	-	X	-	X	
	Systemic corticosteroids prescribed (ome)	X	<u>-</u>	X	_	X	-
	Systemic corticosteroids not prescribed (ome)	X	-	X	-	X	-
	Inhaled corticosteroids prescribed (asthma)	X	-	X	_	X	-
	Corticosteroid sparing therapy prescribed (ibd)	X	-	X	-	X	-
	Alternative long-term control medication prescribed (asthma)	X	-	X	-	X	
	Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	X			-		-
	Hepatitis a vaccine injection administered or previously received (hep-c)	X	-	X	-	X	-
	nepatitis a vaccine injection auministered or previously received (nep-c)		-	٨	_	۸	-

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	Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	Χ	-	Х	_	Х	-
	Patient receiving antiviral treatment for hepatitis c (hep-c)	X	-	Х	-	X	-
	Patient not receiving antiviral treatment for hepatitis c (hep-c)	X	-	X	-	X	-
	Combination peginterferon and ribavirin therapy prescribed (hep-c)	Χ	-	Х	-	Х	-
	Hepatitis a vaccine series previously received (hep-c)	Х	-	Х	-	Х	-
	Hepatitis b vaccine series previously received (hep-c)	Х	-	Х	-	Х	-
	Patient counseled about risks of alcohol use (hep-c)	Χ	-	Х	-	Х	-
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	Х	-	Х	-	Х	-
	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	Х	-	Х	-	Х	-
	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-	Х	-	Х	-
	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-	Х	-	Х	-
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	-	Х	-	Х	-
	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	X	-	Х	-	Х	-
4169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	Х	-	Х	-	Х	-
4171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Χ	-	Х	-	Х	-
	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-	Х	-	Х	-
	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-	Х	-	Х	-
	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-	Х	-	Х	-
	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-	Х	-	Х	-
	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	Х	-	Х	-	Х	-
4178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-	Х	-	Х	-
	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-	Х	-	Х	-
	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-	Х	-	Х	-
4181F	Conformal radiation therapy received (onc)1	Х	-	Х	-	Х	-
	Conformal radiation therapy not received (onc)1	Х	-	Х	-	Х	-
4185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	Х	-	Х	-	Х	-

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4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2			.,			
	receptor antagonist (h2ra) rec	Х	-	X	-	X	-
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	-	Х	-	Х	-
4188F	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	Х	-	Х	-	Х	-
/180F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	_	Х	-	Х	
	Appropriate digratic therapeutic monitoring test ordered or performed (am)2	X	<u> </u>	X	-	X	
	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X		X	-	X	
	Patient not receiving glucocorticoid therapy (ra)	X	-	X	_	X	_
	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra)	Х	-	Х	-	Х	-
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	Х	-	Х	-	Х	-
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-	Х	-	X	-
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-	Х	-	Х	-
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	Х	-	Х	-	Х	-
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	Х	-	Х	-	Х	-
	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
	Digoxin medication therapy for 6 months or more (mm)2	Х	-	Х	-	X	-
	Diuretic medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
4230F	Anticonvulsant medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	Х	-	Х	-	Х	-
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Х	-	Х	-	Х	-
4245F	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	Х	_	Х	-	X	-
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2	X	-	X	-	X	-
	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	Х	-	Х	-	Х	-
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	-	Х	-	х	-

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	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the		I			1	
2001	anesthesia record (crit)	Х	-	Х	-	X	-
260F	Wound surface culture technique used (cwc)	Х	_	Х	_	Х	
	Tech other than surfic cultr	X	_	X	_	X	
	Use of wet to dry dressings prescribed or recommended (cwc)	X	_	X	-	X	_
	Use of wet to dry dressings presented or recommended (cwc)	X	_	X	_	X	
	Compression therapy prescribed (cwc)	X	_	X	_	X	_
	Patient education regarding the need for long term compression therapy including interval					Λ	
2001	replacement of compression stockings received (cwc)	Х	-	Х	-	X	-
260F	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	_	Х	_	Х	
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	X	_	X	_	X	
	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent		_		_		
r_/ II	antiretroviral therapy (h	Х	-	Х	-	X	-
27/F	Influenza immunization administered or previously received (hiv)	Х	_	Х	_	Х	
	Potent antiretroviral therapy prescribed (hiv)	X	_	X	_	X	
	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	X	_	X	-	X	
	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count	X	_	X	_	X	
	or percentage (hiv)						
	Patient screened for injection drug use (hiv)	Х	-	Х	-	X	-
	Patient screened for high-risk sexual behavior (hiv)	Х	-	Χ	-	X	-
	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-	Х	-	X	-
	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Χ	-	Χ	-	X	-
305F	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	Х	-	Х	-	Х	-
306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	Х	-	Х	-	Х	-
320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	Х	-	Х	-	Х	-
322F	Caregiver provided with education and referred to additional resources for support (dem)	Х	-	Х	-	Х	-
	Pt queried prkns complic	X	-	X	-	X	-
	Med txmnt options rvwd w/pt	Х	-	Х	-	X	-
	Pt asked re symp auto dysfxn	Х	-	Х	-	Х	-
	Pt asked re sleep disturb	Х	-	Х	-	X	-
	Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	X	-	X	-	X	-
340F	Counseling for women of childbearing potential with epilepsy (epi)	X	-	X	-	X	-
	Counseling provided on symptom management, end of life decisions, and palliation (dem)	X	-	X	-	X	-
	Rehab thxpy options w/pt	X	_	X	-	X	_
	Self-care education provided to patient (hf)	X		X		X	

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<u> </u>	nealti	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
4470F	Implantable cardioverter-defibrillator (icd) counseling provided (hf)	Х	-	Х	-	Х	-
4480F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	Х	-	Х	-	Х	-
	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	Х	-	Х		Х	-
	Referred to an outpatient cardiac rehabilitation program (cad)	Χ		Χ	-	Х	-
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	Х	-	Х	-	Х	-
	Neuropsychiatric intervention ordered (dem)	Χ	-	Χ	-	Х	-
	Neuropsychiatric intervention received (dem)	Χ	•	Χ	-	Х	-
	Disease modified pharmacothxpy	Χ		Χ	-	Х	-
4541F	Pt offered tx for pseudobulb	Χ	-	Х	-	Х	-
	Noninvas resp support talk	Χ	-	Х	-	Х	-
	Nutritional support offered	Χ	-	Х	-	Х	-
4552F	Pt ref for speech lang path	Χ	-	Х	-	Х	-
4553F	Pt asst re end life issues	Χ	-	Х	-	Х	-
4554F	Pt recvd inhal anesthetic	Χ	-	Х	-	Х	-
4555F	Pt recvd no inhal anesthic	Χ	-	Х	-	Х	-
4556F	Ptw/3+ post-op nausea and vommiting	Х	-	Х	-	Х	-
4557F	Pt w/o 3+ pot-op nausea and vommiting	Χ	-	Х	-	Х	-
4558F	Pt recvd 2 rx anti-emetagnts	Х	-	Х	-	Х	-
4559F	1 bodytemp >=35.5 cw/in 30 mins	Χ		Χ	-	Х	-
4560F	Anesth w/o general or neurax anesth	Х	-	Х	-	Х	-
	Pt w/ cornonary artery stent	Χ		Χ	-	Х	-
4562F	Patient does not have coronary artery stent	Х	-	Х	-	Х	-
4563F	Pt recvd aspirin w/in 24 hours	Χ	-	Х	-	Х	-
	Patient counseled on self - examination for new or changing moles (ml)	Х		Х	-	Х	-
	Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	Х	-	Х	-	Х	-
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste	Х	-	Х	-	Х	-
	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co	Х	-	Х	-	Х	-
	Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	Х	-	Х	-	Х	-
	Findings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business days of e	Х	-	Х	-	Х	-
5062F	Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag	Х	-	Х	-	Х	-

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Codes		Large Employer		Individual Benchmark*		Small Employer and Individual	
الي	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
5100F P	Potential risk for fracture communicated to the referring physician within 24 hours of completion	Х	-	Х	_	Х	
	f the imaging study (nuc_med)	,,		, ,		,	
	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	Χ	-	Х	-	Х	-
5250F A	sthma discharge plan present (asthma)	Χ	-	Х	-	Х	-
6005F R	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	Х	-	Х	-	Х	-
6010F D	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by nouth (str)	Х	-	Х	-	Х	-
	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	Х	-	Х	-	Х	-
	lpo (nothing by mouth) ordered (str)	X	-	X	_	X	_
6030F A	Ill elements of maximal sterile barrier technique followed including: cap and mask and sterile lown and sterile gloves a	Х	-	Х	-	Х	-
6040F U	Use of appropriate radiation dose reduction devices or manual techniques for appropriate	Х	-	Х	-	Х	-
6045F R	noderation of exposure, documen Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented rad)5	Х	-	Х	-	Х	-
	Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	Х	_	Х	_	Х	
	Pt/caregiver queried falls	X	-	X		X	
	Pt/caregiver counsel safety	X	_	X	_	X	_
	imeout to verify correct patient, correct site, and correct procedure, documented (path)9	X	-	X	-	X	-
	Safety counsel dementia prov	X	-	X	-	X	-
	Safety counsel dementia ord	Χ	-	Х	-	Х	-
	Counsel risks driving and alternatives	Χ	-	Х	-	Х	-
	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Χ	-	Х	-	Х	-
7010F P	Patient information entered into a recall system that includes: target date for the next exam pecified and a process to	Х	-	Х	-	Х	-
7020F B	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal latabase to allow for a	Х	-	Х	-	Х	-
7025F P	Patient information entered into a reminder system with a target due date for the next nammogram (rad)5	Х	-	Х	-	Х	-
	mmunohisto antibod add slid	Х	_	Х	_	Х	
	Nortic aneurysm 5-5.4cm diam	X		X		X	
	Nortic anrysm5.5-5.9cm diam	X	-	X	-	X	-
	Nortic arrysm 6/> cm diam	X	-	X	_	X	-
	sympt carot/vrtbrbas sten	X	_	X	-	X	-
	Sympt sten-tia/strk<120days	X	-	X	-	X	_
	Other carot sten 120 days/>	X		X		X	

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As of: 12/19/24

		Laı	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Liver disease, 10 biochem assays	Х		Х	_	Х	
	Liver disease, 10 biochem assays	X	_	X	_	X	
	Scoliosis dna alys	X	<u> </u>	X		X	-
	Onc hep gene risk classifier	X		X		X	
	Onc gastro 51 gene nomogram	X	_	X	_	X	
	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X	-	Х	 	Х
	Onc mrna 5 genes ur alg risk urothelial cancer	Х	-	Х	-	Х	-
	Onc mrna 5 genes ur alg risk recr urothelial ca	X	_	X	_	X	
	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal					<u> </u>	
, , , , , , ,	peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using mmunoassays, utilizing						
	serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related	Х	-	Х	-	X	-
	clinical events within 5 years						
015M	AdrnI cortcI tum bchm asy 25	Х	-	Х	-	Х	-
	Onc bladder mrna 219 gen alg	X	_	X	_	X	-
	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent						
	probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as	Х	_	Х	-	l x	-
	cell of origin						
0018M	Trnsplj rnl meas cd154+cll	Х	-	Х	-	Х	-
019M							
	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	Х	-	Х	-	Х	-
020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	Х	-	Х	-	х	-
	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image- guidance based on fluoroscopic	Х	-	Х	-	Х	-
	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image- guidance based on ct/mri images	Х	-	Х	-	Х	-
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	Х	-	Х	-	Х	-
072T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	Х	-	Х	-	Х	-
)100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-	Х	-	х	-
)101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-	Х	-	Х	-

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
irected to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. "age limited to ACA 10 essential health benefits."	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty mo	edications and should be
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	Х	-	Х	-	Х	-
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	Х	-	Х	-	Х	-
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	Х	-	Х	-	Х	-
0108T	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	Х	-	Х	-	Х	-
0109T	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	Х	-	Х	-	Х	-
0110T	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Х	-	Х	-	Х	-
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х	-	Х	-	Х
0174T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	-	Х	-	Х	-
0175T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	-	Х	-	Х	-
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Х	-	Х	-	Х	-
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-	Х	-	Х	-
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	Х	-	Х	-	Х	-
)207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Х	-	Х	-	Х	-
)213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
)214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
)215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
)218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х

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As of: 12/19/24

<u> </u>	nealti	Lar	rge Employer	Individual Benchmark*		Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	Х	-
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	Х	-
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	Х	-
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	Х	-
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Х	-	Х	-	Х	-
	Im autol b1 mrw cel ther 1 leg compl incl hrvst	Х	-	Х	-	Х	-
	Im autol b1 mrw cel ther 1 leg compl xcl hrvst	Χ	-	Х	-	X	-
	Im autol b1 mrw cel ther uni/bi hrvst only	X	-	Х	-	X	-
	Impltj/rplcmt crtd sns brorflx actv dev tot sys	Х	-	X	-	X	-
	Impltj/rplcmt crtd sns brorflx actv dev lead uni	Χ	-	X	-	X	-
	Impltj/rplcmt crtd sns brorflx actv dev pls gen	Χ	-	Χ	-	Χ	-
0269T	Rev/remvl crtd sns brorflx actv dev tot sys	Χ	-	Χ	-	X	-
0270T	Rev/remvl crtd sns brorflx actv dev lead uni	Χ	-	Х	-	X	-
0271T	Rev/remvl crtd sns brorflx actv dev pls gen	Χ	-	Х	-	Х	-
0272T	Interrogation eval crtd sns brorflx actv sys	Χ	-	Χ	-	Х	-
	Interrogation eval crtd sns brorflx w/progrmg	Х	-	Х	-	Х	-
	Perg lamot/lam any meth single/mlt lvl crv/thrc	Х	-	Х	-	Х	-
	Perg lamot/lam any meth single/mlt lvl lumbar	Х	_	Х	-	Х	-
	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes).	X	-	Х	-	X	-
0308T	Insertion of ocular telescope prothesis including removal of crystalline lens	Х	_	Х	_	Х	-
	Laps implti nstim vagus	X	_	X	_	X	_
	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	X	-	Х	-	X	-
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator	Х	-	Х	-	Х	-
0315T	Rmvl vagus nerve pls gen	Х	_	Х	_	Х	
	Replc vagus nerve pls gen	X	_	X	_	X	
	Elec analysis vagus nerve pls gen	X	-	X	-	X	
	Mntr io press 24hrs/> uni/bi	X	-		-		<u> </u>
	Tear film img uni/bi w/i&r	X	-	X	-	X	-
	Heart symp image plnr	X	-	X	-	X	-
•	Heart symp image plnr spect	X	-	X	-	Х	-

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As of: 12/19/24

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	Visual ep acuity screen auto	Х	_	Х	-	Χ	_
	Trnscth renal symp denry unl	X	_	X	_	X	-
	Trnscth renal symp denry bil	X	-	X	-	X	-
	Ins bone device for rsa	X	_	Х	-	X	-
	Rsa spine exam	X	-	X	-	X	-
	Rsa upper extr exam	X	_	Х	-	X	-
	Rsa lower extr exam	X	-	X	-	X	-
	Intraop oct brst/node spec	Х	-	Х	-	Х	-
	Oct brst/node i&r per spec	Х	-	Х	-	Х	-
	Intraop oct breast cavity	Х	-	Х	-	Х	-
	Oct breast surg cavity i&r	Х	-	Х	-	Х	-
	Bia whole body	Х	-	Х	-	Х	-
	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic			٧/		V	
ļ	dosimetry, when performed	X	-	Х	-	Х	-
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction,	V		V		V	
	includes basic dosimetry, when performed	Х	-	Х	-	Х	-
0397T	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	-	-	х	-	-	-
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Χ	-	Х	-	Х	-
	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Х	-	Х	-	Х	-
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Х	-	Х	-	Х	-
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Х	-	Х	-	Х	-
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Х	-	Х	-	Χ	-

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As of: 12/19/24

		Lar	ge Employer	Individ	ual Benchmark* Small Emplo		oyer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty me	edications and should be	
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.							
	Programming device evaluation (in person) with iterative adjustment of the implantable device to					1		
	test the function of the device and select optimal permanent programmed values	Х	-	Х	-	X	-	
	Interrogation device evaluation (in person) with analysis, review and report, includes connection,							
,,,,,,	recording and disconnection per patient encounter; implantable cardiac contr	X	-	X	-	X	-	
)422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Х	-	Х	-	Х	_	
	Myocrd contrast prfuj echo	X		X	_	X		
	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity							
, , , , ,	distal/peripheral nerve	Х	-	Х	-	X	-	
)441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity					1		
, , , , ,	distal/peripheral nerve	Х	-	Х	-	X	-	
1442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal					1		
, , , , _ ,	nerve (eg, brachial plexus, pudendal nerve)	Х	-	X	-	X	-	
)443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	_	Х	-	Х	_	
	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting,							
, , , , ,	training, and insertion, unilateral or bilateral	Х	-	X	-	X	-	
)445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-							
	training, and removal of existing insert, unilateral or bilateral	Х	-	Х	-	X	-	
	Crtj subq insj impltbl glucose sensor sys	Х	_	Х	_	Х	_	
	Rmvl impltbl glucose sensor subg pocket via inc	X	-	X	-	X	_	
	Rmvl insj impltbl gluc sensor dif anatomic site	X	_	X	_	X	_	
	Visual ep testing for glaucoma w/interpj & reprt	X	-	X	-	X	_	
	Oct skn img acquisj i&r 1st	X	-	X	-	X	-	
	Oct skn img acquisj i&r addl	X	_	X	-	X	_	
	Prgrmg io rta eltrd ra	X	-	X	-	X	-	
	Reprgrmg io rta eltrd ra	X	_	X	-	X	_	
	Insj aqueous drg dev io rsvr					, , ,		
	Insj aqueous drg dev io rsvr	Х	-	Х	-	Х	-	
	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous							
	approach, including transseptal puncture, when performed	-	X	-	Х	-	X	
)484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic							
	exposure (eg, thoracotomy, transapical)	-	X	-	Х	-	Х	
)485T	Oct middle ear with i&r unilateral	Х	-	Х	-	X	-	
	Oct middle ear with i&r bilateral	X	-	X	-	X	-	
	Diabetes prev online/electronic prgrm pr 30 days	X	-	X	-	X	_	
	Autol regn cell tx scleroderma hands	X	-	X	-	X	_	
	Autol regn cell tx scldr mlt inj one or both hands	X	-	X	-	X	_	
	Removal of sinus tarsi implant	X	-	X	-	X	_	
	Removal and reinsertion of sinus tarsi implant	X	_	X	_	X		

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Laı	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. It is a contracted to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Х	-	Х	-	Х	-
0513T	Esw integ wnd hlg ea addl	Х	-	Х	-	Х	-
	Ev cath dir chem abltj w/img	Χ	-	Χ	-	Х	-
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Х	-	Х	-	Х	-
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Х	-	Х	-	Х	-
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	-	Х	-	Х	-	Х
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Х	-	Х	-	Х	-
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Х	-	Х	-	Х	-
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	Х	-	Х	-	х	-
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	Х	-	Х	-	х	-
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	Х	-	Х	-	Х	-
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	Х	-	Х	-	Х	-
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Х	-	Х	-	Х	-
0559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Х	-	Х	-	Х	-
0560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)	Х	-	х	-	х	-
0561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Х	-	Х	-	Х	-
	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
0563T	Evac meibomian glnd heat bi	Х	-	Х	-	Х	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

9	Ticalli	Lar	ge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Autol cell implt adps hrvg	Х	_	Х	_	Х	-
	Autol cell implt adps nix	X	_	X	_	X	-
	Ttvr perq appr 1st prosth	-	Х	-	Х	-	Х
	Ttvr perq ea addl prosth	-	X	_	X	_	X
0584T	Perq islet cell transplant	Х	-	Х	-	Х	•
	Laps islet cell transplant	Х	-	Х	_	X	-
	Open islet cell transplant	X	-	X	-	X	-
	Hlth&wb coaching indiv 1st	Х	-	Х	-	Х	-
	Hlth&wb coaching indiv f-up	X	-	X	-	X	-
	Hlth&wb coaching group	Х	-	Х	-	Х	-
	Osteot hum xtrnl lngth dev	Х	-	Х	-	Х	-
	Temp fml iu vlv-pmp 1st insj	Х	-	Х	-	Х	-
	Temp fml iu valve-pmp rplcmt	Х	-	Х	-	Х	-
	Nente r-t fluor wnd img 1st	Х	-	Х	-	Х	-
	Ncntc r-t fluor wnd img ea	Х	-	Х	-	Х	-
0600T	Ire ablti 1+tum organ perq	Х	-	Х	-	Х	-
0601T	Ire abltj 1+tumors open	Х	-	Х	-	Х	-
0602T	Transdermal gfr measurements	Χ	-	Х	-	Х	-
0603T	Transdermal gfr monitoring	Х	-	Х	-	Х	-
0604T	Rem oct rta dev setup&educaj	Χ	-	Х	-	Х	-
0605T	Rem oct rta techl sprt min 8	Х	-	Х	-	Х	-
0606T	Rem oct rta phys/qhp ea 30d	Х	-	Х	-	Х	-
0607T	Rem mntr pulm flu mntr setup	Х	-	Х	-	Х	-
0608T	Rem mntr pulm flu mntr alys	Х	-	Х	-	Х	-
0609T	Mrs disc pain acquisj data	Χ	-	Χ	-	Х	-
	Mrs disc pain transmis data	Χ	•	Х		Х	-
	Mrs disc pain alg alys data	Χ	-	Χ	-	X	-
	Mrs discogenic pain i&r	Χ	•	Х		Х	-
	Perq tcat intratrl septl sht	Χ	-	Х	-	Х	-
	Eye mvmt alys w/o calbrj i&r	Х	-	Х		X	-
	Trabeculostomy interno laser	Χ		X		Х	-
	Trabeculostomy int Isr w/scp	Х	-	Х		X	-
	Auto quantification c plaque	Х	-	Х	-	X	-
	Auto quan c plaq data prep	X	-	Х	-	X	-
	Auto quan c plaq cptr alys	Х	-	Х	-	X	-
	Auto quan c plaq i&r	X	-	Х	-	X	-
	Perq njx algc fluor lmbr 1st	Χ	-	Х	-	X	-
0628T	Perq njx algc fluor Imbr ea	X	-	Х	-	X	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Not Preauthorization Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Plan coverage limited to ACA 10 essential health benefits. 0629T Perg njx algc ct lmbr 1st Χ Χ Χ _ 0630T Perq njx algc ct Imbr ea X Χ Χ _ 0632T Perg tcat us ablti nrv p-art Χ Χ Χ 0633T Ct breast w/3d uni c Χ Х Χ 0634T Ct breast w/3d uni c+ Χ Χ X 0635T Ct breast w/3d uni c-/c+ Χ Χ Χ 0636T Ct breast w/3d bi c Х Χ Х 0637T Ct breast w/3d bi c+ Х Χ Χ 0638T Ct breast w/3d bi c-/c+ Х Χ Χ --0639T Wrls skn snr anisotropy meas X Х Χ 0640T Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, Χ Χ Χ interpretation and report, each flap or wound Transcatheter left ventricular restoration device implantation including right and left heart Х Χ Χ catheterization and left ventriculography when performed, arterial approach Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of Χ Χ Χ aspirated blood, including imaging guidance, when performed 0645T Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging Χ Χ Χ guidance, and supervision and interpretation, when performed 0647T Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound Χ Χ Χ guidance, image documentation and report 0651T Magnetically controlled capsule endoscopy, esophagus through stomach, including Χ Χ Χ intraprocedural positioning of capsule, with interpretation and report Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of Χ Χ Χ specimen(s) by brushing or washing, when performed (separate procedure) 0653T Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple Χ Χ Χ 0654T Χ Χ Χ Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter Transperingal focal laser ablation of malignant prostate tissue, including transrectal imaging Χ Χ Χ guidance, with mr-fused images or other enhanced ultrasound imaging 0656T Vertebral body tethering, anterior; up to 7 vertebral segments X Χ Χ Vertebral body tethering, anterior; 8 or more vertebral segments Χ Χ Χ 0657T

Χ

Χ

Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score

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Χ

0658T

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
0659T	age initial to 7 to 7 to 5 ccc main reality benefits.						
	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Х	-	X	-	Х	-
	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	-	Х	-	Х	-
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Х	-	Х	-	Х	-
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Х	-	Х	-	Х	-
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	-	Х	-	Х	
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Х	-	Х	-	Х	-
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Х	-	Х	-	Х	-
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Х	-	Х	-	Х	-
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Х	-	Х	-	х	-
	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Х	-	Х	-	Х	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Х	-	Х	-	Х	-
0672T	Ndovag cryg rf remdl tiss	Х	-	Х	-	Х	-
0673T	Abltj b9 thyr ndul perq lasr	Χ		Χ	-	Х	-
	Laps insj nw/rpcmt prm isdss	Χ	-	Χ	-	Х	-
	Laps insj nw/rpcmt isdss 1ld	Χ	-	Χ	-	X	-
	Laps insj nw/rpcmt isdss ea	Χ	-	Χ	-	X	-
	Laps repos lead isdss 1st ld	Χ	-	Χ	-	X	-
	Laps repos lead isdss ea add	Χ	-	Χ	-	X	-
	Laps rmvl lead isdss	Χ	-	X	-	Х	-
	Insj/rplcmt pg only isdss	Х	-	Х	-	Х	-
	Ricj pulse gen only isdss	X	-	X	-	Χ	-
	Removal pulse gen only isdss	X	-	Х	-	X	-
	Prgrmg dev eval isdss ip	X	-	X	-	X	-
0684T	Peri-px dev eval isdss ip	X	-	X	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	nedications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Interrog dev eval isdss ip	Х	-	Х	_	Х	_
	Histotripsy mal hepatcel tis	X	-	X	-	X	-
	Tx amblyopia dev setup 1st	X	-	X		X	-
	Tx amblyopia assmt w/report	X	-	X	-	X	-
	Quan us tis charac w/o dx us	X	-	X		X	-
	Quan us tis charac w/d dx us	X	-	X		X	-
	Auto alys xst ct std vrt fx	X	-	X		X	-
	Therapeutic ultrafiltration	X	-	X	-	X	-
	Compre ful bdy 3d mtn alys	X	-	X	-	X	-
	3d vol img&rcnstj brst/ax	X	-	X	-	X	-
	Bdy srf mpg pm/cvdfb tm impl	X	-	X	-	X	-
	Bdy surf mapg pm/cvdfb f/up	X	-	X	-	X	-
	Quan mr tis wo mri mlt orgn	X	-	X		X	-
	Quan mr tiss w/mri mlt orgn	X	-	X	-	X	-
	Molec fluor img sus nev 1st	X	-	X	-	X	-
	Molec fluor img sus nev ea	X	-	X		X	-
	Rem tx amblyopia setup&edu	X		X		X	-
	Rem tx amblyopia tech sprt	X	-	X		X	-
	Rem tx amblyopia i&r phy/qhp	X		X		X	
	Njx b1 sub mtrl sbchdrl dfct	X		X		X	
	Id ca immntx prep & 1st njx	X	-	X		X	
	Id ca immitte prop a 1st rijk	X	_	X	_	X	_
	N-invas artl plag alys	X	_	X	_	X	_
	N-nvs artl plaq alys dat prp	X	-	X	_	X	_
	N-nvs artl plag alys guan	X	-	X	_	X	_
	N-nvs artl plag alys rvw i&r	X	-	X	_	X	_
	Tprnl Isr ablt b9 prst8 hypr	X	_	X	-	X	_
	Car acous wavfrm rec cad rsk	X	_	X	-	X	_
	Adrc ther prtl rc tear	X	_	X	-	X	_
	Adrc ther prtl rc tear njx	X	-	X	_	X	-
	Pst vrt jt rplcmt lmbr 1 sgm	Х	-	X	_	X	-
	Prq elc nrv stim cn wo implt	X	-	X	-	X	-
	Quan ct tiss charac w/o ct	X	-	X	-	X	-
	Quan ct tiss charac w/ct	X	-	X	-	X	-
_	Qmrcp w/o dx mri sm anat ses	X	-	X	-	X	-
	Qmrcp w/dx mri same anatomy	X	-	X	-	X	-
	Vestibular dev impltj uni	X	-	X	-	X	-
	Rmvl implt vstibular dev uni	X	-	X	-	X	-
	needed after certain number of visits. Limit depends on plan/provider type						

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24 Health Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits. 0727T Rmvl&rplcmt implt vstblr dev Χ Χ Χ _ 0728T Dx alvs vstblr implt uni 1st Χ X Χ -0729T Dx alvs vstblr implt uni sbg Χ Χ Χ 0730T Trabeculotomy Isr w/oct gdn Χ Х Χ 0731T Augmnt ai-based fcl phnt a/r Χ Χ X 0732T Immntx admn electroporatn im Χ Χ Χ 0733T Rem bdy&lmb knmtc ther sply Χ Χ Х 0734T Rem bdy&lmb knmtc tx mgmt Х Χ Х 0736T Colonic lavage 35+l water Х Χ Χ --0737T Xenograft implti artclr surf Χ Χ Χ 0738T Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data Х Χ Χ from previously performed magnetic resonance imaging (mri) examination Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural. transperineal needle/catheter placement for nanoparticle installation and intraprocedural Χ Χ Χ temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation 0740T Remote autonomous algorithm-based recommendation system for insulin dose calculation and Χ Χ Χ titration; initial set-up and patient education 0741T Remote autonomous algorithm-based recommendation system for insulin dose calculation and Χ Χ Χ titration; provision of software, data collection, transmission, and storage, each 30 days 0742T Absolute quantitation of myocardial blood flow (agmbf), single-photon emission computed tomography (spect), with exercise or pharmacologic stress, and at rest, when performed (list Χ Χ Χ separately in addition to code for primary procedure) Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength Χ Χ Χ and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report 0744T Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, Χ Χ Χ eptfe, bovine pericardium), when performed

Х

Χ

(eg, removal of setons, fistula curettage, closure of internal openings)

0748T Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation

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^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria. ©2023 Select Health. All rights reserved. 2197751 09/23



0759T

procedure)

Select COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits. 0749T Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, Χ Χ Χ retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report; 0750T Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk Χ Χ Χ and bmd, interpretation and report; with single-view digital x-ray examination of the hand taken for the purpose of dxr-bmd 0751T Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic Х Χ Χ examination (list separately in addition to code for primary procedure) Digitization of glass microscope slides for level iii, surgical pathology, gross and microscopic Χ Χ Χ examination (list separately in addition to code for primary procedure) 0753T Digitization of glass microscope slides for level iv, surgical pathology, gross and microscopic Х Χ Χ examination (list separately in addition to code for primary procedure) 0754T Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic Χ Χ Χ examination (list separately in addition to code for primary procedure) Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic Χ Χ Χ examination (list separately in addition to code for primary procedure) 0756T Digitization of glass microscope slides for special stain, including interpretation and report, group i, for microorganisms (eg, acid fast, methenamine silver) (list separately in addition to code for Χ Χ Χ primary procedure) 0757T Digitization of glass microscope slides for special stain, including interpretation and report, group ii, all other (eg. iron, trichrome), except stain for microorganisms, stains for enzyme constituents. Χ Χ Χ or immunocytochemistry and immunohistochemistry (list separately in addition to code for primary procedure) Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (list separately in addition to code for primary Χ Χ Χ procedure)

Χ

Χ

Χ

Χ

Digitization of glass microscope slides for special stain, including interpretation and report, group

iii, for enzyme constituents (list separately in addition to code for primary procedure)

0760T Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (list separately in addition to code for primary

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Χ

Χ

As of: 12/19/24

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COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits 0761T Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (list separately in addition to code for Χ Χ Χ primary procedure) 0762T Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (list separately in addition to code for primary Χ Χ Χ procedure) 0763T Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per Χ Χ Χ specimen, each single antibody stain procedure, manual (list separately in addition to code for primary procedure) 0764T Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg. low-Χ Χ Χ ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (list separately in addition to code for primary procedure) Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eq. lowejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously Χ Χ Χ performed electrocardiogram Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, 0766T peripheral nerve, initial treatment, with identification and marking of the treatment location, Χ Χ Χ including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when Х Χ Χ performed; each additional nerve (list separately in addition to code for primary procedure) 0770T Virtual reality technology to assist therapy (list separately in addition to code for primary Χ Χ Χ 0771T Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr Χ Χ Χ procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological

status; initial 15 minutes of intraservice time, patient age 5 years or older

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website *Plan coverage limited to ACA 10 essential health benefits. 0772T Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to Χ Χ Χ assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (list separately in addition to code for primary service) Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional Χ Χ Χ performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; Χ Χ Χ initial 15 minutes of intraservice time, patient age 5 years or older each additional 15 minutes intraservice time (list separately in addition to code for primary service 0776T Therapeutic induction of intra-brain hypothermia, including placement of a mechanical Χ Χ Χ temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg. vital signs and sport concussion assessment tool 5 [scat5]), 30 minutes of treatment 0777T Real-time pressure-sensing epidural guidance system (list separately in addition to code for Χ Χ Χ primary procedure) 0778T Surface mechanomyography (smmg) with concurrent application of inertial measurement unit Χ Χ Χ (imu) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function 0779T Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and Χ Χ Χ report Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract Χ Χ Χ 0781T Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic Χ Χ Χ quidance when performed; bilateral mainstem bronchi 0782T Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic Χ Χ Χ

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guidance when performed; unilateral mainstem bronchus

Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of

equipment

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. 0784T Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, Χ Χ Χ including imaging guidance, when performed 0785T Χ Χ Χ Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator Insertion or replacement of percutaneous electrode array, sacral, with integrated Χ Χ Χ neurostimulator, including imaging guidance, when performed 0787T Χ Χ Χ Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or Χ Χ Χ lumbar vertebral body tethering, including thoracoscopy, when performed 0791T Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (list Χ Χ Χ separately in addition to code for primary procedure) Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior Χ Χ Χ molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including Χ Χ Χ allograft or synthetic device(s) Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial Χ Χ Χ disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure) Noncontact near-infrared spectroscopy (eq. for measurement of deoxyhemoglobin, 0860T oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease. Χ Χ Χ including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities 0867T Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate Χ Χ Χ volume greater or equal to 50 mL High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, 0868T Χ Χ Χ with interpretation and report 0877T

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Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical

diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT

examination of any structure contained in previously acquired diagnostic imaging

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^{**}Preauth after 3rd rental month when doesn't met criteria.



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		Large Employer		Individ	dual Benchmark*	Small Employer and Individual	
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	rage limited to ACA 10 essential health benefits.						
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical						
	diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	х	-	Х	-	Х	-
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Х	-	Х	-	х	-
T0880	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	х	-	Х	-	Х	-
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	х	-	х	-	х	-
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	Х	-	Х	-	х	-
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Х	-	Х	-	Х	-
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	х	-	Х	-	х	-
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Х	-	Х	-	Х	•
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Х	-	Х	-	Х	-
	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Х	-	Х	-	х	-
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image- guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	Х	-	Х	-	х	-
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	Х	-	Х	-	Х	-

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As of: 12/19/24

9		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. "age limited to ACA 10 essential health benefits."	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	Х	-	Х	-	Х	-
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	Х	-	Х	-	Х	-
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	Х	-	Х	-	Х	-
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	Х	-	Х	-	Х	-
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	Х	-	Х	-	×	-
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	Х	-	х	-	х	-
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	Х	-	Х	-	×	-
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	Х	-	Х	-	х	-
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	Х	-	Х	-	x	-
	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Х	-	Х	-	Х	-
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Х	-	Х	-	Х	-
	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Х	-	Х	-	Х	-
	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Х	-	Х	•	Х	-
	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Х	-	Х	-	Х	-
	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	Х	-	Х	-	Х	-

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Large Employer Individual Benchmark* Small Employer and Individual Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits 0925T Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse Χ Χ Χ generator Programming device evaluation (in person) with iterative adjustment of the implantable device to 0926T test the function of the device and select optimal permanent programmed values with analysis, Χ Χ Χ including review and report, implantable cardiac contractility modulation-defibrillation system 0927T Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility Χ Χ Χ modulation-defibrillation system Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulationdefibrillation system with interim analysis and report(s) by a physician or other qualified health Χ Χ Χ care professional Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulationdefibrillation system, remote data acquisition(s), receipt of transmissions, technician review, Χ Χ Χ technical support, and distribution of results Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for Χ Χ Χ arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for Χ Χ Χ arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram Χ Χ that demonstrated preserved ejection fraction, with interpretation and report by a physician or Х other qualified health care professional 0933T Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal Χ Χ Χ puncture, imaging guidance, and radiological supervision and interpretation

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Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from

daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle

modifications, when performed, and report(s) by a physician or other qualified health care

professional

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0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	Х	-	Х	-	Х	-
0936T	Photobiomodulation therapy of retina, single session	Х	-	Х	-	Х	-
	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Х	-	Х	-	Х	-
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	Х	-	Х	-	Х	-
	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	Х	-	Х	-	Х	-
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	Х	-	Х	-	Х	-
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	Х	-	Х	-	х	-
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	Х	-	Х	-	х	-
	Rbc dna hea 35 ag 11 bld grp whl bld cmn allel	-	Х	-	Х	-	X
0002U	Onc clrct quan 3 ur metabolites alg adnmts plp	Х	-	Х	-	Х	-
0003U	Onc ovarian assay 5 proteins serum alg scor	Х	-	Х	-	X	-
	Onco prst8 3 gene ur alg	-	X	-	Χ	-	Χ
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in	Х	-	Х	-	Х	-
U8000	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	Х	-	Х	-	Х	-
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	Х	-	Х	-	Х	-
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Х	-	Х	-	Х	-
0011U	Prescription drug monitoring, evaluation of drugs present by lc-ms/ms, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service inclu	Х	-	Х	-	Х	-
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	Х	-	Х	-	Х
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next- generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	-	Х	-	Х	-	Х

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these plants are updated quarterly.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
0014U							
	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-	-	Χ	-	X	-	Χ
	generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra						
0018U	Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle		V		V		V
	aspirate, algorithm reported as a positive or negative result for moderate to	-	X	-	X	-	X
0019U	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin		Х	_	V		V
	embedded tissue or fresh frozen tissue, predictive algorithm reported as potential	-	^	_	Х	-	X
0021U	Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-	Х		Х		V	
	ropporin, desmocollin, aurkaip-1, csnk2a2), multiplexed immunoassay and flow	Χ	-	_ X	-	Х	-
0022U							
	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, dna and rna analysis,	Χ	-	Х	-	X	-
	23 genes, interrogation for sequence variants and rearrangements, reported as pr						
	Glyca nuc mr spectroscopy quantitative	Х	-	Х	-	Х	-
	Tenofovir liq chrom tandem mass spect ur quan	Х	-	Х	-	Х	-
	Onc thyr dna&mrna 112 genes fna ndul alg alys	-	Х	-	Х	-	Х
	Rx metab advrs rx rxn & rspse trgt seq alys	-	Χ	-	Х	-	X
	Rx metab warfarin rx response trgt seq alys	-	Х	-	Х	-	Х
	Comt gene analysis c.472g>a variant	-	Х	-	Х	-	Х
0033U	Htr2a htr2c gene analysis common variants	-	Х	-	Х	-	Х
	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced			.,		.,	
	conformational conversion, qualitative	Х	-	Х	-	Х	-
	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and						
	normal specimen, sequence analyses	-	X	-	X	-	X
	Trgt gen seg alys sld orgn neo dna 324 genes	-	Х	-	Х	-	Х
0038U	Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	Х	-	Х	-	Х	-
	Deoxyribonucleic acid (dna) antibody, double stranded, high avidity	Χ	-	Х	-	Х	-
	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint,						
	quantitative	-	X	-	Х	-	X
0045U	Onc brst dux carc is mrna 12 genes alg rsk scor	-	Х	-	Х	-	Х
	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd)						ν.
	variants, quantitative	-	X	-	X	-	X
	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Х	-	Х	-	Х
	Onc sld org neo dna 468 cancer associated genes	-	Х	-	Х	-	Х
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194		V		٧/		V
	genes, interrogation for sequence variants, copy number variants or rearrangements	-	X	_	X	-	X
	Lpoprtn bld w/5 maj class auto prfl ucentrfugtn	Χ	-	Х	-	Х	-

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<u> </u>	nealui	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	loyer and Individual
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0053U	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Х	-	Х	-	Х	-
0054U	Rx mntr 14+ class drugs & sbsts capillary blood	Χ	-	Х	-	Х	-
0055U	Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	-	Х	-	Х	-	Х
0056U	Hem aml dna gene rearrangement blood/bone marrow	-	Х	-	Х	_	Х
	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t antigen), serum, quantitative	Х	-	Х	-	Х	-
0059U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum, reported as positive or negative	Х	-	Х	-	Х	-
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood	Х	-	Х	-	Х	-
0061U	Tc meas 5 biomarkers w/sfdi multi-spectral alys	Х	_	Х	_	X	-
	Cyp2d6 gen com&slct rar vrnt	-	Х	-	Х	-	Х
	Cyp2d6 full gene sequence	-	X	-	X	-	X
	Cyp2d6 gen cyp2d6-2d7 hybrid	-	Х	-	Х	-	Х
	Cyp2d6 gen cyp2d7-2d6 hybrid	-	Х	-	Х	-	Х
	Cyp2d6 nonduplicated gene	-	Х	-	Х	-	Χ
0075U	Cyp2d6 5' gene dup/mlt	-	Х	-	Х	-	Χ
0076U	Cyp2d6 3' gene dup/mlt	-	Х	-	Х	-	Х
	Pain mgt opi use gnotyp pnl	Χ	-	Х	-	Х	-
0079U	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	-	Х	-	Х	-	Х
U0800	Onc Ing 5 clin rsk factr alg	Χ	-	Х	-	Х	-
0082U	Rx test def 90+ rx/sbsts ur	Χ	-	Х	-	Х	-
0083U	Onc rspse chemo cntrst tomog	Χ	-	Х	-	Х	-
0084U	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Х	-	Х	-	Х	-
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rrna fish, 6 or more organism targets, reported as positive or negative with phenotypi	Х	-	Х	-	Х	-
0087U	Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro	-	Х	-	Х	-	Х
U8800	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	-	Х	-	Х	-	Х
0089U	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	Х	-	Х	-	Х	-
0090U	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit	Х	-	Х	-	Х	-

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	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood,						
100010	algorithm, for the presence of adenoma or cancer, reported as a positive o	Χ	-	Х	-	X	-
009211	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor						
	technology, plasma, algorithm reported as risk score for likelihood of malignancy	Х	-	Х	-	X	-
	Prescription drug monitoring, evaluation of 65 common drugs by lc-ms/ms, urine, each drug						
	reported detected or not detected	Х	-	Х	-	Х	-
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence		.,		.,		.,
	analysis	-	X	-	X	-	X
0095U	Inflammation (eosinophilic esophagitis), elisa analysis of eotaxin-3 (ccl26 [c-c motif chemokine						
	ligand 26]) and major basic protein (prg2 [proteoglycan 2, pro eosinophil majo	Х	-	Х	-	X	-
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe	Х		Х	_	V	
	technique, multiple types or subtypes, 22 targets (campylobacter [c. jejuni/c. coli/c.	^	-	^	-	Х	-
0101U							
	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden	-	X	-	X	-	X
	syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a						
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian		Х	_	Х	_	Х
	cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	_	^	_	^	_	Λ
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer),	_	Х	_	X	_	Χ
	genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr	_	^		Λ	_	Λ
	Neph ckd mult eclia tum nec	Χ	-	Χ	-	Х	-
	C diff tox ag detcj ia stool	Χ	-	X	-	Х	-
	Gi barrett esoph 9 prtn bmrk	Χ	-	Х	-	Χ	-
	Id aspergillus dna 4 species	Х	-	Х	-	Х	-
	Rx mntr 1+oral onc rx&sbsts	Х	-	X	-	Х	-
	ladi 16s&18s rrna genes	Х	-	X	-	Х	-
	Onc prst8 pca3&tmprss2- erg	-	X	-	X	-	X
	Gi barretts esoph vim&ccna1	-	Х	-	Х	-	X
	Respir iadna 18 viral&2 bact	X	-	X	-	X	-
	Rx mntr nzm ia 35+oral flu	X	-	X	-	X	-
	Pain mgmt 11 endogenous anal	Х	- V	Х	-	Х	- V
	Trnsplj don-drv cll-fr dna	- V	X	- V	Х	- V	X
	Crd ceramides liq chrom plsm Onc b cll lymphm mrna 58 gen	Х	- V	Х	- ~	Х	- V
		- X	X	- ~	X	- V	X
	Sc dis vcam-1 whole blood Sc dis p-selectin whl blood	X	-	X		X	-
	Mchnl fragility rbc prflg	X	-	X	-	X	<u>-</u>
	Hered brst ca rltd do panel	^	- X		- X	 ^ 	X
01290	i leieu biot da iltu uo panel	-	^		^		^

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As of: 12/19/24

Ticaliti	Lai	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
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directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.						
0130U Hered colon ca do mrna pnl		Х	_	Х	I - I	Х
0131U Hered brst ca rltd do pnl 13	_	X	_	X	- 1	X
0132U Hered ova ca rltd do pnl 17	_	X	_	X	_	X
0133U Hered prst8 ca rltd do 11	_	X	_	X	_	X
0134U Hered pan ca mrna pnl 18 gen	_	X	_	X	_	X
0135U Hered gyn ca mrna pnl 12 gen	_	X	_	X	_	X
0136U Atm mrna seq alys	_	X	_	X	_	X
0137U Palb2 mrna seg alys	_	X	_	X	_	X
0138U Brca1 brca2 mrna seq alys	-	X	_	X	- 1	X
0140U Nfct ds fungi dna 15 trgt	Х	-	Х	-	Х	-
0141U Nfct ds bact&fng gram pos	X	_	X	-	X	-
0142U Nfct ds bact&fng gram neg	X	_	X	-	X	-
0143U Drug assay 120+ rx/metablt	X	_	X	-	X	-
0144U Drug assay 160+ rx/metablt	X	_	X	-	X	-
0145U Drug assay 65+ rx/metablt	X	_	X	-	X	-
0146U Drug assay 80+ rx/metablt	X	_	X	-	X	-
0147U Drug assay 85+ rx/metablt	X	_	X	-	X	-
0148U Drug assay 100+ rx/metablt	X	-	Х	-	X	-
0149U Drug assay 60+ rx/metablt	X	-	Х	-	X	-
0150U Drug assay 120+ rx/metablt	Х	-	Х	-	Х	-
0152U Nfct bct fng prst dna >1000	X	_	X	-	X	-
0153U Onc breast mrna 101 genes	-	Х	-	Х	-	Х
0154U Fgfr3 gene analysis	-	X	-	X	-	X
0155U Pik3ca gene analysis	-	Х	-	X	-	X
0156U Copy number sequence alys	Х	-	Х	-	Х	-
0157U Apc mrna seq alys	-	Х	-	Х	- 1	Х
0158U Mlh1 mrna seq alys	-	Х	-	Х	-	Х
0159U Msh2 mrna seq alys	-	Х	-	Х	-	Х
0160U Msh6 mrna seq alys	-	Х	-	Х	-	Х
0161U Pms2 mrna seq alys	-	Х	-	Х	- 1	Х
0162U Hered colon ca trgt mrna pnl	-	X	-	X	-	X
0163U Onc circt scr 3 prtn alg	Х	-	Х	-	Х	-
0164U Gi ibs ia anticdtb&vinculin	X	-	Х	-	X	-
0165U Peanut allg spec asmt 64 epi	X	-	Х	-	X	-
0166U Liver ds 10 biochem asy srm	X	-	Х	-	X	-
0168U Ftl aneuploidy dna seq alys	-	Х	-	Х	- 1	Х
0170U Neuro asd rna next gen seg	Х	-	Х	-	Х	-

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As of: 12/19/24

Health		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by p directed to the Pharmacy link option within the websit *Plan coverage limited to ACA 10 essential health be		d quarterly. Additionally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
0172U Onc sld tum alys brca1 brca	2	-	Х	-	Х	-	Х
0173U Psyc gen alys panel 14 gene		Х	-	Х	-	Х	-
0174U Onc solid tumor 30 prtn trgt		Х	-	Х	-	Х	-
0175U Psyc gen alys panel 15 gene	es	X	-	Х	-	Х	-
0176U Cdtb&vinculin igg antb ia		X	-	Х	-	Х	-
0177U Onc brst ca dna pik3ca 11		-	Х	-	Х	-	Х
0178U Peanut allg asmt epi clin rx		X	-	Х	-	Х	-
0179U Onc nonsm cll lng ca alys 23	3	-	Х	-	Х	-	Х
0180U Abo gnotyp abo 7 exons		X	-	Х	-	Х	-
0181U Co gnotyp agp1 exon 1		X	-	Х	-	Х	-
0182U Crom gnotyp cd55 exons 1-1	10	X	-	Х	-	Х	-
0183U Di gnotyp slc4a1 exon 19		X	-	Х	-	Х	-
0184U Do gnotyp art4 exon 2		X	-	Х	-	Х	-
0185U Fut1 gnotyp fut1 exon 4		X	-	Х	-	Х	-
0186U Fut2 gnotyp fut2 exon 2		X	-	Х	-	Х	-
0187U Fy gnotyp ackr1 exons 1-2		X	-	Х	-	Х	-
0188U Ge gnotyp gypc exons 1-4		Х	-	Х	-	Х	-
0189U Gypa gnotyp ntrns 1 5 exon	2	X	-	Х	-	Х	-
0190U Gypb gnotyp ntrns 1 5 seux		X	-	Х	-	Х	-
0191U In gnotyp cd44 exons 2 3 6		X	-	Х	-	Х	-
0192U Jk gnotyp slc14a1 exon 9		Х	-	Х	-	Х	-
0193U Jr gnotyp abcg2 exons 2-26		X	-	Х	-	Х	-
0194U Kel gnotyp kel exon 8		X	-	Х	-	Х	-
0195U Klf1 targeted sequencing		X	-	Х	-	Х	-
0196U Lu gnotyp bcam exon 3		X	-	Х	-	Х	-
0197U Lw gnotyp icam4 exon 1		Х	-	Х	-	Х	-
0198U Rhd&rhce gntyp rhd1-10&rh	ce5	X	-	Х	-	Х	-
0199U Sc gnotyp ermap exons 4 12		X	-	Х	-	Х	-
0200U Xk gnotyp xk exons 1-3		Х	-	Х	-	Х	-
0201U Yt gnotyp ache exon 2		Х	-	Х	-	Х	-
0203U Ai ibd mrna xprsn prfl 17		Х	-	Х	-	Х	-
0204U Onc thyr mrna xprsn alys 59	3	-	Х	-	Х	-	Х
0205U Oph amd alys 3 gene varian		Х	-	Х	-	Х	-
0206U Neuro alzheimer cell aggreg		X	-	Х	-	Х	-
0207U Neuro alzheimer quan imagi		Х	-	Х	-	Х	-
0209U Cytog const alys interrog		-	Х	-	Х	-	Х
0210U Syphilis tst antb ia quan		Х	-	Х	-	Х	-
0211U Onc pan-tum dna&rna gnrj s	seq	-	Х	-	Х	-	Х

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As of: 12/19/24

		Laı	rge Employer	Indivi	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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	age limited to ACA 10 essential health benefits.						
0212U	Rare ds gen dna alys proband	-	Х	-	Х	-	Х
	Rare ds gen dna alys ea comp	-	Х	-	Х	-	Х
	Rare ds xom dna alys proband	-	Х	-	Х	-	Х
	Rare ds xom dna alys ea comp	-	Х	-	Х	-	Х
	Neuro inh ataxia dna 12 com	-	Х	-	Х	-	Х
0217U	Neuro inh ataxia dna 51 gene	-	Х	-	Х	-	Х
0218U	Neuro musc dys dmd seg alys	-	Х	-	Х	-	Х
	Nfct agt hiv gnrj seq alys	Х	-	Х	-	Х	-
	Onc brst ca ai assmt 12 feat	Х	-	Х	-	Х	-
0221U	Abo gnotyp next gnrj seq abo	Х	-	Х	-	Х	-
	Rhd&rhce gntyp next gnrj seq	Х	-	Х	-	Х	-
	Rx asy prsmv 30+rx/metablt	Х	-	Х	-	Х	-
0228U	Onc prst8 ma molec prfl alg	Х	-	Х	-	Х	-
0229U	Bcat1 promoter mthyltn alys	Х	-	Х	-	Х	-
0230U	Ar full sequence analysis	-	X	-	Х	-	Χ
0231U	Cacna1a full gene analysis	-	Х	-	Х	-	Х
0232U	Cstb full gene analysis	-	X	-	X	-	X
0233U	Fxn gene analysis	-	Х	-	Х	-	Х
0235U	Pten full gene analysis	-	Х	-	X	-	Х
0237U	Car ion chnlpthy gen seq pnl	-	Х	-	X	-	Χ
	Trgt gen seq alys pnl 311+	-	X	-	X	-	X
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna						
	analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications,	-	X	-	X	-	X
	and gene rearrangements						
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved						
	fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for	Х	-	Х	-	X	-
	preeclampsia						
0244U	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for						
	single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements,	X		l x		X	
	tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded	^	-	^	-	^	-
	tumor tissue					<u> </u>	
	Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna						
	markers using next-generation sequencing, fine needle aspirate, report includes associated risk	-	Х	-	Х	-	X
	of malignancy expressed as a percentage						
0246U	Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype	Х		Х		Х	
	prediction of at least 51 red blood cell antigens	^	_	^	_	^	-

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	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (ibp4), sex hormone-						
02 0	binding globulin (shbg), quantitative measurement by lc-ms/ms, utilizing maternal serum,						
	combined with clinical data, reported as predictive-risk stratification for spontaneous preterm	Х	-	Х	-	X	-
	birth						
0248U	Onc brn sphrd cll 12 rx pnl	Х	_	Х	-	Х	-
	Onc brst alys 32 phsprtn alg	X	_	X	-	X	-
	Onc sld org neo dna 505 gene	-	Х	-	Х	-	Х
	Hepcidin-25 elisa serum/plsm	Х	-	Х	-	Х	-
	Ftl aneuploidy str alys dna	-	Х	-	Х	-	Х
	Rprdtve med rna gen prfl 238	-	Х	-	Х	-	Х
0254U	Reprdtve med alys 24 chrmsm	-	Х	-	Х	-	Х
	Andrology infertility assmt	Х	-	Х	-	Х	-
	Tma/tmao prfl ms/ms ur alg	Х	-	Х	-	Х	-
0257U	Vlcad leuk nzm actv whl bld	Х	-	Х	-	Х	-
0258U	Ai psor mrna 50-100 gen alg	Х	-	Х	-	Х	-
0259U	Neph ckd nuc mrs meas gfr	Х	-	Х	-	Х	-
0260U	Rare ds id opt genome mapg	-	Х	-	Х	-	Χ
0261U	Onc clrct ca img alys w/ai	Х	-	Х	-	Х	-
	Onc sld tum rtpcr 7 gen	-	Х	-	Х	-	Х
	Neuro asd meas 16 c metblt	Х	-	Х	-	Х	-
	Rare ds id opt genome mapg	-	X	-	Х	-	Χ
	Rar do whl gn&mtcdrl dna als	-	X	-	Х	-	Χ
	Unxpl cnst hrtbl do gn xprsn	-	X	-	Х	-	Χ
	Rare do id opt gen mapg&seq	-	X	-	X	-	Χ
0268U	Hem ahus gen seq alys 15 gen	-	X	-	X	-	Χ
0269U	Hem aut dm cgen trmbctpna 14	-	X	-	X	-	Χ
0270U	Hem cgen coagj do 20 genes	-	X	-	Χ	-	Χ
	Hem cgen neutropenia 23 gen	-	X	-	X	-	Χ
	Hem genetic bld do 51 genes	-	X	-	Χ	-	Χ
	Hem gen hyprfibrnlysis 8 gen	-	X	-	X	-	Χ
	Hem gen pltlt do 43 genes	-	X	-	X	-	Χ
	Hem heprn nduc trmbctpna srm	X	-	Х	-	X	-
	Hem inh thrombocytopenia 23	-	X	-	X	-	Χ
	Hem gen pltlt funcj do 31	-	X	-	X	-	Χ
	Hem gen thrombosis 12 genes	-	X	-	X	-	Χ
	Hem vw factor&clgn iii bndg	Х	-	Х	-	X	-
0280U	Hem vw factor&clgn iv bndg	Χ	-	X	-	X	-

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	y plan type and may not follow the listed services. These codes are updated	quarterly. Additionally, these coding lists	do not reflect information	regarding imm	unizations, injectable dru	gs, or specialty me	edications and should be
directed to the Pharmacy link option within the wet *Plan coverage limited to ACA 10 essential health							
0281U Hem vwd propeptide ag lv		X	_	Х		Х	
0282U Rbc dna gntyp 12 bld grp g		X	_	X		X	
0283U Vw factor type 2b eval plsr		X	-	X		X	
0284U Vw factor type 2n eval plsr		X	-	X		X	
0285U Onc rsps radj cll fr dna tox			Х	-	Х	-	Х
0287U Onc thyr dna&mrna 112 ge			X	_	X	_	X
0288U Onc lung mrna quan pcr 1		_	X	_	X	_	X
0289U Neuro alzheimer mrna 24		Х	-	Х		Х	
0290U Pain mgmt mrna gen xprsr		X	-	X	-	X	-
0291U Psyc mood do mrna 144 g		X	-	X		X	-
0292U Psyc strs do mrna 72 gene		X	-	X	<u> </u>	X	
0293U Psyc suicidal idea mrna 54		X	_	X		X	_
0294U Lngvty&mrtlty rsk mrna 18		X		X		X	
0295U Onc brst dux carc 7 proteir		X	-	X		X	
0296U Onc orl&/orop ca 20 mlc fe		-	X	-	X	-	X
0297U Onc pan tum whl gen seq			X		X	_	X
0298U Onc pan tum whi trns seq			X	_	X	_	X
0299U Onc pan tum whi gen opt r			X	<u> </u>	X	_	X
0300U Onc pan tum whi gen seq			X		X	_	X
0301U Adna bartonella ddpcr	хорт	X	-	X	-	X	-
0302U Adna brtnla ddpcr flwg liq		X		X		X	
0303U Hem rbc ads whl bld hypo:	vic	X		X		X	<u>-</u>
0304U Hem rbc ads whi bid nypo		X		X	<u> </u>	X	
0305U Hem rbc fnclty&dfrm shr st		X		X	<u> </u>	X	
0306U Onc mrd nxt-gnrj alys 1st		-	X	-	X	-	X
0307U Onc mrd nxt-gnrj alys sbsc	<u> </u>		X		X	_	X
0308U Crd cad alys 3 prtn plsm a		X	-	X		X	
0309U Crd cv ds aly 4 prtn plm al		X	-	X		X	
0310U Ped vsclts kd alys 3 bmrks		X	-	X		X	
0311U Nfct ds bct quan antmcrb s		X		X		X	
0312U Ai ds sle alys 8 igg autoan		X		X	<u> </u>	X	
0313U Onc pncrs dna&mrna seq			X	-	X		X
0314U Onc cutan mlnma mrna 35		X	-	X	^	X	-
0315U Onc cutan sq cll ca mrna 4		X	-	X	<u> </u>	X	
0316U B brgdrferi lyme ds ospa e		X	-	X	<u> </u>	X	<u> </u>
0317U Onc lung ca 4-prb fish ass			X		X	^	X
0318U Ped whl gen mthyltn alys 5		-	X	-	X	-	X
0319U Neph rna pretrnspl perph b		-	X	 	X	 	X
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As of: 12/19/24

		Laı	ge Employer	Individ	lual Benchmark*	Small Employer and Individual		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be	
	macy link option within the website. ed to ACA 10 essential health benefits.							
	rna psttrnspl perph bld		Х	Ι.	Х	. I	X	
	gu pthgn 20bct&fng org	Х	-	Х	-	Х		
	o asd meas 14 acyl carn	X		X	-	X		
	cns pthgn next gen seq	X		X	-	X		
	ovar sphrd cell 4 rx pnl	X		X		X		
	ovar sphrd cell parp	X	_	X	_	X	_	
	yen seq alys pnl 83+	-	X	-	Х	-	Х	
	assay 120+ rx&metablt	Х	-	Х	-	Х	-	
	neo xome&trns seg alys	-	Х	-	Х	-	Х	
	vag pthgn panel 27 org	Х	-	Х	-	Х	-	
	nl neo opt gen mapping	-	Х	-	Х	-	Х	
	pan tum gen prflg 8 dna	-	X	-	X	_	X	
	vr surveilanc hcc cfdna	-	X	-	X	-	X	
	sld orgn tgsa dna 84/+	-	Х	-	Х	-	Х	
	ds whl gen seq fetal	-	Х	-	Х	-	Х	
	ds whl gen seg bld/slv	-	Х	-	Х	-	Х	
0337U Onc p	olsm cell do & myeloma id	Х	-	Х	-	Х	-	
338U Onc s	sld tum crcg tum cl slct	Х	-	Х	-	Х	-	
	orst8 mrna hoxc6 & dlx1	Х	-	Х	-	Х	-	
340U Onc p	pan ca alys mrd plasma	-	Х	-	Х	-	Χ	
0341U Ftl and	eup dna seq cmpr alys	-	Χ	-	Х	-	Χ	
342U Onc p	oncrtc ca mult ia eclia	Χ	-	Х	-	Х	-	
343U Onc p	orst8 xom aly 442 sncrna	Χ	-	Х	-	Х	-	
)344U Hep n	nafld semiq evl 28 lipid	Χ	-	Х	-	Х	-	
345U Psyc	genom alys pnl 15 gen	Χ	-	Х	-	Х	-	
346U Beta a	amyl aβ40 & aβ42 lc-ms/ms	Χ	-	Х	-	Х	-	
)347U Rx me	etab/pcx dna 16 gen alys	Χ	-	Х	-	Х	-	
348U Rx me	etab/pcx dna 25 gen alys	Χ	-	Χ	-	Χ	=	
)349U Rx me	etab/pcx dna 27gen rx ia	Χ	-	Χ	-	Х	-	
	etab/pcx dna 27 gen alys	Χ	-	Χ	-	Χ	=	
351U Nfct d	ls bct/viral trail ip10	Χ	-	Χ	-	Х		
	ni rsk qual mrna e6/e7	Χ	-	Χ	-	Χ	-	
355U Apol1	(apolipoprotein I1) (eg, chronic kidney disease), risk variants (g1, g2)	Χ	-	Χ	-	Х		
	logy (oropharyngeal), evaluation of 17 dna biomarkers using droplet digital pcr (ddpcr), cell- lna, algorithm reported as a prognostic risk score for cancer recurrence	Х	-	Х	-	Х	-	

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		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ıgs, or specialty m	nedications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
0357U	•						
	Oncology (melanoma), artificial intelligence (ai)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Х	-	Х	-	Х	-
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Х	-	Х	-	X	-
	Oncology (prostate cancer), analysis of all prostate-specific antigen (psa) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Х	-	Х	-	Х	-
0360U	Oncology (lung), enzyme-linked immunosorbent assay (elisa) of 7 autoantibodies (p53, ny-eso-1, cage, gbu4-5, sox2, mage a4, and hud), plasma, algorithm reported as a categorical result for risk of malignancy	Х	-	Х	-	х	-
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Х	-	Χ	-	Х	-
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment rna sequencing of 82 content genes and 10 housekeeping genes, formalinfixed paraffin embedded (ffpe) tissue, algorithm reported as one of three molecular subtypes	-	Х	-	X	-	Х
	Oncology (urothelial), mrna, geneexpression profiling by real-time quantitative pcr of 5 genes (mdk, hoxa13, cdc2 [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	-	Х	-	X	-	Х
	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (pcr) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (mrd) with quantitation of disease burden, when appropriate	Х	-	X	-	X	-
	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Х	-	Х	•	х	-
	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	Х	-	Х	-	Х	-
0367U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Х	-	Х	-	х	-

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Small Employer and Individual Large Employer Individual Benchmark* Preauthorization Codes Description Not Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website *Plan coverage limited to ACA 10 essential health benefits 0368U Oncology (colorectal cancer), evaluation for mutations of apc, braf, ctnnb1, kras, nras, pik3ca, smad4, and tp53, and methylation markers (myo1g, kcnq5, c9orf50, fli1, clip4, znf132 and Χ Χ Χ twist1), multiplex quantitative polymerase chain reaction (qpcr), circulating cell-free dna (cfdna), plasma, report of risk score for advanced adenoma or colorectal cancer 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, Χ Χ Х multiplex amplified probe technique Infectious agent detection by nucleic acid (dna and rna), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibioticresistance genes, multiplex Χ Χ Χ amplified probe technique, wound swab 0371U Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiguantitative Χ Χ Χ identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine 0372U Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex Χ Χ Χ amplified probe technique, urine, reported as an antimicrobial stewardship risk score 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 Χ Χ Χ or lower respiratory specimen 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, Χ Χ Χ multiplex amplified probe technique, urine 0375U Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein a-1, transferrin, beta-2 macroglobulin, prealbumin [ie, Χ Χ Χ transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate

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cancerspecific mortality, includes predictive algorithm to androgen deprivationtherapy response,

Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by

nuclear magnetic resonance (nmr) spectrometry with report of a lipoprotein profile (including

Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat-

primed pcr. blood, saliva, or buccal swab

if appropriate

23 variables)

0377U

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			rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
0379U	age minot to 764 175 Secondar Iodaki Seriolid.						
	Targeted genomic sequence analysis panel, solid organ neoplasm, dna (523 genes) and rna (55 genes) by nextgeneration sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Х	-	Х	-	Х	-
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and cyp2d6 deletion or duplication analysis with reported genotype and phenotype	Х	-	Х	-	Х	-
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of alloisoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (lcms/ms)	Х	-	Х	-	х	-
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	Х	-	Х	-	Х	-
0383U	Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	Х	-	Х	-	Х	-
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (lcms/ms) and hba1c and estimated glomerular filtration rate (gfr), with risk score reported for predictive progression to high-stage kidney disease	Х	-	Х	-	х	-
0385U	Nephrology (chronic kidney disease), apolipoprotein a4 (apoa4), cd5 antigen-like (cd5l), and insulin-like growth factor binding protein 3 (igfbp3) by enzyme-linked immunoassay (elisa), plasma, algorithm combining results with hdl, estimated glomerular filtration rate (gfr) and clinical data reported as a risk score for developing diabetic kidney disease	Х	-	х	-	х	-
	Gastroenterology (barrett's esophagus), p16, runx3, hpp1, and fbn1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Х	-	Х	-	х	-
	Oncology (melanoma), autophagy and beclin 1 regulator 1 (ambra1) and loricrin (amlo) by immunohistochemistry, formalinfixed paraffin-embedded (ffpe) tissue, report for risk of progression	Х	-	Х	-	х	-
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Х	-	Х	-	х	-
0389U	Pediatric febrile illness (kawasaki disease [kd]), interferon alphainducible protein 27 (ifi27) and mast cell-expressed membrane protein 1 (mcemp1), rna, using reverse transcription polymerase chain reaction (rt-qpcr), blood, reported as a risk score for kd	Х	-	Х	-	х	-

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		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these than the property of the proper	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (kdr), endoglin (eng), and retinol-						
	binding protein 4 (rbp4), by immunoassay, serum, algorithm reported as a risk score	Х	-	X	-	Х	-
0391U	Oncology (solid tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed						
	paraffin-embedded (ffpe) tissue, 437 genes, interpretive report for						
	single nucleotide variants, splicesite variants, insertions/deletions, copy number alterations, gene	-	X	-	X	-	X
	fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying						
	immunotherapy response score						
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [adhd]), gene-drug						
	interactions, variant analysis of 16 genes, including deletion/duplication analysis of cyp2d6,	-	Χ	-	X	-	X
	reported as impact of gene-drug interaction for each drug						
0393U	Neurology (eg, parkinson disease, dementia with lewy bodies), cerebrospinal fluid (csf),	Х	_	Х	_	Х	_
	detection of misfolded α-synuclein protein by seed amplification assay, qualitative	Λ		^		^	
0394U	Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16						
	pfas compounds by liquid chromatography with tandem mass spectrometry (lc-ms/ms), plasma	Х	-	Х	-	X	-
	or serum, quantitative						
0395U	Oncology (lung), multi-omics (microbial dna by shotgun nextgeneration sequencing and						
	carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as	Х	-	Х	-	Х	-
	malignancy risk for lung nodules in early-stage disease						
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 dna single-nucleotide					.,	
	polymorphisms (snps) by microarray, embryonic tissue, algorithm reported as a probability for	Х	-	Х	-	Х	-
200=11	single-gene germline conditions						
03970	Oncology (non-small cell lung cancer), cell-free dna from plasma, targeted sequence analysis of	.,				.,	
	at least 109 genes, including sequence variants, substitutions, insertions, deletions, select	Χ	-	Х	-	Х	-
000011	rearrangements, and copy number variations						
03980	Gastroenterology (barrett esophagus), p16, runx3, hpp1, and fbn1 dna methylation analysis	V		V		V	
	using pcr, formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	Х	-	Х	-	Х	-
020011	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor iggbinding						
03990	antibody and blocking autoantibodies by enzyme-linked immunoassay (elisa), qualitative, and						
	blocking autoantibodies, using a functional blocking assay for igg or igm, quantitative, reported	Χ	-	Х	-	X	-
	as positive or not detected						
040011	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment						
10-000	analysis and multiplex ligationdependent probe amplification, dna, reported as carrier positive or	_	X		Х	_	X
	negative		Λ		^		^
0401U	nioganio						
1	Cardiology (coronary heart disease [cad]), 9 genes (12 variants), targeted variant genotyping,	Х	_	Х	_	Х	_
	blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event			^		^	
	,,	1					

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and mcp-3 by immunoassay combined with age, sex, family history, and personal history of

diabetes, blood, algorithm reported as a 5-year (deleted risk) score for acs

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		Laı	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these pleases within the push of the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Infectious agent detection by nucleic acid (dna), genitourinary pathogens, identification of 20						
	bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance	Х	_	Х	-	X	-
	genes, if performed, multiplex amplified probe technique, urine	, ,		, ,			
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	Х	_	Х	_	X	_
	variants analysis, blood or saliva, identification and categorization of mitochondrial	,		^			
	disorder–associated genetic variants						
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8						
01100	histologic and immunohistochemical features, reported as a recurrence score	Х	-	Х	-	X	-
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of						
	13 genes, saliva or buccal swab, report of each gene phenotype	Х	-	Х	-	Х	-
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	-	Х	-	Х	-	X
	as a risk score for urothelial carcinoma						
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna						
	markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin,	Х	_	Х	_	X	-
	algorithm reported as a positive or negative for colorectal cancer risk						
0422U	- <u>g</u>						
	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	Χ	-	Х	-	Х	-
	circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative						
	change from baseline, including specific alterations, if appropriate						
0423U							
	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26	Х	-	Х	-	X	-
	genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition						
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by						
	quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no	Χ	-	Х	-	Х	-
	molecular evidence, low-, moderate- or elevated-risk of prostate cancer						
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence		V		V		V
	analysis, each comparator genome (eg, parents, siblings)	-	X	-	Х	-	X
	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence		V		V		V
	analysis	-	Х	-	Х	-	Χ
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary	~		V			
	procedure)	Х	_	X	-	Х	-

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		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty m	edications and should be
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	-	Х	-	х	-	х
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	Х	-	Х	-	х	-
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	Х	-	Х	-	х	-
	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	Х	-	Х	-	Х	-
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Х	-	Х	-	Х	-
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Х	-	Х	-	Х	-
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	Х	-	Х	-	Х	-
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Х	-	Х	-	х	-
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Х	-	Х	-	х	-
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 gene-drug interactions	Х	-	Х	-	Х	-
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	x	-	×	-	х	-

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directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	X	-	x	-	X	-
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	Х	-	Х	-	х	-
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	Х	-	Х	-	х	-
	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	-	X	-	Х	-
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	X	-	Х	-	X
0445U	β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-	Х	-	х	-
	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffinembedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	-	Х	-	Х	-	Х
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	Х	-	Х	-	Х	-

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 $[\]ensuremath{^{**}\text{Preauth}}$ after 3rd rental month when doesn't met criteria.



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		Lar	rge Employer	Individual Benchmark*		Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	Х	-	х	-	х	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Х	-	Х	-	Х	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	Х	-	х	-	Х	-
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	Х	-	Х	-	х	-
	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	1	Х	-	Х	-	Х
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	Х	-	х	-	х	-
	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Х	-	Х	-	Х	-
	Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Х	-	Х	-	х	-
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-	Х	-	Х	-
	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real- time PCR of 24 genes, with variant analysis and reported phenotypes	Х	-	Х	-	Х	-
	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Х	-	Х	-	х	-
	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzymelinked immunosorbent assay (ELISA), saliva, screening/preliminary	Х	-	Х	-	Х	-

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Χ

Χ

(SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA),

semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome

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preeclampsia with severe features within 2 weeks

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		Laı	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	Х	-	Х	-	х	-
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	Х	-	Х	-	Х	-
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	-	х	-	х	-	Х
	Oncology (pan-solid tumor), nextgeneration sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	Х	-	Х	-	х	-
	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidycorrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	Х	-	Х	-	х	-
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cellfree DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	-	Х	-	Х	-	Х
0489U	Obstetrics (single-gene noninvasive prenatal test), cellfree DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	-	х	-	Х	-	Х
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular–weight melanomaassociated antigen, CD34 and CD45 protein biomarkers, peripheral blood	Х	-	Х	-	х	-
	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker—expressing cells, peripheral blood	Х	-	х	-	х	-
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker– expressing cells, peripheral blood	Х	-	Х	-	х	-

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	ne Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using		.,		.,		
	nextgeneration sequencing, plasma, reported as percentage of donorderived cell-free DNA	-	X	-	Х	-	X
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-						
	free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as	-	X	-	Χ	-	Χ
	positive or negative						
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and						
	GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of	V		V		V	
	prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of	Х	-	Х	-	Х	-
	detecting clinically significant prostate cancer						
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time						
	RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or	Х	-	Χ	-	X	-
	negative for colorectal cancer or advanced adenoma risk						
0497U	Oncology (prostate), mRNA geneexpression profiling by real-time RT-PCR of 6 genes (FOXM1,						
	MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalinfixed paraffin-embedded	-	X	-	X	-	X
	(FFPE) tissue, algorithm reported as a risk score for prostate cancer						
0498U	Oncology (colorectal), nextgeneration sequencing for mutation detection in 43 genes and						
	methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue,	-	X	-	X	-	X
	report of variants and methylation pattern with interpretation						
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffinembedded (FFPE) tissue,						
	nextgeneration sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS,	-	X	-	X	-	X
	and TP53), mutation detection						
0500U							
	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant	Х	-	Х	-	X	-
	analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)						
	Oncology (colorectal), blood, quantitative measurement of cellfree DNA (cfDNA)	Х	-	Χ	-	Х	-
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51,						
	52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as	Х	-	Х	-	X	-
	negative or positive for high risk for HPV						
0503U	Neurology (Alzheimer disease), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio) and tau-protein						
	(ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by	Х	_	Х	_	Х	_
	liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as			^		Λ	
	likelihood of positive or negativefor amyloid plaques						
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine,	Х	_	Х	-	Х	_
	realtime PCR, reported as positive or negative for each organism					, ,	
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time	Х	_	Х	_	Х	-
	PCR, reported as positive or negative for each organism	, ,		, ,		, ,	

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Χ

Χ

qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and

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non-prescribed medications

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		Lar	ge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-						
	MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed	Χ	-	Χ	-	Х	-
	and non-prescribed medications						
0519U							
	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS,	Х	_	Х	_	Х	_
	plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally	Λ					
	effective range of prescribed, non-prescribed, and illicit medications in circulation						
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LCMS/MS, plasma, qualitative	V		V		V	
	and quantitative therapeutic minimally effective range of prescribed and non-prescribed	Х	-	Х	-	Х	-
	medications Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger						
03210	receptor A (SR-A) by immunoassay, blood	Χ	-	Х	-	X	-
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM,						
00220	and IgA antibodies, chemiluminescence, semiqualitative, blood	Х	-	Х	-	Х	-
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide						
	variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded		V		V		V
	tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide	-	X	-	X	-	X
	change, and amino acid change						
0524U	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as	Х	_	Х	_	Х	_
	a value	^		^		^	
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide,						
	gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or	Х	-	Х	-	Х	-
050011	peritoneal response prediction for each drug						
05260	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine,	Χ	-	Χ	-	Х	-
052711	reported as pg/mL creatinine baseline and monitoring over time Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe						
05270	technique, each pathogen reported as detected or not detected	Χ	-	Χ	-	X	-
052811	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7						
00200	antimicrobialresistance genes, amplified probe technique, including reverse transcription for						
	RNA targets, each analyte reported as detected or not detected with semiquantitative results for	Х	-	Х	-	X	-
	15 bacteria						
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism						
	variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva,	Χ	-	Х	-	Χ	-
	report as risk score for VTE						
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77						
	genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for	Х	-	Х	-	Х	-
	single-nucleotide variants, copynumber alterations, with therapy association						

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		Laı	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	ne Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Noninterest escort in non er	Х		Х	I -	Х	
	Interest escort in non er	X	_	X	_	X	
	Nonemergency transport taxi	X	_	X	_	X	
	Nonemergency transport tax	X	_	X	_	X	
	Noner transport mini-bus	X		X		X	
	Noner transport case worker	X	_	X	_	X	
	Noner transport case worker Noner transport parking fees	X		X		X	
	Noner transport lodgng recip	X	_	X	_	X	
	Noner transport redging recip Noner transport meals recip	X		X	_	X	
	Noner transport lodgng escrt	X		X		X	
	Noner transport meals escort	X	-	X		X	
	Ambulance waiting 1/2 hr	X		X	-	X	
	Extra ambulance attendant	X		X	-	X	
	Pi volunteer ambulance co	X	-	X	-	X	
	Noncovered ambulance mileage	X	-	X	-	X	-
	Mirragen adv wnd mat per sq	X	-	X	-	X	
	Bio-connekt wound matrix	X	-	X	-	X	
	Xcellistem, 1 mg	X	-	X	-	X	-
	Microlyte matrix, per sq cm	X	-	X	-	X	-
	Novosorb synpath per sq cm	X		X		X	
		X	-	X	-	X	-
	Theragenesis, per sq cm Symphony, per sq cm	X	-	X	-	X	-
		X	-	X	-	X	-
	Apis, per square centimeter Supra sdrm, per square cm	X	-	X	-	X	-
	Suprathel, per square cm	X		X	-	X	-
	Omeza collagen matrix, per 100 mg	X	-	X	-	X	-
	Phoenix wound matrix, per square centimeter	X	-	X	-	X	-
	Permeaderm b, per square centimeter	X	-	X	-	X	-
			-		-		-
	Permeaderm glove, each Permeaderm c, per square centimeter	X	-	X	-	X	-
	Kerecis marigen shld sq cm	X		X		X	
	Ac5 wound system		-	X	-	X	-
		X		X	-	X	-
	Neomatrix per sq cm Innovaburn or innovamatrix xl, per square centimeter	X	-	X	-	X	-
		1	-		-		-
	Innovamatrix pd, 1 mg	X	-	X	-	X	-
	Resolve matrix, per square centimeter	X	-	X	-	X	-
	Miro3d, per cubic centimeter	X	-	X	-	X	-
	Matriderm, per square centimeter	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Micromatrix flex, per mg	Х	_	Х		Х	_
	Mirotract wound matrix sheet, per cubic centimeter	X	-	X	-	X	<u> </u>
	Skin sub fda clrd as dev nos	X	_	X		X	
	Supplies for maintenance of insulin infusion pump	X		X		X	
	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood		-			^	<u> </u>
14233	glucose monitor owned by	-	-	Х	-	-	-
1/23/	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose						
14234	monitor owned by patient, eac	-	-	Х	-	-	-
1225	Replacement battery, lithium, for use with medically necessary home blood glucose monitor						
14233	lowned by patient, each	-	-	Х	-	-	-
1226	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor						
14230	lowned by patient, each	-	-	Х	-	-	-
1220	Adju cgm supply allowance	_	Х	_	Х		X
	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes		^	<u> </u>	^	-	^
14239	all supplies and accessories, 1 month supply = 1 unit of service	-	X	-	X	-	Χ
1252	Blood glucose/reagent strips	_	_	Х	_	<u> </u>	
	Replacement lens shield cartridge for use with laser skin piercing device, each	X	-	X	-	X	
	Temporary tear duct plug	X	-	X	-	X	
	Permanent tear duct plug	X	-	X	-	X	
	Paraffin	X	-	X	-	X	-
	Contraceptive supply, condom, male, each	X	-	X	-	X	-
	Contraceptive supply, condom, finale, each	X	-	X	-	X	
	Contraceptive supply, condom, remaie, each Contraceptive supply, spermicide (e.g., foam, gel), each	X	_	X		X	
	Disposable endoscope sheath	X		X		X	
	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per		-	^	_	^	-
14211	month	-	-	Х	-	-	-
4281	Tubing for breast pump, replacement	Х	-	Х	-	Х	-
4282	Adapter for breast pump, replacement	Х	-	Х	-	X	-
4283	Cap for breast pump bottle, replacement	Х	-	Х	-	Х	-
4284	Breast shield and splash protector for use with breast pump, replacement	Х	-	Х	-	Х	-
4285	Polycarbonate bottle for use with breast pump, replacement	Х	-	Х	-	Х	-
	Locking ring for breast pump, replacement	Х	-	Х	-	Х	-
4287	Disposable collection and storage bag for breast milk, any size, any type, each	Х	-	Х	-	Х	-
4300	Cath impl vasc access portal	Х	-	Х	-	Х	-
4335	Incontinence supply	Х	-	Х	-	Х	-
	Enema tube, with or without adapter, any type, replacement only, each	Х	-	Х	-	Х	-
	Enema bag with tubing, reusable	Х	-	Х	-	Х	-
	Non-elastic extremity binder	Х	-	Х	-	Х	-

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As of: 12/19/24

		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
A4468	Exsufflation belt, includes all supplies and accessories	Х	-	Х	-	Х	-
	Above knee surgical stocking	-	-	Х	-	-	-
	Thigh length surg stocking	-	-	Х	-	-	-
	Below knee surgical stocking	-	-	Х	-	-	-
	Full length surg stocking	-	-	Х	-	-	-
	Incontinence garment anytype	Х	-	Х	-	Х	-
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	-	-	Х	-	-	-
A4541	Monthly supplies for use of device coded at E0733	-	-	Х	-	-	_
	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Х	-	X	-	Х	-
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Х	-	Х	-	Х	-
44544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Х	-	Х	_	Х	
	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	X	-	X	-	X	-
Λ <i>1</i> 550	Surgical trays	Х	-	Х	-	Х	
	Nondisp underpads, all sizes	X		X		X	
	Disposable underpads	X		X		X	<u> </u>
	Conductive paste or gel	X	_	X	_	X	
	Nmes disposable	X		X	_	X	
	Hyperbaric o2 chamber disps	X	_	X	_	X	
	Cast supplies (plaster)	X	_	X	_	X	
	Special casting material	X	-	X	-	X	-
	Tens suppl 2 lead per month	-	-	X	-	X	-
	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	Х	-	X	-	X	-
	Lithium ion battery for non-prosthetic use, replacement	X	-	X	-	X	-
	Tubing with integrated heating element for use with positive airway pressure device	-	-	X	-	-	-
	Heavy duty battery	Х	-	X	-	X	-
	Battery cables	X	-	X	-	X	-
	Battery charger	Х	-	Х	-	X	-
	Repl bat t.e.n.s. own by pt	X	-	X	-	X	-
	Replacement bulb for therapeutic light box, tabletop model	Х	-	Х	-	Х	-
44638	Replacement battery for patient-owned ear pulse generator, each	Х	-	Х	-	Х	-
	Replacement pad for infrared heating pad system, each	Х	-	Х	-	Х	-
	Satumomab pendetide per dose	Х	-	Х	-	Х	-
	Esrd blood pressure device	Х	-	Х	-	Х	-
	Esrd blood pressure cuff	Х	-	Х	-	Х	-

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Auto blood pressure monitor	Х	_	l <u>.</u>	Х		Х
	Activated carbon filters	X	_	Х	-	Х	-
	Dialyzers	X		X	_	X	
	Oral thermometer, reusable, any type, each	X	_	X	-	X	-
	Rectal thermometer, reusable, any type, each	X	-	X	-	X	
	Percutaneous catheter anchor	X	_	X	_	X	
	Diabetic shoe w/roller/rockr	X	_	X	-	X	
	Diabetic shoe with wedge	X	_	X	-	X	
	Diab shoe w/metatarsal bar	X	-	X	-	X	-
	Diabetic shoe w/off set heel	X	-	X	-	X	_
	Modification diabetic shoe	X	-	X	-	X	-
	Diabetic deluxe shoe	X	-	X	-	X	-
	For diabetics only, direct formed, compression molded to patient's foot without external heat					1	
	source, multiple-density i	X	-	Х	-	X	-
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device	.,				.,	
	and warming card	Х	-	Х	-	Х	-
	Adhesive bandage, first-aid type, any size, each	Х	-	Х	-	Х	-
A6520	Gradient compression garment, glove, padded, for nighttime use, each	-	-	Х	-	-	-
	Gradient compression garment, glove, padded, for nighttime use, custom, each	-	-	Х	-	-	-
A6522	Gradient compression garment, arm, padded, for nighttime use, each	-	-	Х	-	-	-
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	-	-	Х	-	-	-
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	-	-	Х	-	-	-
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	-	-	Х	-	-	-
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	-	-	Х	-	-	-
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	-	-	Х	-	-	-
A6528	Gradient compression garment, bra, for nighttime use, each	-	-	Х	-	-	-
A6529	Gradient compression garment, bra, for nighttime use, custom, each	-	-	Х	-	-	-
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	-	-	Х	-	-	-
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	-	-	Х	-	-	-
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	-	-	Χ	-	-	-
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	-	-	Х	-	-	-
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	-	-	Χ	-	-	-
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	-	-	Χ	-	-	-
	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	-	-	Χ	-	-	-
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	-	-	Χ	-	-	-
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	-	-	Χ	-	-	-
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	-	-	Х	-	-	-

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As of: 12/19/24

<u> </u>	nealti	Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	-	-	Χ	-	-	-
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each	-	-	Χ	-	-	-
A6544	Gradient compression stocking, garter belt	-	-	Χ	-	-	-
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	-	-	Χ	-	-	-
A6549	Gradient compression stocking/sleeve, not otherwise specified	-	-	Х	-	-	-
A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	Х	-	Х	-	Х
	Gradient compression stocking, below knee, 30-40 mm Hg, each	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 40 mm Hg or greater, each	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	-	-	Х	-	-	-
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	-	-	Х	-	-	-
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	-	-	X	-	-	-
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	-	-	Χ	-	-	-
A6565	Gradient compression gauntlet, custom, each	-	-	X	-	-	-
A6566	Gradient compression garment, neck/head, each	-	-	X	-	-	-
A6567	Gradient compression garment, neck/head, custom, each	-	-	Х	-	-	-
A6568	Gradient compression garment, torso and shoulder, each	-	-	Х	-	-	-
A6569	Gradient compression garment, torso/shoulder, custom, each	-	-	X	-	-	-
A6570	Gradient compression garment, genital region, each	-	-	Х	-	-	-
A6571	Gradient compression garment, genital region, custom, each	-	-	X	-	-	-
A6572	Gradient compression garment, toe caps, each	-	-	Χ	-	-	-
A6573	Gradient compression garment, toe caps, custom, each	-	-	X	-	-	-
A6574	Gradient compression arm sleeve and glove combination, custom, each	-	-	Χ	-	-	-
A6575	Gradient compression arm sleeve and glove combination, each	-	-	Х	-	-	-
A6576	Gradient compression arm sleeve, custom, medium weight, each	-	-	Х	-	-	-
A6577	Gradient compression arm sleeve, custom, heavy weight, each	-	-	Х	-	-	-
A6578	Gradient compression arm sleeve, each	-	-	Х	-	-	-
	Gradient compression glove, custom, medium weight, each	-	-	Х	-	-	-
A6580	Gradient compression glove, custom, heavy weight, each	-	-	Х	-	-	-
	Gradient compression glove, each	-	-	Х	-	-	-

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As of: 12/19/24

	nealti	La	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
A6582	Gradient compression gauntlet, each	-	-	Х	-	-	-
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	-	-	Х	-	-	-
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	-	-	Х	-	-	-
A6585	Gradient pressure wrap with adjustable straps, above knee, each	-	-	Х	-	-	-
A6586	Gradient pressure wrap with adjustable straps, full leg, each	-	-	Х	-	-	-
A6587	Gradient pressure wrap with adjustable straps, foot, each	-	-	Х	-	-	-
A6588	Gradient pressure wrap with adjustable straps, arm, each	-	-	Х	-	-	-
A6589	Gradient pressure wrap with adjustable straps, bra, each	-	-	Х	-	-	-
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified	-	-	Х	-	-	-
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	-	-	Х	-	-	-
A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	-	-	X	-	-	-
	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, high density foam pad, any size or shape, each	-	-	Х	-	-	-
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each	-	-	Х	-	-	-
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	-	-	Х	-	-	-
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	-	-	Х	-	-	-
A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	-	-	Х	-	- 1	-
	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	-	-	Х	-	-	-
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	-	-	Х	-	-	-
A6609	Gradient compression bandaging supply, not otherwise specified	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	_	-	X	-	-	-
	Disposable canister for pump	_	-	-	Х	 _ 	-
	Interface, cough stim device	_	Х	_	X	_	X
	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	X	-	X	^	X	

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As of: 12/19/24

		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	High frequency chest wall oscillation system vest, replacement for use withpatient owned						
	equipment, each	-	-	Х	-	-	-
	High frequency chest wall oscillation system hose, replacement for use withpatient owned						
	equipment, each	-	-	Х	-	-	-
	Combination oral/nasal mask, used with continuous positive airway pressure device, each	_		Х	_	_	
	Oral cushion for combination oral/nasal mask, replacement only, each	_		X	_	_	
	Nasal pillows for combination oral/nasal mask, replacement only, pair	_	_	X	_	_	
	Full face mask used with positive airway pressure device, each	_		X	_	_	
	Face mask interface, replacement for full face mask, each	_	_	X	_	_	
	Replacement cushion for nasal application device, each	_		X	_	_	
	Replacement pillows for nasal application device, pair	_	_	X	_	_	
	Nasal interface (mask or cannula type) used with positive airway pressuredevice, with or without						
	head strap	-	-	Х	-	-	-
	Headgear used with positive airway pressure device	_		Х	_	_	
	Chinstrap used with positive airway pressure device	_	_	X	_	_	
	Tubing used with positive airway pressure device	_	_	X	_	† <u>-</u> †	
	Filter, disposable, used with positive airway pressure device	_	_	X	_	_	
	Filter, non disposable, used with positive airway pressure device	_		X	_	_	
	Oral interface used with positive airway pressure device, each	-		X	_	_	
	Repl exhalation port for pap	_		X	_	_	
7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	-	-	X	-	-	-
	Epap nasal valve	Х	-	Х	-	Х	-
	Misc/exper non-prescript dru	X	-	X	-	Х	-
	Single vitamin nos	Х	-	Х	-	Х	-
	Multi-vitamin nos	X	-	X	-	Х	-
	Artificial saliva, 30 ml	Х	-	Х	-	Х	-
	Naturopaths	Х	-	Х	-	Х	-
	Programmer for transient, orally ingested capsule	Х	-	Х	-	Х	-
19269	Programable, transient, orally ingested capsule, for use with external programmer, per month	Х	-	Х	-	Х	-
	Non-covered item or service	Х	-	Х	-	Х	-
	Mechanical wound suction, disposable, includes dressing, all accessories and components, each	-	Х	-	Х	-	Х
0272	Hot/cold h2obot/cap/col/wrap	X	_	Х	_	Х	
	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	-	X	-	X	-	X
				Х		Х	

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As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	nedications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Transmitter; external, for use with interstitial continuous glucose monitoring system	_	Х	_	Х	_	X
	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	_	X		X	_	X
	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories,		Λ		Λ		X
	components and electronics, no	Х	-	Х	-	X	-
	Reaching/grabbing device, any type, any length, each	Х	-	Х	-	Х	-
	Wig, any type, each	X	_	X	_	X	
	Foot pressure off loading/supportive device, any type, each	X	_	X	_	X	_
	Inversion eversion cor devic	X	_	X		X	
	Any hygienic item, device	X	_	X	_	X	
	Pres digital behav thera fda	X	_	X		X	_
	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X		X		X	
	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month,						
	includes accessories (e.g., thermometer)	Χ	-	Х	-	X	-
	Exercise equipment	Х	_	Х		Х	
	Technetium tc-99m teboroxime, diagnostic, per study dose	X	-	X		X	
	Technetium to 99m apoitide	X	_	X		X	
	Indium/111 capromab pendetid	X	_	X	_	X	_
	lobenguane sulfate i-131	X	_	X	_	X	_
	Supply of radiopharmaceutical therapeutic agent, iodinated i-125, serumm albumin, 5						
	microcuries	X	-	Х	-	Х	-
	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	Х	_	Х	_	Х	-
	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	X	-	X	-	X	-
	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries	X	-	X	-	X	-
	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	X	-	X	_	X	-
	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	X	-	X	_	X	-
	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	X	-	X	-	X	-
	Air poly intrauterine foam	X	-	X	_	X	-
	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	-	X	-	X	-
	Strontium-89 chloride	Х	-	Х	-	Х	-
	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	-	Х	-	Х	-	Х
	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	Х	-	Х	-	Х	-
	Delivery/set up/dispensing	X	-	X	-	X	-
	Food thickener, administered orally, per ounce	X	-	X	-	X	-
	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	X	-	X	-	X	-
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components),		.,				
	rate-responsive, including all necessary components for implantation	-	X	-	X	-	X
	Orth/devic/drug bn/bn,tis/bn	Х	-	Х	-	Х	-

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As of: 12/19/24

		Laı	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
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directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	munizations, injectable dru	igs, or specialty m	edications and should be
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	Х	-	Х	-	Х	-
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	Х	-	Х	-	×	-
	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	-	Х	-	Х	-	Х
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	Х	-	Х	-	Х	-
	Endoscope, single, ugi	Х	-	Χ	-	X	-
	Endoscope, retrograde imaging/illumination colonoscope device implantable)	Х	-	Х	-	X	-
	Catheter, intradiscal	Х	-	Χ	-	X	-
	Catheter, intracardiac echocardiography	Х	-	Х	-	X	-
	Imaging coil, magnetic resonance (insertable)	Х	-	Χ	-	X	-
	Retrieval device, insertable (used to retrieve fractured medical devices)	Χ	-	Χ	-	X	-
C1813	Prothesis, penile, inflatable	-	-	Χ	-	-	-
C1815	Prothesis, urinary sphincter (implantable)	-	Χ	Χ	-	-	Χ
C1819	Tissue localization excision	Χ	-	Χ	-	Χ	-
	Interspinous process distraction device (implantable) x-stop	Χ	-	Χ	-	Χ	-
C1824	Generator, ccm, implant	Χ	-	Χ	-	Х	-
C1825	Gen, neuro, carot sinus baro	-	X	-	X	-	Χ
C1831	Personalized interbody cage	Х	-	Х	-	Х	-
	Auto cell process sys	Х	-	Х	-	Х	-
	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	-	Х	-	Х	-	X
C1840	Lens, intraocular (telescopic)	Х	-	Х	-	Х	-
C1841	Retinal prosthesis, includes all internal and external components; add-on	Х	-	Х	-	Х	-
C1842	Retinal prosthesis	Х	-	Х	-	Х	-
C1849	Skin substitute, synthetic	Х	-	Х	-	Х	-
C1881	Dialysis access system (implantable)	Х	-	Х	-	Х	-
C1890	No implantable/insertable device used with device-intensive procedures	Х	-	Х	-	Х	-
	Infusion pump, non-programmable, permanent (implantable)	-	Х	-	Х	-	Х
	Lung bx plug w/deliv sys	Х	-	Х	-	Х	-
	Probe, percutaneous lumbar discectomy	Х	-	Х	-	Х	-
	Prothesis, penile, non-inflatable	-	-	Х	-	-	-
	Wireless pressure sensor	-	Х	-	Х	-	Х

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~	nealti	Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
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	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic						
	and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral	_	X	_	Х	_	Χ
	injection, inclusive of all imaging guidance		\ \ \ \ \ \ \				X
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and						
	any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection,	_	X	_	X	_	Χ
	inclusive of all imaging guidance						^
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar						
	vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when						
	performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations,	-	X	-	X	-	X
	inclusive of all imaging guidance						
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar						
	vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when		V		V		V
	performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations,	-	X	-	X	-	X
	inclusive of all imaging guidance						
	3d anatomical segmentation imaging for preoperative planning, data preparation and						
	transmission, obtained from previous diagnostic computed tomographic or magnetic resonance	Χ	-	Х	-	X	-
	examination of the same anatomy						
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and	Х		Х		Х	
	device components (do not report with manual suspension preparation)	^	-	^	-	^	-
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint						
	from distal femur to proximal tibia, open, includes measurements, positioning and adjustments,	Χ	-	Х	-	X	-
	with imaging guidance (eg, fluoroscopy)						
	Injection, glucarpidase, 10 units	Χ	-	Χ	-	X	-
	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	-	-	Χ	-	-	-
	Placement of endorectal intracavitary applicator for high intensity brachytherapy	X	-	Х	-	Х	-
	Placement and removal (if performed) of applicator into therapy	X	-	Х	-	Х	-
	Insertion of implants into the soft palate; minimum of three implants	X	-	Х	-	Х	-
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor						
	draining) with administration of indocyanine green (icg) (list separately in addition to code for	Х	-	Х	-	X	-
	primary procedure)						
	Spine/lumbar disk surgery	Х	-	Х	-	Х	-
	Interatrial shunt ide	-	X	-	X	-	X
	Non-blind interatrial shunt	-	X	-	Х	-	X
	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic	v		,,			
	duct, common bile duct and common hepatic duct) with intravenous administration of	Х	-	Х	-	Х	-
00704	indocyanine green (icg) (list separately in addition to code for primary procedure)		V		V		V
C9781	Arthro/shoul surg; w/spacer	-	X	-	Х	-	X

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	rage limited to ACA 10 essential health benefits.						
C9782	Blind myocar trpl bon marrow	Χ	-	Х	-	Х	-
	Blind cor sinus reducer impl	Х	-	Х	-	Х	-
	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with						
	esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system	Χ	-	Х	-	Х	-
	and tissue anchoring components						
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube	-	X	-	X	-	Χ
C0700	insertion, if performed, including all system and tissue anchoring components Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue,						
	including image guidance	Х	-	Х	-	Χ	-
	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest,						
00701	including preparation and administration of agent	Х	-	Х	-	Х	-
C9792							
	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii,						
	iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein						
	access, including all imaging necessary to intra procedurally map the coronary sinus for optimal	X	-	Х	-	Х	-
	shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia						
	in an approved investigational device exemption (ide) study)						
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac	Х		Х		Х	
	computed tomographic angiography with report	۸	•	^	-	^	-
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system),						
	including electrode and all disposable system components, non-opioid medical device (must be	_	X	_	Х	_	Χ
	a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with		Α,		^		,,
	section 4135 of the caa, 2023)						
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	Х	-	Х	-	Х	-
D0120	Periodic oral examination	Х					
	Limited oral evaluation - problem-focused	X	-	-		-	-
D0140	Lifficed oral evaluation - problem-locused	^	-	-	-	-	-
D0143	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Х	-	-	-	-	-
D0150	Comprehensive oral evaluation	Х	-	-	-	-	-
	Detailed and extensive oral evaluation - problem-focused, by report	Х	-	-	-	- 1	-
	Re-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-	Х	-	Х	-
	Re-evaluation- post operative office visit	Х	-	Х	-	Х	-
D0180	Comprehensive periodontal evaluation - new or established patient	Χ	-	Х	-	Х	-
D0190	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	Х	-	Х	-	Х	-

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Required Covered Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. D0191 A limited clinical inspection that is performed to identify possible signs of oral or systemic Χ Χ Χ disease, malformation, or injury, and the potential need for referral for diagno D0210 Intraoral- complete series of radiographic images Χ D0220 Intraoral- periapical first radiographic image Χ Χ Х D0230 Intraoral- periapical each additional radiographic image Χ Χ Х Χ D0240 Intraoral- occlusal radiographic image Χ Χ D0250 Extra-oral 2d projection radiographic image created using a stationary radiation source, and Χ Χ Χ detector D0251 Extra-oral posterior dental radiographic image Χ Χ -Χ -D0270 Bitewing- single radiographic image Χ D0272 Bitewings- two radiographic images Χ _ D0273 Bitewings- three radiographic images Χ _ --D0274 Bitewings- four radiographic images Х D0277 Vertical bitewings- 7 to 8 radiographic images Χ _ _ D0310 Sialography X Χ Χ _ Χ D0322 Tomographic survey Χ Χ D0330 Panoramic radiographic image Χ _ _ _ D0340 2d cephalometric radiographic image-acquisition, measurement and analysis Χ Χ Χ D0350 2d oral/facial photographic image obtained intra-orally or extra-orally Χ Χ Χ D0351 3d photographic image Χ Χ D0364 Cone beam ct capture and interpretation with limited field of view-less than one whole jaw Χ Х Χ D0365 Cone beam ct capture and interpretation with field of view of one dental arch-mandible Χ Χ _ Χ -D0366 Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or Χ Χ Χ without cranium D0367 Χ Χ Χ Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium D0368 Cone beam ct capture and interpretation for tmj series including two or more exposures Χ Χ Х D0369 Maxillofacial mri capture and interpretation Χ Χ Χ Χ D0370 Maxillofacial ultrasound capture and interpretation Χ Χ D0371 Sialoendoscopy capture and interpretation Χ Χ Χ _ _ D0372 Intraoral tomosynthesis - comprehensive seris of rediographic images Χ Χ Χ D0373 Intraoral tomosynthesis - bitewing radiographic image Χ Χ Χ D0374 Intraoral tomosynthesis - periapical radiographic image Χ Χ D0380 Cone beam ct image capture with limited field of view- less than one whole jaw Х Х Χ _ D0381 Cone beam ct image capture with field of view of one full dental arch-mandilbe Χ Χ Χ D0382 Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without Χ Χ Χ cranium

Χ

Χ

D0383 Cone beam ct image capture with field of view of both jaws, with or without cranium

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	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Cone beam ct image capture for tmj series including two or more exposures	Х		Х		Х	
	Maxillofacial mri image capture	X		X		X	
	Maxillofacial ultrasound image capture	X		X		X	
D0387	Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	X	-	Х	-	X	-
	Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х		Х		Х	
	Intraoral tomosynthesis - periapical radiographic image- image capture only	X		X	_	X	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Х	-	X	-	X	-
	Treatment simulation using 3d image volume	Х	-	Х	-	Х	-
	Digital subtraction of two or more images or image volumes of the same modality	X	-	X	-	X	-
	Fusion of two or more 3d image volumes of one or more modalities	X	-	X	-	X	-
D0396	3D printing of a 3D dental surface scan	X	-	X	-	X	-
	Hba1c in-office point of service testing	Х	-	Х	-	X	-
	Blood glucose level test-in-office using a glucose meter	X	_	X	-	X	-
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Х	-	Х	-	Х	-
	Bacteriologic studies for determination of pathologic agents	Х	-	Х	-	Х	-
	Viral culture	Х	-	Х	-	Х	-
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Х	-	Х	-	Х	-
	Analysis of saliva sample	Х	-	Х	-	Х	-
D0419	Assessment of salivary flow by measurement	Χ	-	Х	-	Х	-
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Χ	-	Х	-	Х	-
	Genetic test for susceptibility to diseases- specimen analysis	Χ	-	Х	-	Х	-
D0425	Caries susceptibility tests	Χ	-	Χ	-	Х	-
D0431	Diag tst detect mucos abnorm	Χ	-	Х	-	Х	-
D0460	Pulp vitality tests	Χ	-	Х	-	Х	-
D0470	Diagnostic casts	Х	-	Х	-	Х	-
D0472	Accession of tissue gross examination prep/transmission of written report	Χ	-	Х	-	Х	-
D0473	Accession of tissue gross and microscopic examination prep/trans of report	Х	-	Х	-	Х	-
	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	Х	-	Х	-	Х	-
	Decalcification procedure	Х	-	Х	-	Х	-
D0476	Spec stains for microorganis	Х	-	Х	-	Х	-
	Spec stains not for microorg	Х	-	Х	-	Х	-
	Immunohistochemical stains	Х	-	Х	-	Х	-
D0479	Tissue in-situ hybridization	Х	-	Х	-	Х	-
	Processing and interpretation of cytologic smears incl the prep/trans of written report	Х	-	Х	-	Х	-

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Х

Χ

D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health

effects associated with high-risk substance use

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	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Oral hygiene instruction	Х		Х	_	Х	
	Sealant-per tooth	X		X	_	X	
	Prev resin rest, perm tooth	X		X	<u> </u>	X	
	Sealant repair- per tooth	X	_	X		X	
	Interim caries arresting medicament application-per tooth	X		X	_	X	
	Caries preventive medicament application – per tooth	X		X	_	X	
	Space maintainer-fixed unilateral	X		X	_	X	
	Space maintainer-fixed-bilateral, maxillary	X	_	X	_	X	
	Space maintainer-fixed-bilateral, mandibular	X		X	_	X	
	Space maintainer-removable unilateral	X		X	_	X	
	Space maintainer -removable-bilateral, maxillary	X	_	X	_	X	
-	Space maintainer -removable-bilateral, mandibular	X		X	_	X	
	Re-cement or re-bond bilateral space maintainer-maxillary	X	_	X	-	X	-
	Re-cement or re-bond bilateral space maintainer-mandibular	X	_	X	_	X	_
	Re-cement or re-bond unilateral space maintainer-per quadrant	X	-	X	-	X	-
	Removal of fixed unilateral space maintainer- per quadrant	X	-	X	-	X	-
	Removal of fixed bilateral space maintainer- maxillary	X	-	X	-	X	-
	Removal of fixed bilateral space maintainer- mandibular	X	-	X	-	X	-
	Distal shoe space maintainer-fixed-unilateral	X	_	X	_	X	-
	Vaccine administration - human papillomavisrus - dose 1	X	-	X	-	X	-
	Vaccine administration - human papillomavisrus - dose 2	X	-	Х	-	X	-
	Vaccine administration - human papillomavisrus - dose 3	Х	-	Х	-	Х	-
	Unspecified preventive procedure, by report	Х	-	Х	-	Х	-
	Amalgam-one surface, permanent	Х	-	Х	-	Х	-
D2150	Amalgam-two surfaces, permanent	Х	-	Х	-	Х	-
D2160	Amalgam-three surfaces, permanent	Х	-	Х	-	Х	-
D2161	Amalgam-fouror more surfaces, permanent	Х	-	Х	-	Х	-
D2330	Resin-one surface, anterior	Х	-	Х	-	Х	-
D2331	Resin-two surfaces, anterior	Х	-	Х	-	Х	-
D2332	Resin-three surfaces, anterior	Х	-	Х	-	Х	-
D2335	Resin-fouror more surfacesor involving incisal angle (anterior)	Х	-	Х	-	Х	-
D2390	Resin-based composite crown, anterior	Х	-	Х	-	Х	-
	Resin-based composite - one surface, posterior	Χ	-	Χ	-	Х	-
	Resin-based composite - two surfaces, posterior	Х	-	X	-	Х	-
	Resin-based composite - three surfaces, posterior	Х	-	Χ	-	Х	-
	Resin-based composite - four or more surfaces, posterior	Х	-	X	-	Х	-
	Gold foil-one surface	Х	-	X	-	Х	-
D2420	Gold foil-two surfaces	Х	-	X	-	Х	-

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Select COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. D2430 Gold foil-three surfaces Χ Χ Χ _ D2510 Inlay-metallic-one surface X Χ Χ D2520 Inlay-metallic-two surfaces Χ Χ Χ D2530 Inlay-metallic-three surfaces Χ Χ Χ D2542 Onlay - metallic - two surfaces Х Χ Χ D2543 Onlay - metallic - three surfaces Χ Χ Χ D2544 Onlay - metallic - four or more surfaces Х Χ Х D2610 Inlay-porcelain/ceramic-one surface Х Χ Χ D2620 Inlay-porcelain/ceramic-two surfaces Χ Χ _ Χ -D2630 Inlay-porcelain/ceramic-three surfaces Χ Χ Х D2642 Onlay - porcelain/ceramic - two surfaces Χ Χ Χ D2643 Onlay - porcelain/ceramic - three surfaces Χ Χ Χ -D2644 Onlay - porcelain/ceramic - four or more surfaces Χ X Х D2650 Inlay-composite/resin-one surface (laboratory processed) Χ Χ Χ D2651 Inlay-composite/resin-two surfaces (laboratory processed) X Χ Χ Х D2652 Inlay-composite/resin-three surfaces (laboratory processed) Χ Χ D2662 Onlay - composite/resin - two surfaces (laboratory processed) Χ Χ Χ _ D2663 Onlay - composite/resin - three surfaces (laboratory processed) Χ Χ Χ D2664 Onlay - composite/resin - four or more surfaces (laboratory processed) Χ Χ Χ D2710 Crown resin (laboratory) Χ Х D2712 Crown 3/4 resin-based compos Χ Х Χ D2720 Crown-resin with high noble metal Χ Χ _ Χ -D2721 Crown-resin with predominantly base metal Χ Χ Х D2722 Crown-resin with noble metal Χ Χ Χ D2740 Crown-porcelain/ceramic Χ Χ Χ -Χ X D2750 Crown-porcelain fused to high noble metal Х D2751 Crown-procelain fused to predominantly base metal Χ Χ Χ D2752 Crown-porcelain fused to noble metal Χ Χ Χ D2753 Crown-porcelain fused to titanium and titanium alloys Χ Χ Х D2780 Crown - 3/4 cast high noble metal Χ Χ Χ _ _ D2781 Crown - 3/4 cast predominately base metal Χ Χ Χ D2782 Crown - 3/4 cast noble metal Χ Χ Χ D2783 Crown - 3/4 porcelain/ceramic Χ Χ D2790 Crown-full cast high noble metal Х Х Χ D2791 Crown-full cast predominantly base metal Χ Χ Χ

Χ

Х

Χ

Χ

D2792 Crown-full cast noble metal

D2794 Crown-titanium

Х

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	Provisional crown- further treatment or completion of diagnosis necessary prior to final	1	1				
D2700	impression	X	-	Х	-	X	-
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Х	-	Х	-	Х	-
	Re-cement or re-bond indirectly fabricated or prefabricated post and core	X	_	X	-	X	-
	Re-cement or re-bond crown	X	-	X	-	X	-
	Reattachment of tooth fragment, incisal edge or cusp	Х	-	Х	-	Х	-
	Prefabricated porcelain/ceramic crown – permanent tooth	Х	-	Х	-	Х	-
D2929	Prefabricated porcelain/ceramic crown- primary tooth	Х	-	Х	-	Х	-
	Prefabricated stainless steel crown-primary tooth	Х	-	Х	-	Х	-
D2931	Prefabricated stainless steel crown-permanent tooth	Х	-	Х	-	Х	-
D2932	Prefabricated resin crown	Х	-	Х	-	Х	-
D2933	Prefabricated stainless steel crown with resin window	Х	-	Х	-	Х	-
	Prefab steel crown primary	Х	-	Х	-	Х	-
	Protective restoration	Х	-	Χ	-	X	-
D2941	Interim therapeutic restoration- primary dentition	Х	-	Χ	-	X	-
D2949	Restorative foundation for an indirect restoration	Х	-	Χ	-	Х	-
D2950	Core buildup, including any pins when required	Х	-	Χ	-	X	-
D2951	Pin retention-per tooth, in addition to restoration	Х	-	Χ	-	Х	-
D2952	Cast post and core in addition to crown	X	-	Χ	-	X	-
	Each additional cast post - same tooth	Х	-	Χ	-	Х	-
	Prefabricated post and core in addition to crown	X	-	Χ	-	X	-
D2955	Post removal	X	-	Χ	-	X	-
	Removal of an indirect restoration on a natural tooth	X	-	Χ	-	X	-
	Each additional prefabricated post - same tooth	X	-	Χ	-	X	-
	Labial veneer (laminate)-chairside	X	-	Χ	-	X	-
	Labial veneer (resin laminate)-laboratory	X	-	X	-	X	-
	Labial veneer (porcelain laminate)-laboratory	X	-	Х	-	X	-
	Add proc construct new crown	X	-	X	-	X	-
	Coping	X	-	Х	-	X	-
	Band stabilization – per tooth	Χ	-	X	-	X	-
	Crown repair necessitated by restorative material failure	Х	-	X	-	X	-
	Inlay repair necessitated by restorative material failure	Х	-	Х	-	Х	-
	Onlay repair necessitated by restorative material failure	Х	-	Х	-	X	-
	Veneer repair necessitated by restorative material failure	X	-	X	-	X	-
	Excavation of a tooth resulting in the determination of non-restorability	Х	-	Х	-	X	-
D2990	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	Х	-	Х	-	Х	-
D2001	Application of hydroxyapatite regeneration medicament – per tooth	Х	-	Х	-	Х	-

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Χ

Χ

D3450 Root amputation-per root

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	Endodontic endosseous implant	Х	1 .	Х	I .	Х		
	Intentional replantation (including necessary splinting)	X	_	X	_	X		
	Surgical repair of root resorption - anterior	X	_	X	_	X		
	Surgical repair of root resorption – premolar	X	_	X	_	X		
	Surgical repair of root resorption – molar	X	_	X	_	X		
03501	Cargical Topali of Tool Tool Piloti Molai							
	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Х	-	Х	-	Х	-	
03502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Х	-	Х	-	X	-	
3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Х	-	Х	-	Х	-	
3910	Surgical procedure for isolation of tooth with rubber dam	Х	-	Х	-	Х	-	
3911	Intraorifice barrier	Х	-	Х	-	Х	-	
3920	Hemisection (including any root removal), not including root canal the	Х	-	Х	-	Х	-	
3921	Decoronation or submergence of an erupted tooth	Х	-	Х	-	Х	-	
3950	Canal preparation and fitting of preformed dowelor post	Х	-	Х	-	Х	-	
3999	Unspecified endodontic procedure, by report	Х	-	Х	-	Х	-	
)4210	Gingivectomyor gingivoplasty-per quadrant	Х	-	Х	-	Х	-	
)4211	Gingivectomyor gingivoplasty-per tooth	Х	-	Х	-	Х	-	
)4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Х	-	Х	-	Х	-	
	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-	
04231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-	
	Gingival flap procedure, including root planing-per quadrant	X	-	Х	-	X	-	
	Gingival flap procedure, including root planing - one to three teeth, perquadrant	X	-	X	-	Х	-	
	Apically positioned flap	Х	-	Х	-	Х	-	
	Crown lengthening-hard and soft tissue, by report	X	-	X	-	Х	-	
)4260	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-	
4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-	
)4263	Bone replacement graft - retained natural tooth - first site in quadrant	Х	-	Х	-	Χ	-	
	Bone replacement graft - retained natural tooth - each additional site in quadrant	X	-	X	-	X	_	
	Biologic materials to aid in soft and osseous tissue regeneration	X	-	X	-	X	_	
	Guided tissue regeneration - resorbable barrier, per site, per tooth	X	-	X	-	X	_	
	Guided tissue regeneration - non-resorbable barrier, per site, per too	X	-	X	-	X	-	
	Surgical revision procedure per tooth	X	-	X	-	X	_	
	Pedicle soft tissue graft procedure	X	_	X		X	_	

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G	nealti	Laı	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
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	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	Х	-
	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Х	-	Х	-	Х	-
	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	Х	-
	Combined connective tissue and double pedicle graft	Х	-	Х	-	Х	-
	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	Х	-
	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Х	-	Х	-	Х	-
	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra	Х	-	Х	-	Х	-
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position	Х	-	Х	-	Х	-
	Removal of non-resorbable barrier	Х	-	Х	-	Х	•
	Provisional splinting-intracoronal	X	-	X	-	X	-
	Provisional splinting-extracoronal	Х	-	Х	-	Х	-
	Splint - intra-coronal; natural teeth or prosthetic crowns	Х	-	Х	-	Х	-
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	Х	-	Х	-	Х	-
D4341	Periodontal scaling and root planing-per quadrant	Х	-	Х	-	Х	-
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Х	-	Χ	-	Х	-
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Х	-	Х	-	Х	-
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	Х	-	Х	-	Х	-
	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Х	-	Х	-	Х	-
	Periodontal maintenance procedures (following active therapy)	Х	_	Х	-	Х	_
	Unscheduled dressing change (by someone other than treating dentist)	X	-	X	-	X	-
	Gingival irrigation- per quadrant	Х	-	Х	-	X	-
	Unspecified periodontal procedure, by report	Х	-	Х	-	X	-
	Complete upper	Х	-	Х	-	Х	-
	Complete lower	Х	-	Х	-	Х	-
	Immediate upper	Х	-	Х	-	Х	-
	Immediate lower	Х	-	Х	-	X	-
D5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	Х	-	Х	-	Х	-

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Indibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	Х	-	Х	-	X	-
per partial-cast metal base with resin saddles (including any conven	Х	-	Х	-	Х	-
wer partial-cast metal base with resin saddles (including any conven	Х	-	Х	-	Х	-
mediate maxillary partial denture- resin base (including any conventional clasps, rests and	٧/				V	
th)	Х	-	Х	-	X	-
mediate mandibular partial denture- resin base (including any conventional clasps, rests and	V		V		V	
eth)	^	-	^	-	^	-
mediate maxillary partial denture- cast metal framework with resin denture bases (including	V		V		V	
y conventional clasps, rests and teeth	^	-	^	-	^	-
	Υ	_	Y	_	Y	_
				<u>-</u>		
		-		-		-
	Χ	-	Х	-	X	-
mediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Χ	-	Х	-	X	-
	Χ	_	X	_	×	_
mediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	^		^		^	
	X	_	X	_	l x	_
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	Х	_	Х	_	l x	-
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etl m y m y ix in m m n n n n a m ju ju ju p p p p p p p p p p	h) nediate maxillary partial denture- cast metal framework with resin denture bases (including	h) hediate maxillary partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth with resin denture bases (including conventional clasps, rests and teeth conventional clasps, rests and teeth willary part denture flex dillary part denture flex x dibular part denture flex x hediate maxillary partial denture - flexible base (including any clasps, rests and teeth) x hediate mandibular partial denture - flexible base (including any clasps, rests and teeth) x hediate mandibular partial denture - flexible base (including any clasps, rests and teeth) x hediate mandibular partial denture-one piece cast metal (including clasps and teeth), maxillary hovable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary x hovable unilateral partial denture-one piece flexible base (including clasps and teeth) – per drant x hovable unilateral partial denture-one piece flexible base (including clasps and teeth) – per drant x hovable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant y x hovable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant y x y x y y x y x y x y x y x y x y x	h) nediate maxillary partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth nediate mandibular partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth dillary part denture flex x	h) nediate maxillary partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth nediate mandibular partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth nediate mandibular partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth) x x x x dilary part denture flex x dilary part denture flex x dilary part denture flex x deciate maxillary partial denture - flexible base (including any clasps, rests and teeth) x nediate mandibular partial denture - flexible base (including any clasps, rests and teeth) x nediate mandibular partial denture-one piece cast metal (including clasps, rests and teeth) novable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary x x x x x x x x x x x x x	h) Incidiate maxillary partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth) Incidiate mandibular partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth) Idilary part denture flex Idilary part denture	h) hediate maxillary partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth hediate mandibular partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth hediate mandibular partial denture- cast metal framework with resin denture bases (including conventional clasps, rests and teeth with resin denture bases (including ax - x - x - x - x - x - x - x - x - x

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Χ

Χ

D5914 Auricular prosthesis

D5915 Orbital prosthesis

Х

Χ

Χ

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits D5916 Ocular prosthesis Χ Χ Х _ D5919 Facial prosthesis X Χ Χ _ Χ Χ D5922 Nasal septal prosthesis Χ D5923 Ocular prosthesis, interim Χ Χ Χ D5924 Cranial prosthesis Χ Χ Χ D5925 Facial augmentation implant prosthesis Χ Χ Χ D5926 Nasal prosthesis, replacement Х Χ Х D5927 Auricular prosthesis, replacement Х Х Χ D5928 Orbital prosthesis, replacement Χ Χ _ Χ -D5929 Facial prosthesis, replacement Χ Χ Х D5931 Obturator prosthesis, surgical Χ Χ Χ D5932 Obturator prosthesis, definitive Χ Χ Χ -Χ X D5933 Obturator prosthesis, modification Х Χ D5934 Mandibular resection prosthesis with guide flange Χ Χ D5935 Mandibular resection prosthesis without guide flange X Χ Χ _ D5936 Obturator/prosthesis, interim Х Χ Х D5937 Trismus appliance (not for tm treatment) Χ Χ Χ _ D5951 Feeding aid Χ Χ Χ D5952 Speech aid prosthesis, pediatric Χ Χ Χ D5953 Speech aid prosthesis, adult Χ Х D5954 Palatal augmentation prosthesis Χ Х Χ D5955 Palatal lift prosthesis, definitive Χ Χ _ Χ -D5958 Palatal lift prosthesis, interim Χ Χ Х D5959 Palatal lift prosthesis, modification Χ Χ Χ D5960 Speech aid prosthesis, modification Χ Χ Χ -Χ X D5982 Х Surgical stent Х D5983 Radiation carrier Χ Χ D5984 Radiation shield Χ Χ Χ D5985 Radiation cone locator Х Χ Χ D5986 Fluoride del carrier Χ Χ Χ _ _ D5987 Commissure splint Χ Χ Χ _ D5988 Surgical splint Χ Χ Χ D5991 Vesiculobullous disease medicament carrier Χ Χ D5992 Adjust max prost appliance Х Х Χ _ D5993 Main/clean max prosthesis Χ Χ Χ

Χ

Х

Χ

Χ

Χ

Χ

D5995 Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary

D5996 Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular

D5999 Unspecified maxillofacial prosthesis, by report

Х

Х

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Surgical placement of implant body: endosteal implant. see also 21248	Х	I -	X		Х	
	Second stage implant surgery	X		X	-	X	<u> </u>
	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X	_	X		X	
	Surgical placement of mini implant	X		X		X	
	Subperiosteal implant	X	-	X	-	X	
	Transosseous implant	X	_	X	-	X	-
	Includes placement and removal. a healing cap is not an interim abutment	X	_	X		X	
	Implant connecting bar	X	-	X		X	<u> </u>
	Prefabricated abutment- includes modification and placement	X	-	X	-	X	
	Custom fabricated abutment- includes placement	X		X		X	
	Abutment supported porcelain/ceramic crown	X		X	-	X	
	Abutment supported porcelain fused to metal crown (high noble metal)	X	-	X		X	
	Abutment supported porcelain fused to metal crown (right hobie metal) Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-	X	-	X	-
	Abutment supported porcelain fused to metal crown (predominantly base metal) Abutment supported porcelain fused to metal crown (noble metal)	X		X		X	-
	Abutment supported cast metal crown (high noble metal)	X	-	X	-	X	-
	Abutment supported cast metal crown (nigh hobie metal) Abutment supported cast metal crown (predominantly base metal)		-		-		-
	Abutment supported cast metal crown (predominantly base metal) Abutment supported cast metal crown (noble metal)	X	-	X	-	X	-
		X	-	X	-	X	-
	Implant supported porcelain/ceramic crown	-	-		-		-
	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	-	X	-	X	-
	Implant supported metal crown (titanium/alloy high noble metal)	X	-	X	-	X	-
	Abutment supported retainer for porcelain/ceramic fpd		-		-		-
	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	-	X	-	X	-
	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	-	-		-		-
	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	X	-	X	-	X	-
	Abutment supported retainer for cast metal fpd (high noble metal)	X	-	X	-	X	-
	Abutment supported retainer for cast metal fpd (predominately base metal)	X	-	X	-	X	-
	Abutment supported retainer for cast metal fpd (noble metal)	X	-	X	-	X	-
	Implant supported retainer for ceramic fpd	Х	-	Х	-	Х	-
	Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	Х	-	Х	-	X	-
	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	Χ	-	Χ	-	Χ	-
	Implant maintenance procedures, when prostheses are removed and reinserted, including	Х	-	Х	-	Х	-
	cleansing of prostheses and abutments	1					
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Х	-	Х	-	X	-
D6082	Implant supported crown-porcelain fused to predominantly base alloys	Х	-	Х	-	Х	-
	Implant supported crown-porcelain fused to noble alloys	X	_	X	_	X	-
	Implant supported crown-porcelain fused to titanium and titanium alloys	X	_	X	-	X	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

Description			Lar	ge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Interest to the Tharmacy this option, within the weeklie. **Provisional implant crown DE0896 [Provisional implant crown DE0896 [Implant supported crown-predominantly base alloys X - X - X - X DE0897 [Implant supported crown-ribide alloys X - X - X - X DE0898 [Implant supported crown-tribanium and titanium alloys X - X - X - X DE0998 [Implant supported crown-tribanium and titanium alloys X - X - X - X DE0998 [Implant supported crown-tribanium and titanium alloys X - X - X - X DE0999 [Replacement of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of properties of semi-precision or precision attachment (male or female component) of properties of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment (male or female component) of properties of semi-precision or precision attachment supported or semi-precision or precision attachment supported or semi-precision attachm	Codes	Description					Not Covered	
Pierocoaragi limited is AGA 1 de acessella habit hondle. DE0086 Provisional inspirant crown X			ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
DR085 Provisional implant crown								
DE086 [Implant supported crown-predominantly base alloys			Y	_	Y	_	Y	
DE058 Implant supported crown-noble alloys DE058 Implant supported crown-indianium and titanium alloys X						_		
DB088 Implant supported crown-titanium and titanium alloys Replacement of semi-precision or precision attachment (male or female component) of X X X X X X X X X X X X X X X X X X								
DE089 Accessing and retorquing loose implant screw - per screw								
De090 Repair implant, by report X								
DE001 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesi Mean Separation of the seminary of the seminar				_		_		
implant/abutment supported prosthesi D6093 Re-cement or re-bond implant/abutment supported crown X - X - X - X - D6093 Re-cement or re-bond implant/abutment supported fixed partial denture X - X - X - X - D6094 Abut support crown titanium X - X - X - X - X - D6095 Repair implant abutment, by report. see also code 21299 X - X - X - X - X - X - D6096 Remove broken implant retaining screw D6097 Repair implant abutment, by report see also code 21299 X - X - X - X - X - X - X - D6096 Remove broken implant retaining screw D6098 Remove broken implant retaining screw X - X - X - X - X - X - D6098 Implant supported crown-porcelain fused to ittanium and ittanium alloys X - X - X - X - X - D6098 Implant supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - X - X - D6099 Implant supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - X - X - X - X - X								
DE093 Re-cement or re-bond implant/abutment supported frown DE093 Re-cement or re-bond implant/abutment supported fixed partial denture X - X - X - X - DE094 Abut support crown titanium X - X - X - X - X - DE095 Repair implant abutment, by report. see also code 21299 X - X - X - X - X - DE096 Repose we broken implant retaining screw X - X - X - X - X - DE097 Abutment supported crown-porcelain fused to treatment and titanium and titanium alloys X - X - X - X - X - DE098 Repair implant supported retainer-porcelain fused to predominantly base alloys X - X - X - X - DE099 Reposit supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - DE099 Implant supported retainer-porcelain fused to noble alloys X - X - X - X - X - DE090 Implant removal, by report X - X - X - X - X - X - DE010 Implant removal, by report Cleaning of the exposed implant surfaces, including flap entry and closure Cleaning of the exposed implant surfaces, including flap entry and closure Cleaning of the exposed implant defect or defects surrounding a single implant, and surface and includes surface cleaning of the exposed implant surfaces. DE102 Deb103 Deb104 Deb105 Deb107 Deb107 Deb107 Deb107 Deb107 Deb108 Deb109 De	2000.		X	-	Х	-	X	-
Re-cement or re-bond implant/abutment supported fixed partial denture	D6092		Х	-	Х	-	X	_
DE094 Abut support crown titanium Repair implant abutment, by report. see also code 21299 X - X - X - X - X - DE096 Remove broken implant retaining screw X - X - X - X - X - X - DE097 Abutment supported crown-porcelain fused to titanium and titanium alloys X - X - X - X - X - X - DE098 Implant supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - DE099 Implant supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - DE099 Implant supported retainer-porcelain fused to noble alloys X - X - X - X - X - X - X - DE0100 Implant supported retainer-porcelain fused to noble alloys X - X - X - X - X - X - X - DE0100 Implant supported retainer-porcelain fused to noble alloys X - X - X - X - X - X - X - X - X - X				-		-		_
DE0195 Repair implant abutment, by report. see also code 21299 X				_		-		-
DE0096 Remove broken implant retaining screw A butment supported crown-porcelain fused to titanium and titanium alloys X - X - X - X - DE0097 Abutment supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - DE0098 Implant supported retainer-porcelain fused to noble alloys X - X - X - X - X - DE0099 Implant supported retainer for fpd-porcelain fused to noble alloys X - X - X - X - X - DE0100 Implant removal, by report X - X - X - X - X - X - X - X - X - X				_		-		-
D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys X - X - X - X - X - D6080 Implant supported retainer-porcelain fused to predominantly base alloys X - X - X - X - X - X - D6090 Implant supported retainer for flop-porcelain fused to noble alloys X - X - X - X - X - D6100 Implant supported retainer for flop-porcelain fused to noble alloys X - X - X - X - X - X - D6100 Implant supported retainer for flop-porcelain fused to noble alloys X - X - X - X - X - X - D6100 Implant supported retainer for flop-porcelain fused to noble alloys D6100 Implant removal, by report X - X - X - X - X - X - X - X - X - X				-		-		-
Implant supported retainer-porcelain fused to predominantly base alloys X				-		-		-
D6099 Implant supported retainer for fpd-porcelain fused to noble alloys X - X - X - X - D6100 Implant removal, by report B6101 Debridement of a pert-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure B6102 Debridement and osseous contouring of a pert-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces implant surfaces with a surface implant and includes surface cleaning of the exposed implant surfaces B6103 Bone graft for repair of peri-implant defect- does not include flap entry and closure. B6104 Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately B6105 Removal of implant body not requiring bone removal nor flap elevation X - X - X - X - X - X - D6106 Guided tissue regeneration - resorbable barrier, per implant X - X - X - X - X - X - D6107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - X - X - D6110 Implant/abutment supported removable denture for edentulous arch-mandibular X - X - X - X - X - X - D6111 Implant/ abutment supported removable denture for partially edentulous arch-mandibular B6112 Implant/ abutment supported removable denture for partially edentulous arch-mandibular X - X - X - X - X - X - D6113 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular X - X - X - X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular X - X - X - X - X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular X - X - X - X - X - X - X - X - X - X			Х	-	Х	-	Х	-
D6101 Implant removal, by report			Х	-		-	Х	-
De101 Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure De102 Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces De103 Bone graft for repair of peri-implant defect- does not include flap entry and closure. X - X - X - X - X - DE103 Bone graft for repair of peri-implant defect- does not include flap entry and closure. Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately De105 Removal of implant body not requiring bone removal nor flap elevation X - X - X - X - X - X - DE105 Removal of implant body not requiring bone removal nor flap elevation X - X - X - X - X - DE106 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - X - DE107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - X - DE108 Implant/abutment supported removable denture for edentulous arch-maxillary X - X - X - X - X - DE110 Implant/abutment supported removable denture for partially edentulous arch-maxillary De112 Implant/ abutment supported removable denture for partially edentulous arch-maxillary X - X - X - X - X - DE113 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary X - X - X - X - X - X - DE116 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary X - X - X - X - X - X - DE117 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary X - X - X - X - X - X - X - DE119 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary X - X - X - X - X - X - X - X - X - X				-		-		-
cleaning of the exposed implant surfaces, including flap entry and closure Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces Def103 Bone graft for repair of peri-implant defect- does not include flap entry and closure. Def104 Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately Def105 Removal of implant body not requiring bone removal nor flap elevation X - X - X - X - X - Def106 Guided tissue regeneration - resorbable barrier, per implant X - X - X - X - X - Def107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - Def107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - Def107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - Def107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for edentulous arch-maxillary X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for edentulous arch-maxillary X - X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for edentulous arch-maxillary X - X - X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for edentulous arch-maxillary X - X - X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for edentulous arch-maxillary X - X - X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for partially edentulous arch-maxillary X - X - X - X - X - X - X - Def107 Guided tissue regeneration - non-resorbable denture for edentulous arch-maxillary X - X - X - X - X - X - X - X - X - X		Debridement of a peri-implant defect or defects surrounding a single implant, and surface	V		V		V	
implant and includes surface cleaning of the exposed implant surfaces A			^	_	^	_	^	
De103 Bone graft for repair of peri-implant defect- does not include flap entry and closure. De104 Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately De105 Removal of implant body not requiring bone removal nor flap elevation X - X - X - X - X - De106 Guided tissue regeneration - resorbable barrier, per implant X - X - X - X - X - De107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - De107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - De108 De109 De10	D6102		Х	-	Х	-	Х	-
D6104 Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately D6105 Removal of implant body not requiring bone removal nor flap elevation D6106 Guided tissue regeneration - resorbable barrier, per implant X X X X X D6107 Guided tissue regeneration - non-resorbable barrier, per implant X X X X X X X X D6108 Implant/abutment supported removable denture for edentulous arch-maxillary D6109 Implant/abutment supported removable denture for edentulous arch-maxillary D6101 Implant/abutment supported removable denture for partially edentulous arch-maxillary D6101 Implant/abutment supported removable denture for partially edentulous arch-maxillary D6101 Implant/abutment supported removable denture for partially edentulous arch-maxillary D6101 Implant/abutment supported fixed denture for edentulous arch-maxillary X X X X X X X X X X X X X	D6103		Х	-	Х	-	Х	-
D6105 Removal of implant body not requiring bone removal nor flap elevation X - X - X - X - D6106 Guided tissue regeneration - resorbable barrier, per implant X - X - X - X - D6107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - X - D6107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - X - D6110 Implant/abutment supported removable denture for edentulous arch-maxillary X - X - X - X - D6111 Implant/ abutment supported removable denture for edentulous arch-maxillary X - X - X - X - D6112 Implant/ abutment supported removable denture for partially edentulous arch-maxillary X - X - X - X - D6113 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular X - X - X - X - D6114 Implant/ abutment supported fixed denture for edentulous arch-maxillary X - X - X - D6115 Implant/ abutment supported fixed denture for edentulous arch-mandibular X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary X - X - X - D6117 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch-mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch-mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch-mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch-mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch-mandibular X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch-mandibular X - X - X - X - X - X - X - X - X - X		Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are	Х	-	Х	-	Х	-
D6106 Guided tissue regeneration - resorbable barrier, per implant D6107 Guided tissue regeneration - non-resorbable barrier, per implant X - X - X - X - X - X - X - D6110 Implant/abutment supported removable denture for edentulous arch-maxillary X - X - X - X - X - X - X - D6111 Implant/ abutment supported removable denture for edentulous arch-mandibular D6112 Implant/ abutment supported removable denture for partially edentulous arch-maxillary D6113 Implant/ abutment supported removable denture for partially edentulous arch-mandibular D6114 Implant/ abutment supported removable denture for partially edentulous arch-mandibular D6115 Implant/ abutment supported fixed denture for edentulous arch-maxillary X - X - X - X - X - X - X - D6116 Implant/ abutment supported fixed denture for edentulous arch-maxillary X - X - X - X - X - X - X - X - X - D6117 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular X - X - X - X - X - X - X - X - X - X	D6105		X	_	Χ	_	X	
D6107 Guided tissue regeneration - non-resorbable barrier, per implant D6110 Implant/abutment supported removable denture for edentulous arch-maxillary D6111 Implant/ abutment supported removable denture for edentulous arch-mandibular D6112 Implant/ abutment supported removable denture for partially edentulous arch-maxillary D6113 Implant/ abutment supported removable denture for partially edentulous arch-mandibular D6114 Implant/ abutment supported removable denture for partially edentulous arch-mandibular D6115 Implant/ abutment supported fixed denture for edentulous arch-maxillary D6116 Implant/ abutment supported fixed denture for edentulous arch-mandibular D6116 Implant/ abutment supported fixed denture for partially edentulous arch-maxillary D6117 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular D6118 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular D6119 Implant/abutment supported interim fixed denture for edentulous arch; mandibular X X X X X X X X X X X X X								
D6110 Implant/abutment supported removable denture for edentulous arch-maxillary D6111 Implant/ abutment supported removable denture for edentulous arch-mandibular D6112 Implant/ abutment supported removable denture for partially edentulous arch-maxillary D6113 Implant/ abutment supported removable denture for partially edentulous arch-mandibular D6114 Implant/ abutment supported fixed denture for edentulous arch-maxillary D6115 Implant/ abutment supported fixed denture for edentulous arch-mandibular D6116 Implant/ abutment supported fixed denture for edentulous arch-maxillary D6117 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular D6118 Implant/ abutment supported fixed denture for partially edentulous arch-mandibular D6119 Implant/abutment supported interim fixed denture for edentulous arch it mandibular X X X X X X X X X X X X X				_		_		
D6111 Implant/ abutment supported removable denture for edentulous arch- mandibular				_		_		_
D6112 Implant/ abutment supported removable denture for partially edentulous arch- maxillary X - X - X - X - D6113 Implant/ abutment supported removable denture for partially edentulous arch- mandibular X - X - X - X - D6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary X - X - X - X - X - D6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular X - X - X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary X - X - X - X - D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - X - X - X - X - X				_		_		_
D6113 Implant/ abutment supported removable denture for partially edentulous arch- mandibular X - X - X - X - D6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary X - X - X - X - X - D6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular X - X - X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary X - X - X - X - D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - X - X - X - X - X						_		_
D6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary X - X - X - X - D6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular X - X - X - X - D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary X - X - X - X - D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - X - X - X - X - X				_		_		_
D6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary X X X X X X X X X X X X X				-		_		-
D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary X - X - X - X - D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - X - X - X - X - X				-		-		_
D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular X - X - X - X - D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X - X - X - X - X - X - X - X				-		-		-
D6118 Implant/abutment supported interim fixed denture for edentulous arch; mandibular X - X - X - X - D6119 Implant/abutment supported interim fixed denture for edentulous arch; maxillary X - X - X -				-		_		-
D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary X - X - X -				-		-		-
				-		-		-
		Implant supported retainer -porcelain fused to titanium and titanium alloys	X	-	X	-	X	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
D6121	Implant supported retainer for metal fpd -predominantly base alloys	Х	-	Х	_	Χ	-
	Implant supported retainer for metal fpd -noble alloys	Х	-	Х	-	Х	-
	Implant supported retainer for metal fpd -titanium and titanium alloys	X	-	X	-	X	-
	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed,						
	including cleansing of prosthesis and abutments	Х	-	Х	-	Х	-
D6190	Radio/surgical implant index	Х	-	Х	-	Х	-
	Semi-precision abutment – placement	Х	-	Х	-	Х	-
	Semi-precision attachment – placement	Х	-	Х	-	Х	-
	Replacement of an implant screw	X	-	X	-	X	-
	Abut support retainer titani	Х	-	Х	-	Х	-
	Abutment supported retainer-porcelain fused to titanium and titanium alloys	Х	-	Х	-	Х	-
	Replacement of restorative material used to close an access opening of a screw-retained	.,		.,		.,	
	implant supported prosthesis, per implant	Х	-	Х	-	Х	-
D6198	Remove interim implant component	Х	-	Х	-	Х	-
	Unspecified implant procedure, by report	Х	-	Х	-	Х	-
	Pontic-indirect resin based	Х	-	Х	-	Х	-
	Pontic-cast high noble metal	Х	-	Х	-	Х	-
D6211	Pontic-cast predominantly base metal	Х	-	Х	-	Х	-
	Pontic-cast noble metal	Х	-	Х	-	Х	-
D6214	Pontic titanium	Х	-	Х	-	Х	-
D6240	Pontic-porcelain fused to high noble metal	Х	-	Х	-	Х	-
D6241	Pontic-porcelain fused to predominantly base metal	Х	-	Х	-	Х	-
D6242	Pontic-porcelain fused to noble metal	Х	-	Х	-	Х	-
D6243	Pontic-porcelain fused to titanium and titanium alloys	Х	-	Х	-	Х	-
D6245	Pontic - porcelain/ceramic	Х	-	Х	-	Х	-
D6250	Pontic-resin with high noble metal	Х	-	Х	-	Х	-
D6251	Pontic-resin with predominantly base metal	Х	-	Х	-	Х	-
D6252	Pontic-resin with noble metal	X	-	Х	-	Х	-
D6253	Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	Х	-	Х	-	Х	-
D6545	Retainer-cast metal for acid etched fixed prosthesis	Х	_	Х	_	Х	
	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	_	X		X	<u> </u>
	Resin retainer- for resin bonded fixed prosthesis	X	_	X		X	
	Retainer inlay-porcelain/ceramic, two surfaces	X	-	X	-	X	-
	Retainer inlay - porcelain/ceramic, three or more surfaces	X	_	X	-	X	-
D6602	Retainer inlay - cast high noble metal, two surfaces	X	-	X	-	X	-
	Retainer inlay - cast high noble metal, three or more surfaces	X	-	X	-	X	-
	Retainer inlay - cast predominantly base metal, two surfaces	X	_	X	-	X	-
20004			1			/\	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	nealti	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Retainer inlay - cast predominantly base metal, three or more surfaces	Х	_	Х	_	I x I	
	Retainer inlay - cast noble metal, two surfaces	X	-	X	_	X	
	Retainer inlay - cast noble metal, three or more surfaces	X	-	X	_	X	_
	Retainer onlay - porcelain/ceramic, two surfaces	X	-	X	_	X	
	Retainer onlay - porcelain/ceramic, three or more surfaces	X	-	X	-	X	
	Retainer onlay - cast high noble metal, two surfaces	X	-	X	_	X	_
	Retainer onlay - cast high noble metal, three or more surfaces	X	-	X	_	X	
	Retainer onlay - cast predominantly base metal, two surfaces	X	-	X	_	X	_
	Retainer onlay - cast predominantly base metal, three or more surfaces	X	-	X	_	X	_
	Retainer onlay - cast noble metal, two surfaces	X	_	X	_	X	
	Retainer onlay - cast noble metal, three or more surfaces	X	-	X	-	X	-
	Retainer inlay titanium	X	-	X	_	X	_
	Retainer onlay titanium	X	-	X	-	X	-
	Retainer crown-indirect resin based composite	X	-	X	-	X	-
	Retainer crown-resin with high noble metal	X	-	X	-	X	-
	Retainer crown-resin with predominantly base metal	X	_	X	-	X	-
	Retainer crown-resin with noble metal	X	-	X	-	X	-
	Retainer crown - porcelain/ceramic	X	-	X	-	X	-
	Retainer crown-porcelain fused to high noble metal	X	_	X	-	X	
	Retainer crown-porcelain fused to predominantly base metal	X	-	X	-	X	-
	Retainer crown-porcelain fused to noble metal	X	_	X	-	X	
	Retainer crown-porcelain fused to titanium and titanium alloys	X	_	X	_	X	
	Retainer crown-3/4 cast high noble metal	Х	_	Х	_	X	-
	Retainer crown - 3/4 cast predominately based metal	X	_	X	_	X	-
	Retainer crown - 3/4 cast noble metal	Х	_	X	_	X	-
	Retainer crown - 3/4 porcelain/ceramic	X	-	X	-	X	-
	Retainer crown 3/4-titanium and titanium alloys	Х	-	Х	-	Х	-
	Retainer crown-full cast high noble metal	X	-	X	-	X	-
	Retainer crown-full cast predominantly base metal	Х	-	Х	-	Х	-
	Retainer crown-full cast noble metal	X	-	X	-	X	-
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	Х	-	Х	-	Х	-
D6794	Retainer crown titanium	Х	-	Х	-	Х	-
	Connector bar	X	-	X	-	X	-
	Re-cement or re-bond fixed partial denture	X	-	X	-	X	-
	Stress breaker	X	-	X	-	X	-
	Precision attachment	Х	-	Х	-	X	-
	Fixed partial denture repair, necessitated by restorative material failure	X	-	X	-	X	-
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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits D6985 Pediatric partial denture, fixed Χ Χ Χ _ D6999 Unspecified fixed prosthodontic procedure, by report X Χ Χ _ D7111 Extraction, coronal remnants - primary tooth Χ Χ Χ D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Χ Χ Χ D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including Χ Χ Χ elevation of mucoperiopsteal flap if indicated. D7220 Removal of impacted tooth-soft tissue Х Χ Х D7230 Removal of impacted tooth-partially bony Χ Χ Χ D7240 Removal of impacted tooth-completely bony Χ Χ _ Χ -D7241 Removal of impacted tooth-completely bony, with unusual surgical compl Χ Χ Х D7250 Removal of residual tooth roots (cutting procedure) X Χ Χ D7251 Coronectomy Χ Χ Χ -D7252 Partial extraction for immediate implant placement Χ X Х D7259 Nerve dissection Χ Χ Χ D7260 Oral antral fistula closure X Χ Χ _ Х D7261 Primary closure of a sinus perforation Χ Χ D7270 Tooth re-implantation and/or stabilization of accidentally evulsedor d Χ Χ Χ _ D7272 Tooth transplantation Χ Χ Χ D7280 Exposure of an unerupted tooth Χ Χ Χ D7282 Mobilization of erupted or malpositioned tooth to aid eruption Χ Χ D7283 Place device impacted tooth Х Х Χ Χ D7284 Excisional biopsy of minor salivary glands Χ _ Χ -D7285 Incisional biopsy of oral tissue-hard (bone, tooth) Χ Χ Х D7286 Incisional biopsy of oral tissue-soft Χ Χ Х D7287 Cytology sample collection Χ Χ Χ -Χ X D7288 Brush biopsy Χ D7290 Surgical repositioning of teeth Χ Χ Χ _ D7291 Transseptal fiberotomy Χ Χ Χ Placement of temporary anchorage device (screw retained plate) requiring flap; includes device D7292 Χ Χ Χ D7293 Placement of temporary anchorage device requiring flap; includes device removal Χ Χ D7294 Placement of temporary anchorage device without flap; includes device removal Χ Χ Χ D7295 Bone harvest auto graft proc Χ Χ D7296 Corticotomy ; one to three teeth or tooth spaces, per quadrant Х Х Χ _ D7297 Corticotomy ¿ four or more teeth or tooth spaces, per quadrant X Χ Χ

Х

Χ

Χ

Χ

Χ

Χ

D7299 Removal of temporary anchorage device, requiring flap

D7300 Removal of temporary anchorage device without flap

D7298 Removal of temporary anchorage device (screw retained plate), requiring flap

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. D7310 Alveoloplasty in conjunction with extractions - per quadrant Χ Χ Χ _ D7311 Alveoloplasty w/extract 1-3 X Χ Χ D7320 Alveoloplasty not in conjunction with extractions - per quadrant Χ Χ Χ D7321 Alveoloplasty not w/extracts Χ Χ Χ Χ D7340 Vestibuloplasty-ridge extension (second epithelialization) Χ Х D7350 Vestibuloplasty-ridge extension (including soft tissue grafts, muscle Χ Χ Χ D7410 Radical excision-lesion diameter up to 1.25 cm Х Χ Х D7411 Excision of benign lesion greater than 1.25 cm Х Χ Χ Χ D7412 Excision of benign lesion, complicated Χ _ Χ -D7413 Excision of malignant lesion up to 1.25 cm Χ Χ Х D7414 Excision of malignant lesion greater than 1.25 cm Χ Χ Χ D7415 Excision of malignant lesion, complicated Χ Χ Χ -Χ X D7440 Excision of malignant tumor-lesion diameter up to 1.25 cm Х D7441 Excision of malignant tumor-lesion diameter greater than 1.25 cm Χ Χ Χ D7450 Removal of odontogenic cystor tumor-lesion diameter up t0 1.25 cm X Χ Χ Х D7451 Removal of odontogenic cystor tumor-lesion diameter greater than 1.25 Χ Χ D7460 Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm Χ Χ Χ D7461 Removal of nonodontogenic cystor tumor-lesion diameter greater than 1. Χ Χ Χ D7465 Destruction of lesion(s) by physicalor chemical methods, by report Χ Χ Χ D7471 Removal of exostosis - per site Χ Χ D7472 Removal of torus palatinus Х Х Χ D7473 Removal of torus mandibularis Χ Χ _ Χ -D7485 Reduction of osseous tuberosity Χ Χ Х D7490 Radical resection of mandible with bone graft Χ Χ Χ D7509 Marsupialization of odontogenic cyst Χ Χ Χ -D7510 Incision and drainage of abscess-intraoral soft tissue Χ X Х D7511 Incision/drain abscess intra Χ Χ Χ D7520 Incision and drainage of abscess-extraoral soft tissue Χ Χ Χ D7521 Incision/drain abscess extra Χ Χ Χ D7530 Removal of foreign body, skin, or subcutaneous areolar tissue Χ Χ Χ _ _ D7540 Removal of reaction-producing foreign bodies-musculoskeletal system Χ Χ Χ D7550 Sequestrectomy for osteomyelitis Χ Χ Χ D7560 Maxillary sinusotomy for removal of tooth fragmentor foreign body Χ Χ D7610 Maxilla-open reduction (teeth immobilized if present) Х Х Χ _ D7620 Maxilla-closed reduction (teeth immobilized if present) Χ Χ Χ D7630 Mandible-open reduction (teeth immobilized if present) Χ Χ Х Χ Х D7640 Mandible-closed reduction (teeth immobilized if present) Χ

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D7650 Malar and/or zygomatic arch-open reduction

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9	neatti	La	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to the	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
D7660 N	Malar and/or zygomatic arch-closed reduction	Х	-	Х	-	Х	-
D7670 A	Alveolus-stabilization of teeth, open reduction splinting	Х	-	Х	-	Х	-
D7671 A	Alveolus - open reduction, may include stabilization of teeth	Х	-	Χ	-	Х	-
D7680 F	acial bones-complicated reduction with fixation and mul- tiple surgic	Х	-	Χ	-	Х	-
D7710 N	Maxilla-open reduction	Х	-	X	-	Х	-
D7730 N	Mandible-open reduction	Χ	-	Х	-	Х	-
D7750 N	Malar and/or zygomatic arch-open reduction	Х	-	X	-	Х	-
D7760 N	Malar and/or zygomatic arch-closed reduction	Х	-	Χ	-	Х	-
D7770 A	Alveolus-stabilization of teeth, open reduction splinting	Χ	-	Х	-	Х	-
D7771 A	Alveolus, closed reduction stabilization of teeth	Х	-	Χ	-	Х	-
D7780 F	acial bones - complicated reduction with fixation and multiple approaches	Х	-	Χ	-	Х	-
D7810 C	Open reduction of dislocation	Х	-	Χ	-	Х	-
D7881 C	Oclussal orthotic device adjustment	Х	-	Χ	-	Х	-
D7910 S	Suture of recent small wounds up to 5 cm	Х	-	Χ	-	Х	-
D7911 C	Complicated suture-up to 5 cm	Х	-	Χ	-	Х	-
D7912 C	Complicated suture-greater than 5 cm	Х	-	Х	-	Х	-
D7920 S	Skin grafts (identify defect covered, location, and type of graft)	Х	-	Χ	-	Х	-
D7921 C	Collection and application of autologous blood concentrate product	Х	-	Х	-	Х	-
D7922 F	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Х	-	Х	-	Х	-
	A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	Х	-	Х	-	Х	-
	Osteoplasty-for orthognathic deformities	Χ	-	Χ	-	X	-
	efort i (maxilla-total)	Х	-	Х	-	X	-
D7947 L	efort i (maxilla-segmented)	Χ	-	Χ	-	X	-
	efort iior lefort iii (osteoplasty of facial bones for midface hypopl	Х	-	Χ	-	X	-
	efort iior lefort iii-with bone graft	Х	-	Х	-	X	-
	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	Χ	-	Χ	-	X	-
	Sinus augmentation with bone or bone substitutes via a lateral open approach	Χ	-	Χ	-	X	-
	The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include	Х	-	Х	-	Х	-
D7953 E	Bone replacement graft	Х	-	Х	-	Х	-
	Repair of maxillofacial soft and hard tissue defects	Х		Χ		Х	-
D7956 C	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Х	-	Х	-	Х	-
D7957 C	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Х	-	Х	-	Х	-
	Buccal / labial frenectomy (frenulectomy)	Х	-	Х	-	Х	-
D7962 L	ingual frenectomy (frenulectomy)	Х	-	Х	-	Х	-
	renuloplasty	Х	-	Х	-	Х	-

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As of: 12/19/24

Peacuthorization Peacuthorization Not Covered Presulthorization Required Not Covered Required Not Covered Required			Lar	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
	Codes	Description					Not Covered	Preauthorization Required
Pain coverage limited to ACA 10 essential habelits			se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty n	nedications and should be
D7970 Excision of hyperplastic tissue-per arch X								
D7971 Excision of pericoronal ginglya X			X	_	X	_	X	_
D7972 Surgical reduction of fibrous tuberosity				_				
D7979 Non				_		_		-
D7980 Surgical sialolithotomy				_		_		-
D7981 Excision of salivary gland				-		-		-
D7982 Sialodochoplasty				-		-		-
D7990 Emergency tracheotomy X				-		-		-
D7990 Emergency tracheotomy X				-		-		-
D7991 Coronoidectomy X		·		-		_		-
D7993 Surgical placement of craniofacial implant – extra oral X				-		_		-
D7994 Surgical placement: zygomatic implant				-		-		-
D7995 Synthetic graft - mandible or facial bones, by report. see also 21299 X - X - X - X - D7996 Implant - mandible for augmentation purposes see also code 21299 X - X - X - X - D7997 Appliance removal (not by dentist who placed appliance) incl removal of archbar X - X - X - X - D7998 Intraoral placement of a fixation device not in conjunction with a fracture X - X - X - X - X - D7999 Unspecified oral surgery procedure, by report X - X - X - X - D7999 Unspecified oral surgery procedure, by report X - X - X - X - D7999 United orthodontic treatment of the primary dentition X - X - X - X - X - D7990 United orthodontic treatment of the transitional dentition X - X - X - X - D7990 United orthodontic treatment of the transitional dentition X - X - X - X - D7990 United orthodontic treatment of the transitional dentition X - X - X - X - D7990 United orthodontic treatment of the transitional dentition X - X - X - X - X - D7990 United orthodontic treatment of the adolescent dentition X - X - X - X - X - D7990 United orthodontic treatment of the adolescent dentition X - X - X - X - X - D7990 United orthodontic treatment of the adolescent dentition X - X - X - X - X - D7990 United orthodontic treatment of the primary dentition X - X - X - X - X - D7990 United orthodontic treatment of the transitional dentition X - X - X - X - X - X - D7990 United orthodontic treatment of the transitional dentition X - X - X - X - X - D7990 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - D7990 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - D7990 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - X - D79900 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - X - X - D79900 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - X - X - D79900 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - X - X - D79900 Comprehensive orthodontic treatment of				-		_		-
D7996 Implant - mandible for augmentation purposes see also code 21299 X - X - X - X - D7997 Appliance removal (not by dentist who placed appliance) incl removal of archbar X - X - X - X - D7998 Intraoral placement of a fixation device not in conjunction with a fracture X - X - X - X - D7999 Unspecified oral surgery procedure, by report X - X - X - X - X - D7999 Unspecified oral surgery procedure, by report X - X - X - X - X - D8010 Limited orthodontic treatment of the primary dentition X - X - X - X - X - D8020 Limited orthodontic treatment of the transitional dentition X - X - X - X - X - D8030 Limited orthodontic treatment of the adolescent dentition X - X - X - X - D8040 Limited orthodontic treatment of the adult dentition X - X - X - X - D8050 Interceptive orthodontic treatment of the primary dentition X - X - X - X - D8050 Interceptive orthodontic treatment of the transitional dentition X - X - X - X - D8060 Interceptive orthodontic treatment of the transitional dentition X - X - X - X - D8070 Comprehensive orthodontic treatment of the transitional dentition X - X - X - X - D8080 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - D8090 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - D8090 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - X - X - D8090 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - X - X - X - X - X - X - X				-		-	X	-
D7997Appliance removal (not by dentist who placed appliance) incl removal of archbarX-X-X-D7998Intraoral placement of a fixation device not in conjunction with a fractureX-X-X-D7999Unspecified oral surgery procedure, by reportX-X-X-D8010Limited orthodontic treatment of the primary dentitionX-X-X-D8020Limited orthodontic treatment of the transitional dentitionX-X-X-D8030Limited orthodontic treatment of the adolescent dentitionX-X-X-D8040Limited orthodontic treatment of the adult dentitionX-X-X-D8050Interceptive orthodontic treatment of the primary dentitionX-X-X-D8050Interceptive orthodontic treatment of the transitional dentitionX-X-X-D8070Comprehensive orthodontic treatment of the transitional dentitionX-X-X-D8080Comprehensive orthodontic treatment of the adolescent dentitionX-X-X-D8090Comprehensive orthodontic treatment of the adult dentitionX-X-X-		, , , ,		-		_		-
D7998Intraoral placement of a fixation device not in conjunction with a fractureX-X-X-D7999Unspecified oral surgery procedure, by reportX-X-X-D8010Limited orthodontic treatment of the primary dentitionX-X-X-D8020Limited orthodontic treatment of the transitional dentitionX-X-X-D8030Limited orthodontic treatment of the adolescent dentitionX-X-X-D8040Limited orthodontic treatment of the adult dentitionX-X-X-D8050Interceptive orthodontic treatment of the primary dentitionX-X-X-D8060Interceptive orthodontic treatment of the transitional dentitionX-X-X-D8070Comprehensive orthodontic treatment of the transitional dentitionX-X-X-D8080Comprehensive orthodontic treatment of the adolescent dentitionX-X-X-D8090Comprehensive orthodontic treatment of the adult dentitionX-X-X-				-		-	X	-
D7999 Unspecified oral surgery procedure, by reportX-X-X-D8010 Limited orthodontic treatment of the primary dentitionX-X-X-D8020 Limited orthodontic treatment of the transitional dentitionX-X-X-D8030 Limited orthodontic treatment of the adolescent dentitionX-X-X-D8040 Limited orthodontic treatment of the adult dentitionX-X-X-D8050 Interceptive orthodontic treatment of the primary dentitionX-X-X-D8060 Interceptive orthodontic treatment of the transitional dentitionX-X-X-D8070 Comprehensive orthodontic treatment of the transitional dentitionX-X-X-D8080 Comprehensive orthodontic treatment of the adolescent dentitionX-X-X-D8090 Comprehensive orthodontic treatment of the adult dentitionX-X-X-				-		-	Х	-
D8010 Limited orthodontic treatment of the primary dentitionX-X-X-D8020 Limited orthodontic treatment of the transitional dentitionX-X-X-D8030 Limited orthodontic treatment of the adolescent dentitionX-X-X-D8040 Limited orthodontic treatment of the adult dentitionX-X-X-D8050 Interceptive orthodontic treatment of the primary dentitionX-X-X-D8060 Interceptive orthodontic treatment of the transitional dentitionX-X-X-D8070 Comprehensive orthodontic treatment of the transitional dentitionX-X-X-D8080 Comprehensive orthodontic treatment of the adolescent dentitionX-X-X-D8090 Comprehensive orthodontic treatment of the adult dentitionX-X-X-				-		-		-
D8020 Limited orthodontic treatment of the transitional dentitionX-X-X-D8030 Limited orthodontic treatment of the adolescent dentitionX-X-X-D8040 Limited orthodontic treatment of the adult dentitionX-X-X-D8050 Interceptive orthodontic treatment of the primary dentitionX-X-X-D8060 Interceptive orthodontic treatment of the transitional dentitionX-X-X-D8070 Comprehensive orthodontic treatment of the transitional dentitionX-X-X-D8080 Comprehensive orthodontic treatment of the adolescent dentitionX-X-X-D8090 Comprehensive orthodontic treatment of the adult dentitionX-X-X-			Х	-	Х	-	Х	-
D8040 Limited orthodontic treatment of the adult dentition X - X - X - D8050 Interceptive orthodontic treatment of the primary dentition X - X - X - D8060 Interceptive orthodontic treatment of the transitional dentition X - X - X - D8070 Comprehensive orthodontic treatment of the transitional dentition X - X - X - D8080 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - D8090 Comprehensive orthodontic treatment of the adult dentition X - X - X -				-		-		-
D8050 Interceptive orthodontic treatment of the primary dentition X - X - X - D8060 Interceptive orthodontic treatment of the transitional dentition X - X - X - D8070 Comprehensive orthodontic treatment of the transitional dentition X - X - X - D8080 Comprehensive orthodontic treatment of the adult dentition X - X - X - D8090 Comprehensive orthodontic treatment of the adult dentition X - X - X -	D8030	Limited orthodontic treatment of the adolescent dentition	Х	-	Х	-	Х	-
D8060 Interceptive orthodontic treatment of the transitional dentition X - X - X - D8070 Comprehensive orthodontic treatment of the transitional dentition X - X - X - D8080 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - D8090 Comprehensive orthodontic treatment of the adult dentition X - X - X -	D8040	Limited orthodontic treatment of the adult dentition	Х	-	Х	-	Х	-
D8060 Interceptive orthodontic treatment of the transitional dentition X - X - X - D8070 Comprehensive orthodontic treatment of the transitional dentition X - X - X - D8080 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - D8090 Comprehensive orthodontic treatment of the adult dentition X - X - X -	D8050	Interceptive orthodontic treatment of the primary dentition		-	Х	-	Х	-
D8080 Comprehensive orthodontic treatment of the adolescent dentition X - X - X - D8090 Comprehensive orthodontic treatment of the adult dentition X - X - X -	D8060	Interceptive orthodontic treatment of the transitional dentition	Χ	-	Χ	-	Х	-
D8090 Comprehensive orthodontic treatment of the adult dentition X - X - X -	D8070	Comprehensive orthodontic treatment of the transitional dentition	Χ	-	Χ	-	Х	-
	D8080	Comprehensive orthodontic treatment of the adolescent dentition	Χ	-	Χ	-	Х	-
D8091 Comprehensive orthodontic treatment with orthognathic surgery X - X - X -	D8090	Comprehensive orthodontic treatment of the adult dentition	Χ	-	Χ	-	Х	-
	D8091	Comprehensive orthodontic treatment with orthognathic surgery	Χ	-	Χ	-	Х	-
D8210 Removable appliance therapy X - X - X -	D8210	Removable appliance therapy	Χ	-	Χ	-	Х	-
D8220 Fixed appliance therapy X - X - X -	D8220	Fixed appliance therapy		-	Χ	-	Х	-
D8660 Pre-orthodintic treatment examination to monitor growth and development X - X - X -	D8660	Pre-orthodintic treatment examination to monitor growth and development	Χ	-	Χ	-	Х	-
D8670 Periodic orthodontic treatment visit (as part of contract) X - X - X -	D8670	Periodic orthodontic treatment visit (as part of contract)	Χ	-	Χ	-	Х	-
D8671 Periodic orthodontic treatment visit associated with orthognathic surgery X - X - X -	D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Χ	-	Χ	-	Х	-
D8680 Orthodontic retention (removal of appliances, construction and placem X - X - X -	D8680	Orthodontic retention (removal of appliances, construction and placem	X	-		-	Х	-
D8681 Removable orthodontic retainer adjustment X - X - X -			X	-	X	-	X	-
D8690 Orthodontic treatment (alternative billing to a contract fee) X - X - X -				-		-		-
D8695 Removal of fixed orthodontic appliances for reasons other than completion of treatment X - X - X -			X	-	X	-	X	-
D8696 Repair of orthodontic appliance-maxillary X - X - X -			X	-	X	-	X	-
D8697 Repair of orthodontic appliance-mandibular X - X - X -	D8697	Repair of orthodontic appliance-mandibular	X	-	X	-	X	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Lar	ge Employer	Individ	dual Benchmark*	Small Employer and Individual		
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, th	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be	
rected to the Pharmacy link option within the website. Ian coverage limited to ACA 10 essential health benefits.							
18698 Re-cement or re-bond fixed retainer-maxillary	Х	_	Х	_	Х		
8699 Re-cement or re-bond fixed retainer-mandibular	X			-	X	-	
08701 Repair of fixed retainer, includes reattachment-maxillary	X	-	X	-	X	-	
08701 Repair of fixed retainer, includes reattachment-mandibular	X		X	-	X		
08702 Replacement of lost or broken retainer-maxillary	X		X	-	X		
08704 Replacement of lost or broken retainer-mandibular	X		X	-	X		
08999 Unspecified orthodontic procedure, by report	X	-	X	-	X	-	
			X	-			
99110 Palliative (emergency) treatment of dental pain-minor procedures 99120 Fixed partial denture sectioning	X	-	X	-	X	-	
		-		-		-	
19130 Temporomandibular joint dysfunction-non-invasive physical therapies 19210 Local anesthesia n0t in conjunction with operativeor surgical procedu	X		X	-	X	-	
		-	X	-			
9211 Regional block anesthesia 9212 Trigeminal division block anesthesia	X	-		-	X	-	
	X	-	X	-	X	-	
9215 Lcl ansthsa w oprtv or srgcl prcdrs	X	-	X	-	X	-	
9219 Evaluation for moderate sedation, deep sedation or general anesthesia	X	-	X	-	X	-	
19222 Deep sedation/general anesthesia ¿ first 15 minutes	X	-	X	-	X	-	
19223 Deep sedation/general anesthesia-each subsequent 15 minute increment	Х	-	X	-	X	-	
99230 Inhltn ntrs oxd/anlgsa, anxlyss	Х	-	X	-	Х	-	
9239 Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	Х	-	Х	-	Χ	-	
09243 Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	Х	-	Х	-	Х	-	
9248 Non-intravenous conscious sedation	Χ	-	X	-	X	-	
O9310 Consultation (diagnostic service provided by dentistor physician other	Χ	-	Χ	-	X	-	
O9311 Consultation with a medical health care professional	Χ		Χ	-	X	-	
9410 House call	Χ	-	Χ	-	X	-	
9420 Hsptl or asc call	Х	-	Х	-	Х	-	
09430 Office visit for observation (during regularly scheduled hours) no oth	Х	-	Х	-	Х	-	
9440 Office visit-after regularly scheduled hours	Х	-	Х	-	Х	-	
09450 Case presentation, detailed and extensive treatment planning	Χ	-	Х	-	Х	-	
9610 Therapeutic drug injection, by report	Х	-	Х	-	Х	-	
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	Х	-	Х	-	Х	-	
19613 Infiltration of sustained release therapeutic drug-single or multiple sites	Х	-	Х	-	Х	-	
Deciding Drugs or medicaments dispensed in the office for home use	Х	-	Х	-	Х	-	
9910 Application of desensitizing medicaments	Х	-	Х	-	Х	-	
9911 Application of desensitizing resin for cervical and/or root surface per tooth	Х	-	Х	-	Х	-	
9912 Pre-visit patient screening	Х	-	Х	-	Х	-	
9913 Administration of neuromodulators	Х	-	Х	-	Х	-	
09914 Administration of dermal fillers	Х	-	Х	-	Х	-	

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As of: 12/19/24

		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	Pharmacy link option within the website. e limited to ACA 10 essential health benefits.						
		V	I	V	I		
	ehavior management, by report	X	-	X	-	X	-
	reatment of complications (postsurgical) - unusual circumstances, by leaning and inspection of removable complete denture, maxillary	X	-	X	-	X	-
		X	-	X	-	X	-
	leaning and inspection of removable complete denture, mandibular	X	-	X	-		-
	leaning and inspection of removable partial denture, maxillary	X	-	X	-	X	-
	leaning and inspection of removable partial denture, mandibular	X	-	X	-	X	-
	abrication of a custom removable clear plastic temporary aesthetic appliance	X	-	X	-	X	-
	lacement of a custom removable clear plastic temporary aesthetic appliance	X	-	X	-	X	-
	abrication of athletic mouthguards	X	-	X	-	X	-
	epair/reline occlusal guard	X	-	X	-	X	-
	occlusal guard adjustment	X	-	X	-	Х	-
	occlusal guard-hard appliance, full arch	X	-	X	-	Х	-
	occlusal guard-soft appliance, full arch	X	-	Х	-	Х	-
	cclusal guard-hard appliance, partial arch	Х	-	Х	-	Х	-
	ustom sleep apnea appliance fabrication and placement	Х	-	Х	-	Х	-
	djustment of custom sleep apnea appliance	Х	-	Х	-	X	-
	epair of custom sleep apnea appliance	Х	-	X	-	Х	-
	occlusion analysis-mounted case	Χ	-	Х	-	X	-
	eline custom sleep apnea appliance (indirect)	Х	-	X	-	X	-
	dministration of home sleep apnea test	Χ	-	X	-	Χ	-
	creening for sleep related breathing disorders	Χ	-	Χ	-	Χ	-
	nspecified sleep apnea services procedure, by report	Χ	-	X	-	X	-
	uplicate/copy patient's records	Χ	-	Χ	-	X	-
)9970 E	namel microabrasion	Х	-	Х	-	X	-
)9971 O	dontoplasty 1-2 teeth; includes removal of enamel projections	Χ	-	Х	-	Х	-
)9972 E	xternal bleaching- per arch- perfmored in offic	Χ	-	Х	-	Х	-
)9973 E	xternal bleaching - per tooth	Χ	-	Х	-	Х	-
)9974 In	nternal bleaching - per tooth	Χ	-	Х	-	Х	-
	xternal bleaching for home application, per arch; includes materials and fabrication of custom ays	Х	-	Х	-	Х	-
9985 S		Х	-	Х	-	Х	-
	lissed appointment	X	-	X	-	X	_
	ancelled appointment	X	_	X	-	X	
	ertified translation or sign-certified translation or sign-language services per visit	X	_	X	-	X	
	ental case management- addressing appointment compliance barriers	X	_	X	_	X	
	ental case management- addressing appointment compliance barriers	X		X		X	
	ental case management- care coordination ental case management- motivational interviewing	X		X		X	
	onar oaso management- mouvationar interviewing	^	_	X		X	<u> </u>

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits D9995 Teledentistry ¿ synchronous; real-time encounter Χ Χ Х _ _ D9996 Χ Χ Χ Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review Dental case management-patients with special health care needs D9997 Χ Χ Χ D9999 Unspecified adjunctive procedure, by report Χ Χ Χ E0100 Cane adjust/fixed with tip Χ -E0105 Cane adjust/fixed quad/3 pro Χ E0110 Crutch forearm pair Х E0111 Crutch forearm each -Χ ---E0112 Crutch underarm pair wood Χ Χ E0113 Crutch underarm each wood E0114 Crutch underarm pair no wood Χ --Χ E0116 Crutch underarm each no wood E0117 Crutch, underarm, articulating, spring assisted, each Χ Χ Х _ E0118 Crutch substitute, lower leg platform, with or without wheels, each Χ -_ E0130 Walker rigid adjust/fixed ht Χ E0135 Walker folding adjust/fixed Χ _ _ E0140 Walker, with trunk support, adjustable or fixed height, any type Χ E0141 Rigid walker wheeled wo seat Χ E0143 Walker folding wheeled w/o s Χ E0144 Enclosed walker w rear seat Х E0147 Walker variable wheel resist -Χ ---E0148 Heavyduty walker no wheels Χ E0149 Heavy duty wheeled walker Χ E0152 Walker, battery powered, wheeled, folding, adjustable or fixed height Χ Χ Χ -Χ E0153 Forearm crutch platform atta E0154 Walker platform attachment Χ _ E0155 Walker wheel attachment,pair Χ E0156 Walker seat attachment Χ E0157 Walker crutch attachment Χ _ _ _ E0158 Walker leg extenders set of4 Χ E0159 Brake for wheeled walker Χ E0160 Sitz type bath or equipment Χ Χ E0161 Sitz bath/equipment w/faucet Х Х Χ _ E0162 Sitz bath chair Χ Χ Χ E0163 Commode chair stationry fxd Χ Χ Х Χ Х E0165 Commode chair stationry det Х

Χ

Χ

E0167 Commode chair pail or pan

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits E0168 Heavyduty/wide commode chair Χ Χ Χ _ E0170 Commode chair with integrated seat lift mechanism, electric, any type X Χ Χ _ E0171 Commode chair with integrated seat lift mechanism, non-electric, any type Χ Χ Χ E0172 | Seat lift mechanism placed over or on top of toilet, any type Χ Χ Χ Χ E0175 Commode chair foot rest Χ Χ E0181 Press pad alternating w/ pum Χ -E0182 Pressure pad alternating pum Χ E0183 Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty Х Χ E0184 Dry pressure mattress ----E0185 Gel pressure mattress pad Χ E0186 Air pressure mattress Χ E0187 Water pressure mattress Χ _ --Χ E0188 Synthetic sheepskin pad E0189 Lambswool sheepskin pad Χ _ E0190 Positioning cushion/pillow/wedge, any shape or size Χ Χ Χ _ E0191 Protector heel or elbow Χ E0193 Powered air flotation bed Χ _ E0194 Air fluidized bed Х Χ Χ E0196 Gel pressure mattress Χ E0197 Air pressure pad for mattres Χ E0198 Water pressure pad for mattr Х Χ E0199 Dry pressure pad for mattres ----E0200 Heat lamp without stand Χ Χ Х E0203 Therapeutic lightbox, minimum 10,000 lux, table top model Χ Χ Х E0205 Heat lamp with stand Χ Χ Χ -Χ X E0210 Electric heat pad standard Х E0215 Electric heat pad moist Χ Χ Χ E0217 Water circ heat pad w pump X Χ Χ Χ E0218 Water circ cold pad w pump Χ Χ E0221 Infrared heating pad system Χ Χ Χ _ _ E0225 Hydrocollator unit X Χ Χ E0231 Non-contact wound warming device (temperature control unit, ac adapter and power cord) for Χ Χ Χ use with warming card and wou E0232 Warming card for use with the non-contact wound warming device and non-contact wound Χ Χ Χ warming wound cover E0235 Paraffin bath unit portable Χ Χ Χ

Χ

Χ

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E0236 Pump for water circulating p

E0239 Hydrocollator unit portable

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Χ

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. E0241 Bath tub wall rail Χ Χ Х _ E0242 Bath tub rail floor X Χ Χ _ Χ Χ E0243 Toilet rail Χ E0244 Toilet seat raised Χ Χ Χ E0245 Tub stool or bench Х Χ Χ E0246 Transfer tub rail attachment Χ Χ Χ E0247 Transfer bench for tub or toilet with or without commode opening Х Χ Х E0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening Χ Х Χ E0249 Pad for water circulating heat unit, for replacement only Χ Χ -Χ -E0250 Hosp bed fixed ht w/ mattres Χ E0251 Hosp bed fixd ht w/o mattres Χ _ E0255 Hospital bed var ht w/ mattr Χ --Χ E0256 Hospital bed var ht w/o matt E0260 Hosp bed semi-electr w/ matt Χ _ E0261 Hosp bed semi-electr w/o mat Χ _ E0265 Hosp bed total electr w/ mat Χ E0266 Hosp bed total elec w/o matt Χ -E0270 Hospital bed institutional t Χ E0271 Mattress innerspring Χ Χ Χ E0272 Mattress foam rubber Χ E0273 Bed board Χ Х Χ E0274 Over-bed table Χ Χ _ Χ -E0275 Bed pan standard Χ Χ Х E0276 Bed pan fracture Χ Χ Χ E0277 Powered pres-redu air mattrs Χ --Χ Х E0280 Bed cradle Χ E0290 Hosp bed fx ht w/o rails w/m Χ _ E0291 Hosp bed fx ht w/o rail w/o Χ Hosp bed var ht w/o rail w/o Χ E0293 Hosp bed var ht w/o rail w/ Χ _ _ _ E0294 Hosp bed semi-elect w/ mattr Χ E0295 Hosp bed semi-elect w/o matt Χ _ E0296 Hosp bed total elect w/ matt Χ E0297 Hosp bed total elect w/o mat Х E0300 Pediatric crib, hospital grade, fully enclosed Χ F0301

Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o	-	Х	Х	-	-	Х
Enana	mattress Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress	_		Х		-	
	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails	-	-	X	-	-	<u>-</u>
E000E	w/mattress						
	Rails bed side half length Rails bed side full length	-	-	X	-	-	-
	U	- V	-		-	-	-
	Bed accessory brd/tbl/supprt Safety enclosure frame/canopy for use with hospital bed, any type	X	-	X	-	X	-
	Urinal male jug-type		-	X	-	X	-
	Urinal female jug-type	X	-	X	-	X	-
	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and		-	_ ^	-	_ ^	-
	side rails up to 24 inches	-	-	Χ	-	-	-
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	-	-	Х	-	-	-
F0350	Control unit bowel system	Х	-	Х	-	X	_
	Disposable pack w/bowel syst	X	-	X	_	X	_
	Air elevator for heel	X	-	X	-	X	-
	Nonpower mattress overlay	-	-	X	_	 	
	Powered air mattress overlay	_	-	X	-	-	-
	Nonpowered pressure mattress	-	-	X	-	-	-
	Gas system stationary compre	Х	-	X	-	Х	-
	Oxygen system liquid portabl	Х	-	Х	-	Х	-
	Oxygen system liquid station	Х	-	Х	-	Х	-
	Topical ox deliver sys, nos	Х	-	Х	-	Х	-
	Rocking bed w/ or w/o side r	-	Χ	Х	-	-	Χ
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	Х	-	Х	-	Х
E0470	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**	Х	-	- 1	X**
	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**	X	-	- 1	X**
	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**	Х	-	- 1	X**
	Percussor elect/pneum home m	-	-	X	-	- 1	-
	Intrapulmonary percussive ventilation system and related accessories	Х	-	Х	-	Х	-
E0483		-	-	Х	-	-	-
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical	Х	_	Х		Х	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

 $[\]ensuremath{^{**}\text{Preauth}}$ after 3rd rental month when doesn't met criteria.



As of: 12/19/24

G	Ticaliti	Lar	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	Х	-	Х	-	х	-
	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Х	-	Х	-	Х	-
	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Х	-	Х	-	Х	-
	Ippb all types	-	-	X	-	-	-
	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Х	-	Х	-	X	-
	Humidif extens supple w ippb	-	-	Х	-	-	-
	Humidifier for use w/ regula	-	-	Х	-	-	-
	Humidifier supplemental w/ i	-	-	Х	-	-	-
	Humidifier, non-heated, used with positive airway pressure device	-	X**	Х	-	-	X**
	Humidifier, heated, used with positive airway pressure device	-	X**	Х	-	-	X**
	Ultrasonic generator w svneb	X	-	Х	-	X	-
	Cont airway pressure device	-	X**	Х	-	-	X**
	Breast pump	X	-	Х	-	X	-
	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, sup	-	X	-	X	-	X
	Vaporizer room type	Х	-	Х	-	X	-
	Drainage board postural	-	-	Х	-	-	-
	Blood glucose monitor home	-	-	Х	-	-	-
	Patient lift sling or seat	X	-	X	-	X	-
	Patient lift bathroom or toi	X	-	Х	-	X	-
	Seat lift incorp lift-chair	X	-	Х	-	X	-
	Seat lift for pt furn-non-el	X	-	Х	-	X	-
	Patient lift hydraulic	Χ	-	Х	-	Х	-
	Patient lift electric	Х	-	Х	-	Х	-
	Multipositional patient support system, with integrated lift, patientaccessible controls	Χ	-	Х	-	Х	-
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Х	-	Х	-	Х	-
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Х	-	Х	-	Х	-
	Moveable patient lift system	Х	-	Х	-	Х	-
	Fixed patient lift system	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24
Small Employer and Individua

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
sclaimer	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric,		I	Ī			
-0041	with or without wheels	-	-	Х	-	-	-
0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	_	_	Х	_		
	Pneuma compresor non-segment	_		X			
	Pneum compressor segmental	-	-	X			
	Pneum compressor segmental Pneum compres w/cal pressure		-	X	-	-	-
	Pneumatic appliance half arm	-	-	X	-	-	-
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	X	-	X		X	-
	Segmental pneumatic appliance for use with pneumatic compressor, truth	X	-	X	-	X	<u>-</u>
	Pneumatic appliance full leg		X	X			X
	Pneumatic appliance full arm	-	-	X		-	^
	Pneumatic appliance half leg	-		X		-	
	Seg pneumatic appliful leg	-	-	X	-	-	-
		-			-	-	<u> </u>
	Seg pneumatic appl full arm	-	-	X	-	-	-
	Seg pneumatic appli half leg	-	-	X	-	-	-
	Segmental pneumatic appliance for use with pneumatic compressor, half	-	-	X	-	-	-
	Pressure pneum appl full leg	-	-	X	-	-	-
	Pressure pneum appl full arm	-	-	X	-	-	-
	Pressure pneum appl half leg	-	-	X	-	-	-
	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	-	-	Х	-	-	-
	Non pneum seq comp trunk	-	Х	-	Х	-	X
	Nonpneumatic sequential compression garment, full leg	X	-	X	-	Х	-
	Nonpneumatic sequential compression garment, half leg	X	-	Х	-	Х	-
	Nonpneumatic compression controller without calibrated gradient pressure	X	-	X	-	Х	-
	Non-pneumatic, non-sequential, peristaltic wave compression pump	X	-	X	-	Х	-
	Safety equipment, device or accessory, any type	Χ	-	Χ	-	Χ	-
	Transfer board or device, any type, each	Χ	-	Х	-	Х	-
	Restraints any type	X	-	Χ	-	Х	-
	Ue enclosure restr rom	Х	-	Χ	-	X	-
	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-	Х	-	Х	-
0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-	Х		Х	-
0720	Tens two lead	-	-	Х	-	-	-
0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Х	-	Х	-	Х	-
0730	Tens four lead	-	-	Х	-	-	-
	Cranial electrotherapy stimulation (CES) system, any type	Х	-	Х	-	Х	-
	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	-	-	Х	-	-	-
	External upper limb tremor stimulator of the peripheral nerves of the wrist	Х	-	X	_	Х	_

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
	Noninvasive vagus nerve stimulator	Х	_	Х	_	Х	
	ranscutaneous tibial nerve stimulator		-	X	_	-	
	ranscutaneous tibial nerve stimulator, controlled by phone application	X		X	_	X	<u>-</u>
	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-						
	education, include microprocessor, all components and accessories	Х	-	Х	-	X	-
	Rehab system with interactive interface providing active assistance in rehabilitation therapy,						
	ncludes all components and accessories, motors, microprocessors, sensors	X	-	Х	-	X	-
	ncontinence treatment systm	Х	_	Х	_	Х	-
	External lower extremity nerve stimulator for restless legs syndrome, each	X	-	X	_	X	_
	Neuromuscular stim for scoli	X	-	X	_	X	-
	Neuromuscular stim for shock	X	_	X	-	X	-
	Electromyograph biofeedback	Х	_	Х	-	X	-
	Elec osteogen stim not spine	-	Х	-	Х	-	Х
	Elec osteogen stim spinal	-	Х	-	Х	-	Х
	Elec osteogen stim implanted	-	Х	-	Х	-	Х
E0760 C	Osteogen ultrasound stimitor	-	X	-	Х	-	Χ
	Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy reatment device	Х	-	Х	-	Х	-
	ranscutaneous electrical joint stimulation device system, includes all accessories	Х	_	Х	-	X	-
E0764 F	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for	Х	-	Х	-	X	-
	Nerve stimulator for tx n&v	Х	_	Х	_	X	-
E0767 Ir	ntrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field levice, for cancer treatment, includes all accessories	Х	-	Х	-	X	-
E0770 F	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n	Х	-	Х	-	Х	-
E0783 F	Programmable infusion pump	-	Х	-	Х	-	Χ
	Ext amb infusn pump insulin	-	X	-	Х	-	Χ
E0786 Ir	mplantable pump replacement	-	Χ	-	Х	-	Χ
	Cgs dose adj insulin inf pmp	Х	-	Х	-	Х	-
E0791 F	Parenteral infusion pump sta	-	Х	-	Х	-	Х
E0849 C	Cervical pneum trac equip	Χ	-	Х	-	Х	-
E0850 T	raction stand free standing	Χ	-	Х	-	Х	-
E0855 C	Cervical traction equipment	Χ	-	Х	-	Х	-
	Cervical traction device, cervical collar with inflatable air bladder	Χ	-	Х	-	Х	-
	ract equip cervical tract	Χ	-	Х	-	Х	-
	rac stand free stand extrem	Χ	-	Χ	-	Х	-
	rac stand free stand pelvic						

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	nealti	Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
E0910	Trapeze bar attached to bed	-	-	Х	-	-	-
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	-	-	Х	-	-	-
	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free stadning, complete with grab bar	-	-	Х	-	-	-
	Fracture frame attached to b	-	-	Х	-	-	-
E0930	Fracture frame free standing	-	-	Χ	-	-	-
	Trapeze bar free standing	-	-	Х	-	-	-
E0941	Gravity assisted traction de	Х	-	Х	-	Х	-
E0946	Fracture frame dual w cross	-	-	X	-	-	-
E0947	Fracture frame attachmnts pe	-	-	X	-	-	-
E0948	Fracture frame attachmnts ce	-	-	Χ	-	-	-
E0951	Loop heel	-	-	Χ	-	-	-
E0952	Loop tie	-	-	Х	-	-	-
E0968	Wheelchair commode seat	Х	-	Х	-	Х	-
E0986	Manual wheelchair accessory, push-rim activated power assist, each	-	Х	-	Х	-	Χ
	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	Х	-	Х	-	Χ
E1002	Wheelchair accessory, power seating system, tilt only	-	Х	-	Х	-	Χ
	Wheelchair accessory, power seating system, recline only, without shear	-	Х	-	Х	-	X
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	Х	-	Х	-	Χ
	Wheelchair accessory, power seating system, recline only, with power shear	-	Х	-	Х	-	Χ
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	Х	-	Х	-	Х
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	-	Х	-	Х	-	X
	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	-	Х	-	Х	-	Χ
	Wheelchair accessory, ventilator tray, fixed	-	X	-	X	-	Χ
E1030	Wheelchair accessory, ventilator tray, gimbaled	-	Х	-	Х	-	X
	Rollabout chair with casters	Х	-	Х	-	Х	-
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	Х	-	Х	-	Х	-
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	Х	-	Х	-	Х	-
E1039	Transport chair pt wt>300lb	Х	-	Х	-	Х	-
	Whelchr fxd full length arms	-	Х	-	Х	-	Χ
E1060	Wheelchair detachable arms	-	Х	-	Х	-	Χ
	Wheelchair detachable foot r	-	Х	-	Х	- 1	Х

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

	nealui	Lai	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	y, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Hemi-wheelchair fixed arms	_	Х	_	Х	_	Х
	Hemi-wheelchair detachable a	_	X	_	X	_	X
	Hemi-wheelchair fixed arms	_	X	_	X	_	X
	Hemi-wheelchair detachable a	_	X	-	X	- 1	X
E1087	Wheelchair lightwt fixed arm	-	X	-	X	-	X
E1088	Wheelchair lightweight det a	_	X	-	X	- 1	X
	Wheelchair lightwt fixed arm	-	X	-	X	-	X
	Wheelchair lightweight det a	-	Х	-	Х	-	Х
	Wheelchair wide w/ leg rests	-	X	-	X	-	X
	Wheelchair wide w/ foot rest	-	Х	-	Х	-	Χ
	Whchr s-recl fxd arm leg res	-	Х	-	Х	-	Х
	Wheelchair semi-recl detach	-	Х	-	Х	-	Х
E1130	Whichr stand fxd arm ft rest	-	Х	-	Х	-	X
E1140	Wheelchair standard detach a	-	Х	-	Х	-	X
	Wheelchair standard w/ leg r	-	Х	-	Х	-	Х
E1160	Wheelchair fixed arms	-	X	-	Х	-	Χ
E1161	Manual adult size wheelchair, includes tilt in space	-	Х	-	Х	-	Χ
E1170	Whichr ampu fxd arm leg rest	-	Х	-	Х	-	Х
E1171	Wheelchair amputee w/o leg r	-	Х	-	Х	-	Х
E1172	Wheelchair amputee detach ar	-	Х	-	Х	-	Χ
E1180	Wheelchair amputee w/ foot r	-	Х	-	Х	-	Х
E1190	Wheelchair amputee w/ leg re	-	Х	-	Х	-	Х
E1195	Wheelchair amputee heavy dut	-	Х	-	X	-	Х
E1200	Wheelchair amputee fixed arm	-	Х	-	X	-	Χ
E1220	Whichr special size/constrc	-	Х	-	X	-	Х
	Wheelchair spec size w foot	-	X	-	X	-	Χ
	Wheelchair spec size w/ leg	-	Х	-	X	-	Χ
	Wheelchair spec size w foot	-	X	-	X	-	Χ
	Wheelchair spec size w/ leg	-	X	-	X	-	Χ
E1225	Wheelchair spec sz semi-recl	-	X	-	X	-	Χ
_	Wheelchair spec sz full-recl	-	Х	-	X	-	Χ
	Wheelchair spec sz spec ht a	-	X	-	X	-	Χ
	Wheelchair spec sz spec ht b	-	Χ	-	Χ	-	Χ
	Pediatric wheelchair nos	-	X	-	X	-	Χ
	Power operated vehicle	X	-	Χ	-	Х	-
	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatingsystem	-	X	-	X	-	Χ
	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seatingsystem	-	X	-	X	-	Χ
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seatingsystem	-	X	-	Χ	-	Χ

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. E1234 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seatingsystem Χ Χ Χ _ _ E1235 Wheelchair, pediatric size, rigid, adjustable, with seating system X Х Χ E1236 Wheelchair, pediatric size, folding, adjustable, with seating system Х Χ Χ E1237 Wheelchair, pediatric size, rigid, adjustable, without seating system Χ Χ Χ Χ E1238 Wheelchair, pediatric size, folding, adjustable, without seating system Х Χ E1239 Ped power wheelchair nos Χ Χ Χ E1240 Whchr litwt det arm leg rest Х Х Х E1250 Wheelchair lightwt fixed arm Χ Χ Χ E1260 Wheelchair lightwt foot rest -Χ -Х -Χ E1270 Wheelchair lightweight leg r Х Х Х E1280 Whchr h-duty det arm leg res X X Χ E1285 Wheelchair heavy duty fixed Χ Х Χ _ -Χ X E1290 Wheelchair hvv duty detach a Х E1295 Wheelchair heavy duty fixed X X Χ _ _ E1296 Wheelchair special seat heig X Χ Χ E1297 Wheelchair special seat dept Х Х Х E1298 Wheelchair spec seat depth/w Χ Χ Χ _ E1300 Whirlpool portable Χ Χ Χ -E1310 Whirlpool non-portable Χ Χ Χ E1356 Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, Χ Χ Χ each E1392 Portable oxygen concentrator, rental Χ -Χ -Χ E1520 Heparin infusion pump for di Х Х Х E1530 Air bubble detector for dial X X Χ E1540 Pressure alarm for dialysis Χ Χ Χ --Х Χ E1550 Bath conductivity meter Х E1570 Adjustable chair for esrd pt Χ Х _ Х _ E1592 Auto interm peritoneal dialy Χ Х Χ E1594 Cycler dialysis machine Х Х Х Х E1620 Blood pump for dialysis Χ Χ _ E1625 Water softening system X Χ Χ --E1630 Reciprocating peritoneal dia Χ Χ _ Χ E1639 Scale, for dialysis, each Χ Χ E1700 Jaw motion rehab system Χ Х Χ _ E1701 Repl cushions for jaw motion Χ Χ Χ

Χ

Χ

Χ

E1702 Repl measr scales jaw motion

E1800 Adjust elbow ext/flex device

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Χ

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	narmacy link option within the website. imited to ACA 10 essential health benefits.						
	directional static progressive stretch elbow device with range of motion adjustment, includes			l			
cuff		-	-	Х	-	-	-
	namic adjustable forearm pronation/supination device, includes soft interfacematerial	-	-	Х	-	-	-
	ust wrist ext/flex device	-	-	Х	-	-	-
	directional static progressive stretch wrist device with range of motion adjustment, includes						
cuff		-	-	Х	-	-	-
1810 Adju	ust knee ext/flex device	-	-	Х	-	-	-
1811				V			
Bi-d	directional progressive stretch knee device with range of motion adjustment, includes cuffs	-	-	Х	-	-	-
1812 Dyn	namic knee, extension/flexion device with active resistance control	-	-	Х	-	-	-
1815 Adju	ust ankle ext/flex device	-	-	Х	-	-	-
E1816 Bi-d	directional static progressive stretch ankle device with range of motion adjustment, includes			Х			
cuff	fs	-	-	^	-	-	-
1818 Bi-d	directional static progressive stretch forearm pronation/supination device with range of motion			V			
	ustment, includes	•	-	X	-	-	-
1820 Soft	t interface material	-	-	Х	-	-	-
1821 Rep	placement soft interface material/cuffs for bi-directional static progressive stretch device	-	-	Χ	-	-	-
1825 Sad	djust finger ext/flex devc	-	-	Х	-	-	-
	ust toe ext/flex device	-	-	Χ	-	-	-
	tic str toe dev ext/flex	-	-	Χ	-	-	-
1840 Dyn	namic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	-	Х	-	-	-
1841 Stat	tic str shidr dev rom adj	-	-	Х	-	-	-
1905 Vr c	cbt therapy	Χ	-	Х	-	Х	-
2100 Bloc	od glucose monitor with integrated voice synthesizer	Χ	-	Χ	-	Х	-
2101 Bloc	od glucose monitor with integrated lancing/blood sample	-	-	Χ	-	-	-
2102 Adju	unctive continuous glucose monitor or receiver	-	Х	-	Х	-	Х
2103 Non	n-adjunctive, non-implanted continuous glucose monitor or receiver	-	Х	-	Х	-	Х
2104 Hon	me blood glucose monitor for use with integrated lancing/blood sample testing cartridge	-	-	Х	-	-	-
2201 Mar	nual wheelchair accessory, nonstandard seat frame, width 20-24 in.	-	Х	-	Х	-	Х
2202 Mar	nual wheelchair accessory, nonstandard seat frame width, 24-27 inches		Х	-	Х	-	Х
	nual wheelchair accessory, nonstandard seat frame depth, 20-22 in.	-	Х	-	Х	-	Х
	nual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches		Х	-	Х	-	Х
2205 Mar	nual wc accessory, handrim	-	Х	-	Х	-	Х
	mplete wheel lock assembly	-	Х	-	Х	-	Х
2207 Whe	eelchair accessory, crutch and cane holder, each	-	Х	-	Х		Х
2208 Whe	eelchair accessory, cylinder tank carrier, each	-	Х	-	Х	-	Χ
2209 Whe	eelchair accessory, arm trough, each	-	Х	-	Χ	-	Х

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lai	ge Employer	Individ	lual Benchmark*	Small Emp	loyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to th	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pharmacy link option within the website. Ige limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	Wheelchair accessory, bearings, any type, replacement only, each	_	Х	_	Х	_	Х
	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	-	X	-	X	_	X
	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	-	X	-	X	-	X
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	-	Х	-	Х	-	Х
E2214 I	Manual wheelchair accessory, pneumatic caster tire, any size, each	-	Х	-	Х	-	Χ
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	-	Х	-	Х	-	Χ
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	-	Х	-	Х	-	Χ
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	-	X	-	Х	-	X
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	-	Х	-	Х	-	Χ
E2219	Manual wheelchair accessory, foam caster tire, any size, each	-	X	-	Х	-	X
E2220 I	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	-	Χ	-	Χ	-	Χ
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	-	Х	-	Х	-	Х
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	_	X	_	X	 _ 	Х
E2224 I	vialidal wheelchall accessory, propulsion wheel excludes the, any size, each	-	^	-	^	-	^
ľ	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	Х	-	Х	-	X
	Manual wheelchair accessory, caster fork, any size, replacement only, each	-	X	-	X	-	X
	Manual wheelchair accessory, gear reduction drive wheel, each	-	X	-	X	-	X
	Manual wheelchair accessory, wheel braking system and lock, complete, each	-	X	-	Х	-	X
	Manual wheelchair accessory, manual standing system	-	X	-	X	-	Χ
	Manual wheelchair accessory, solid seat support base (replaces sling seat), 'includes any type mounting hardware	-	Χ	-	Χ	-	X
E2291	Planar back for ped size wc	-	X	-	X	-	Х
	Planar seat for ped size wc	-	X	-	Х	-	Χ
E2293 (Contour back for ped size wc	-	X	-	X	-	Χ
E2294 (Contour seat for ped size wc	-	Х	-	Х		Χ
	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating 'frame, allows coordinated movement of multi	-	Х	-	Х	-	Х
	Power wheelchair accessory, power seat elevation system	Х	-	Х	-	Х	-
	Power wheelchair accessory, power standing system	X	_	X	-	X	-
	Power wheelchair accessory, electronic connection between wheelchair controller	X	_	X	-	X	-
E2312 F	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including f	-	-	-	Х	-	-
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounti	-	X	-	X	-	X

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	Power wheelchair accessory, hand control interface, remote joystick,	-	Х	-	Х	_	Х
	Power wheelchair accessory, hand control interface, multiple mechanical switches	-	X	-	X	_	X
	Power wheelchair accessory, specialty joystick handle for hand control	-	X	-	X	-	X
	Power wheelchair accessory, chin cup for chin control interface	-	X	-	X	_	X
	Power wheelchair accessory, sip and puff interface, nonproportional	-	X	-	X	-	X
	Power wheelchair accessory, breath tube kit for sip and puff interface	-	X	_	X	_	X
	Power wheelchair accessory, head control interface, mechanical, proportional	-	X	_	X	_	X
E2328	· · ·	_	X	_	X	_	X
E2329	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	_	^	_			
	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	X	-	X	-	X
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	Х	-	Х	-	Х
E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	Х	-	Х	-	X
	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches		X		Х		X
	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-		-	X	-	
		-	X	+		-	X
	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	X	-	X	-	X
	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	X	- '	X	-	X
	Power wheelchair accessory, electronic interface to operate speech generating device	Χ	- V	X	-	Х	- V
	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	-	X	Х	-	-	X
	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	•	Х	Х	-	-	X
	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	•	Χ	Χ	•	-	Χ
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each	-	X	Χ	-	-	Χ
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	-	X	Х	-	-	X
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each	-	X	Χ	-	-	Χ
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	-	X	Х	-	-	Χ
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each		X	Χ	-	- 1	Χ
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	-	Х	Х	-	-	Х
	Power wheelchair accessory, battery charger, single mode, for use with either battery type Power wheelchair accessory, battery charger, dual mode, for use with either battery type	_	X	Х		 	X
	Power wc motor replacement	-	X		X	-	X
	Pwr wc gear box replacement	-	X	-	X	-	X
	Pwr wc motor/gear box combo	-	X	-	X	- -	X
	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed	-	^	- -	^	+ - +	^
	glassmat), each	-	X	Х	-	-	Χ
F2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	-	Х	Х	-	-	Χ

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As of: 12/19/24

		Laı	ge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
E2373	Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick o	-	Х	-	Х	-	Х
	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proport	-	Х	-	Х	-	Х
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacem	-	Х	-	Х	-	Х
	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement	-	Х	-	Х	-	Х
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade prov	-	Х	-	Х	-	Х
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	Х	-	Х	-	Х
	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	_	Х	_	Х	_	X
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	-	X	-	X	-	X
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	-	X	-	Х	-	Χ
	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	-	Χ	-	X	-	Χ
	Power wheelchair accessory, foam caster tire, any size, replacement only, each	-	Χ	-	X	-	Χ
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	-	X	-	Х	-	Χ
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	-	X	-	Х	-	Χ
	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	-	Х	-	Х	-	Х
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	-	X	-	Х	-	X
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	-	X	-	Х	-	Х
	Power wheelchair accessory, lithium-based battery, each	-	-	Х			-
E2402	Negative pressure wound therapy electrical pump, stationary or portable	-	X	-	Х	-	Х
	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	Х	-	Х	-	Х	-
E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	Х	-	Х	-	Х	-

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		Laı	ge Employer	Individ	lual Benchmark*	Small Emp	loyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dr	ugs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	Х	-	Х	_	Х	-
	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	X	-	X	_	X	_
	Speech generating device, synthesized speech, requiring message formulation by spelling	X	_	X	-	X	-
	Speech generating device, synthesized speech, permitting multiple methods	-	_	Х	-	- 1	-
	Speech generating software program, for personal computer or personal digital assistant	Х	-	Х	-	Х	-
	Accessory for speech generating device, mounting system	Х	-	Х	-	Х	-
	Accessory for speech generating device, electromyographic sensor	Х	-	Х	-	Х	-
	Accessory for speech generating device, not otherwise classified	-	-	Х	-	-	-
	Gen w/c cushion wdth < 22 in	-	Х	-	Х	-	Х
2602	Gen w/c cushion wdth >=22 in	-	Χ	-	Х	-	Х
2603	Skin protect wc cus wd <22in	-	Χ	-	Х	-	Х
	Skin protect wc cus wd>=22in	-	Х	-	Х	-	Х
2605	Position wc cush wdth <22 in	-	Χ	-	Х	-	Х
2606	Position wc cush wdth>=22 in	-	Χ	-	Х	-	Х
	Skin pro/pos wc cus wd <22in	-	Χ	-	Х	-	Х
2608	Skin pro/pos wc cus wd>=22in	-	Χ	-	Х	-	Х
	Custom fabricate w/c cushion	-	Χ	-	Х	-	Х
2610	Powered w/c cushion	-	Χ	-	Х	-	X
2611	Gen use back cush wdth <22in	-	Χ	-	Х	-	Х
2612	Gen use back cush wdth>=22in	-	Χ	-	Х	-	Х
2613	Position back cush wd <22in	-	Χ	-	Х	-	Х
2614	Position back cush wd>=22in	-	Χ	-	Х	-	Х
2615	Pos back post/lat wdth <22in	-	Χ	-	Х	-	Х
2616	Pos back post/lat wdth>=22in	-	Χ	-	Х	-	Х
2617	Custom fab w/c back cushion	-	Χ	-	Х	-	Х
2619	Replace cover w/c seat cush	-	Χ	-	Х	-	Х
2620	Wc planar back cush wd <22in	-	Χ	-	Х	-	Х
2621	Wc planar back cush wd>=22in	-	Χ	-	Х	-	Χ
2622	Adj skin pro w/c cus wd<22in	-	Χ	-	Х	-	X
	Adj skin pro wc cus wd>=22in	-	X	-	X	-	Х
	Adj skin pro/pos cus<22in	-	Х	-	Х	-	Х
	Adj skin pro/pos wc cus>=22	-	X	-	Х	- 1	X
	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	-	Х	-	Х	-	Х
E 2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	-	Х	-	Х	-	Х
2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	-	Х	-	Х	-	Х

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As of: 12/19/24

G	Tiediti	Lar	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	-	Х	-	Х	-	Х
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	-	Х	-	Х	-	Χ
	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	-	Х	-	Х	-	Х
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	-	X	-	X	-	X
	Wheelchair accessory, addition to mobile arm support, supinator	-	Х	-	Х	-	Х
	Speech volume modulation system, any type, including all components and accessories	Х	-	Х	-	Х	-
	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Х	-	Х	-	Х	-
	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:	Х	-	Х	-	Х	-
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	Х	-	Х	-	Х	-
G0027	Semen analysis	Х	-	Χ	-	Х	-
G0028	Doc med rsn no scr tob	Χ	-	Χ	-	Х	-
	No tob scr/cess int	Χ	•	Χ		X	-
	Pt scr tob & cess int	Χ	-	Х		X	-
	Pall serv during meas	Χ	-	Χ	-	X	-
	2+ antipsy schiz	Χ	-	Χ	-	X	-
	2+ benzo seiz	Χ	-	Х	-	X	-
	Pall serv during meas	Χ	-	Χ	-	X	-
	Pt ed pos 23	Χ	-	Χ	-	Х	-
	Pt/ptn decln assess	Χ	-	Χ	-	Х	-
	Pt not able to participate	Χ	-	X	-	Х	-
	Clin pt no ref	Х	-	Х	-	Х	-
	Pt no ref, rn spec	Χ	-	X	-	Х	-
	Pt phys/occ therapy	Х	-	X	-	Х	-
	Pt/ptn decln referral	X	-	X	-	Х	-
	Ref to therapy	X	-	X	-	Х	-
	Pt mech pros ht valv	X	-	X	-	X	-
	Pt mitral stenosis	X	-	X	-	X	-
	Mrs 90 days post stk	X	-	X	-	X	-
	No mrs 90 days post stk	X	-	X	-	X	-
G0047	Ped blunt hd traum	Χ	-	X	-	Х	-

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\vee	nealti	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
G0048	Pall serv during meas	Х	-	Х	-	Х	-
G0049	Main hemo in-cntr	Х	-	Х	-	Х	-
G0050	Pt w/ Imted life expec	Х	-	Х	-	Х	-
G0051	Pt hospice mnth	Х	-	Х	-	Х	-
G0052	Pt peri dialysis dur mo	Х	-	Х	-	Х	-
G0053	Adv rheum pt care mvp	Х	-	Х	-	Х	-
G0054	Strk cr prev pos outcme mvp	Х	-	Х	-	Х	-
G0055	Adv care heart dx mvp	Х	-	Х	-	Х	-
G0057	Best pct pt safety em mvp	Х	-	Х	-	Х	-
G0058	Imprv care le jnt repr mvp	Х	-	Х	-	Х	-
G0059	Pt sfty pos exp w aneth mvp	Х	-	Х	-	Х	-
G0060	Allergy/immunology ss	Х	-	Х	-	Х	-
G0061	Anesthesiology ss	Х	-	Х	-	Х	-
G0062	Audiology ss	Х	-	Х	-	Х	-
G0063	Cardiology ss	Х	-	Х	-	Х	-
G0064	Cert nurse midwife ss	Х	-	Х	-	Х	-
	Chiropractic ss	Х	-	Х	-	Х	-
G0066	Clinical social work ss	Х	-	Х	-	Х	-
G0067	Dentistry ss	Х	-	Х	-	Х	-
G0068	Adm of infusion drug in home	-	Х	-	Х	-	Х
	Professional services for the administration of subcutaneous immunotherapy for each infusion		Х		V		V
	drug administration calendar day in the individual's home, each 15 minutes	_	^	-	X	-	X
	Professional services for the administration of chemotherapy for each infusion drug		V		V		V
	administration calendar day in the individual's home, each 15 minutes	-	X	-	Х	-	X
G0071	Comm svcs by rhc/fqhc 5 min	Х	-	Х	-	Х	-
G0076	Care manag h vst new pt 20 m	Х	-	Х	-	Х	-
G0077	Care manag h vst new pt 30 m	Х	-	Х	-	Х	-
G0078	Care manag h vst new pt 45 m	Х	-	Х	-	Х	-
G0079	Care manag h vst new pt 60 m	Х	-	Х	-	Х	-
G0080	Care manag h vst new pt 75 m	Х	-	Х	-	Х	-
G0081	Care man h v ext pt 20 mi	Х	-	Х	-	Х	-
G0082	Care man h v ext pt 30 m	Х	-	Х	-	Х	-
	Care man h v ext pt 45 m	Х	-	Х	-	Х	-
G0084	Care man h v ext pt 60 m	Х	-	Х	-	Х	-
G0085	Care man h v ext pt 75 m	Х	-	Х	-	Х	-
	Care man home care plan 30 m	Х	-	Х	-	Х	-
	Care man home care plan 60 m	Х	-	Х	-	Х	-
	Adm iv drug 1st home visit	-	Х	-	Х	-	Χ

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As of: 12/19/24

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Adm subq drug 1st home visit	-	Х	-	Х	_	Х
	Corf skilled nursing service	Х	-	Х	-	Х	-
	Partial hosp prog service	-	X**	-	X**	-	X**
	Single energy x-ray study	Х	-	Х	-	Х	-
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	X	-	X	-	X	-
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	-	Х	-	Х	-	Х
	Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities:	Х	-	Х	-	х	-
	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	Х	-	Х	-	Х	-
	Hhcp-serv of pt,ea 15 min	-	X**	-	X**	-	X**
G0152	Hhcp-serv of ot,ea 15 min	-	X**	-	X**	-	X**
	Hhcp-svs of s/l path,ea 15mn	-	X**	-	X**	-	X**
	Services of clinical social worker in home health or hospice settings, each 15 minutes	-	X**	-	X**	-	X**
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Х	-	Х	-	Х	-
G0157	Hhc pt assistant ea 15	Χ	-	Х	-	Х	-
G0158	Hhc ot assistant ea 15	Χ	-	Х	-	Х	-
	Hhc pt maint ea 15 min	-	X**	-	X**	-	X**
G0160	Hhc occup therapy ea 15	-	X**	-	X**	-	X**
	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology m	-	X**	-	X**	-	X**
	Hhc rn e&m plan svs, 15 min	-	X**	-	X**	-	X**
	Opps service, sched team conf	Χ	-	Х	-	X	-
	Opps/php;activity therapy	Χ		Χ	-	X	-
	Opps/php; train & educ serv	Χ	-	Χ	-	X	-
	Md recertification hha patient	Χ	-	Χ	-	X	-
	Md certification hha patient	Χ	-	Х	-	X	-
	Pet img wholebody melanoma nonco	Χ	-	Х	-	X	-
	Demonstration, at initial use, of home inr monitoring for patient withmechanical heart valve(s) who meets medicare cover	-	-	Х	-	-	-
	Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets med	-	-	Х	-	-	-

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	Physician review, interpretation and patient management of home inr testing fora patient with mechanical heart valve(s)	-	-	Х	-	-	-
G0255	Current perception threshold/sensory nerve conduction test, (snct) per limb, any nerve	Х	-	Х	-	Х	-
	Placement of occlusive device into either a venous or arterial access site,post surgical or interventional procedure (e.	Х	-	Х	-	Х	-
G0276	Pild/placebo control clin tr	Х	-	Х	-	Х	-
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stageiii and stage iv pressure ulcers, arterial	-	X**	-	X**	-	X**
G0282	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281	Х	-	Х	-	Х	-
G0283	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p	-	X**	-	X**	-	X**
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare qualifyin	Х	-	Х	-	Х	-
	Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per	Х	-	Х	-	Х	-
	Electromagnetic stimulation, to one or more areas	Х	-	Х	-	Х	-
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х	-	Х
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х	-	Х
G0302	Pre-operative pulmonary surgery services for preparation for lvrs, complete	Х	-	Х	-	Х	-
G0303	Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15	Х	-	Х	-	Х	-
	Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days	Χ	-	Х	-	Х	-
G0305	Post-discharge pulmonary surgery services after lvrs, minimum of 6 days	Χ	-	Х	-	Х	-
G0308	180 d implant glucose sensor	Χ	-	Χ	-	Х	-
G0309	Rem/inser glu sensor dif sit	Χ	-	Х	-	Х	-
	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-	х	-
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-	х	-
	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-	Х	-

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As of: 12/19/24

J		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these lands are updated quarterly.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Immunization counseling by a physician or other qualified health care professional when the						
	vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time	Х	_	Х	-	X	_
	(this code is used for medicaid billing purposes)						
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19,					1	
	ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening,	Χ	-	Х	-	X	-
	diagnostic, and treatment benefit (epsdt)						
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19,						
	ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening,	Χ	-	Х	-	X	-
	diagnostic, and treatment benefit (epsdt)						
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other	Х		Х		Х	
	real-time interactive audio-only telecommunications system	^	-	^	•	^	-
	Colon ca scrn;bld-bsd biomrk	Χ	-	Χ	•	X	-
	Therapy plan of care	Χ	-	Χ	-	X	-
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires						
	monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use	-	Х	-	Х	-	Χ
	of an operating room						
	Hospice evaluation and counseling services, pre-election	-	X	-	X	-	X
G0339	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy	_	Х	Х	_	_	X
	in one session, or first		^	^			
G0340	Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including	_	Х	Х	-	_	Χ
	collimator changes and custo		^				
	Percutaneous islet cell transplant, includes portal vein catherization and infusion	X	-	Х	-	Х	-
	Laparascopy for iselt cell transplant, includes portal vein catherization and infusion	Х	-	Х	-	Х	-
	Laparaotomy for iselt cell transplant, includes vein catherization and infusion	Х	-	Χ	-	Х	-
G0398	Home sleep study test (hst) with type ii portable monitor, unattended, minimum of 7 channels:	-	-	Х	-	_	-
00000	eeg, eog, emg, ecg/heart r						
G0399	Home sleep study test (hst) with type iii portable monitor, unattended, minimum of 4 channels: 2	-	-	Х	-	-	-
00400	respiratory movement/ai			V			
	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	-	-	Х	-	-	-
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon	Χ	-	Χ	-	X	-
C0400							
J G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each	-	X	-	Х	-	X
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting,					1	
G0410	approximately 45 to 50	Χ	-	Χ	-	X	-
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50					1	
30411	minutes	Χ	-	Х	-	X	-
	HIIIIUGS						

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As of: 12/19/24

Small Employer and Individual

		Laı	rge Employer	Individ	dual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold,	V		.,		. v	
	menaflex)	X	-	Х	-	Х	-
	Ppps, initial visit	Х	-	Х	-	Х	-
	Ppps, subseq visit	Х	-	Х	-	Х	-
G0451	Development testing, with interpretation and report, per standardized instrument form	Х	-	Х	-	Х	-
G0454	Physician documentation of face-to-face visit for durable medical equipment determination	V		V		V	
	performed by nurse practitioner, physician assistant or clinical nurse specialist	Х	-	X	-	Х	-
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of	Х		Х		Х	
	medication with no more than minimal medical psychotherapy	^	-	^	-	^	-
G0460	Autolog prp not diab ulcer	Χ	-	Х	-	Х	-
G0465	Autolog prp diab wound ulcer	X	-	Χ	-	Х	-
G0468	Fqhc visit, ippe or awv	X	-	Χ	-	Х	-
G0490	Home visit rn, lpn by rhc/fq	X	-	Χ	-	Х	-
G0493	Rn care ea 15 min hh/hospice	-	Х	-	X	-	X
	Lpn care ea 15min hh/hospice	-	Х	-	Х	-	Χ
G0495	Rn care train/edu in hh	-	Х	-	Χ	-	Χ
G0496	Lpn care train/edu in hh	-	X	-	X	-	Χ
	Prolong prev svcs, first 30m	Х	-	Χ	-	Х	-
G0514	Prolong prev svcs, addl 30m	Х	-	Χ	-	Х	-
G0516	Insert drug del implant, >4	Х	-	Χ	-	Х	-
G0517	Remove drug implant	Х	-	Χ	-	Х	-
	Remove w insert drug implant	Χ	-	Χ	-	X	•
	New pt-cg dyad dem low cmplx	Х	-	Χ	-	Х	-
	New pt-cg dyad dem mod cmplx	Χ	-	X	-	X	-
	New pt-cg dyad dem hig cmplx	Χ	-	Χ	-	X	-
G0522	Mgt nw pt dementia low cmplx	Χ	-	Х	-	Х	-
	Mgt nw pt dem mod-high cmplx	Χ	-	Χ	-	X	-
	Est pt-cg dyad dem low cmplx	Χ	-	X	-	Χ	-
	Est pt-cg dyad dem mod cmplx	Х	-	Х	-	X	-
	Est pt-cg dyad dem hig cmplx	Х	-	X	-	X	-
	Mgt est pt dmentia low cmplx	Х	-	Х	-	X	-
	Mgt est pt dem mod-hi cmplx	X	-	Х	-	X	-
	In home respite care, 4 hr u	Х	-	Х	-	X	-
	Adult daycare center, 8 hr u	Х	-	X	-	X	-
G0531	Fclty-based respite, 24 hr u	Χ	-	Χ	-	X	-

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As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
G0532	Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal						
	sprays (provision of the services by a medicare-enrolled opioid treatment program);(list	Χ	-	Х	-	X	-
	separately in addition to each primary code)						
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis;						
	weekly bundle including dispensing and/or administration, substance use counseling, individual	Х		Х		Х	
	and group therapy, and toxicology testing if performed (provision of the services by a medicare-	^	-	^	-	^	-
	enrolled opioid treatment program)						
G0534	Coordinated care and/or referral services, such as to adequate and accessible community						
	resources to address unmet health-related social needs, including harm reduction interventions						
	and recovery support services a patient needs and wishes to pursue, which significantly limit the	Х	-	Х	_	Х	_
	ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services						
	(provision of the services by a medicare-enrolled opioid treatment program); (list separately in						
00505	addition to each primary code)						
G0535	Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-						
	advocacy and communication skills with care providers, and to promote patient-driven action						
	plans and goals; each additional 30 minutes of services (provision of the services by a medicare-	Χ	-	Х	-	X	-
	enrolled opioid treatment program); (list separately in addition to each primary code)						
	emolica opiola treatment program, (list separately in addition to each primary code)						
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge						
	of the condition or lived experience to provide support, mentorship, or inspiration to meet oud						
	treatment and recovery goals; conducting a person-centered interview to understand the						
	patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and	Х		X		Х	
	proposing strategies to help meet person-centered treatment goals; assisting the patient in	^	-	^	-	^	-
	locating or navigating recovery support services; each additional 30 minutes of services						
	(provision of the services by a medicare-enrolled opioid treatment program); (list separately in						
	addition to each primary code)						
	ADV PRIM CARE MGMT LVL 1	X	-	X	-	X	-
	ADV PRIM CARE MGMT LVL 2	X	-	X	-	X	-
	ADV PRIM CARE MGMT LVL 3	Х	-	Х	-	Х	-
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions,		V	V			V
	including image guidance and real-time positron emissions-based delivery adjustments to 1 or	-	X	Х	-	-	X
COE64	more lesions, entire course not to exceed 5 fractions Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose						
G0364	sensor, including system activation and patient training	Χ	-	X	-	X	-
	sensor, moluting system activation and patient training						

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As of: 12/19/24

		Laı	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the services are updated quarterly.	nese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at						
	different anatomic site and insertion of new 365 day implantable sensor, including system	X	_	Х	_	×	-
	activation						
G0913	Improvement in visual function achieved within 90 days following cataract surgery	Х	-	Х	_	Х	-
	patient care survey was not completed by patient	X	_	X	-	X	_
	Improvement in visual function not achieved within 90 days following cataract surgery	X	-	X	_	X	-
	Satisfaction with care achieved within 90 days following cataract surgery	X	-	X	_	X	-
	Patient satisfaction survey was not completed by patient	X	_	X	_	X	-
	Satisfaction with care not achieved within 90 days following cataract surgery	X	-	X	-	X	-
	Cdsm evicore	Х	-	Х	-	Х	-
	Cdsm medcurrent	X	-	X	-	X	-
	Cdsm medicalis	Х	-	Х	-	Х	-
	Cdsm ndsc	Х	-	Х	-	Х	-
	Cdsm aim	Х	-	Х	-	Х	-
	Cdsm cranberry pk	Х	-	Х	-	Х	-
	Cdsm stanson	Х	-	Х	-	Х	-
G1011	Cdsm qualified nos	Х	-	Х	-	Х	-
	Cdsm agilemd	Х	-	Х	-	Х	-
G1013	Cdsm evidencecare	Х	-	Х	-	Х	-
G1014	Cdsm inveniga	Х	-	Х	-	Х	-
G1015	Cdsm reliant	X	-	Х	-	Х	-
G1016	Cdsm speed of care	X	-	Х	-	Х	-
G1017	Cdsm healthhelp	Х	-	Х	-	Х	-
G1018	Cdsm infinx	Х	-	Х	-	Х	-
G1019	Cdsm logicnets	Х	-	Х	-	Х	-
G1020	Cdsm curbside	Х	-	Х	-	Х	-
G1021	Cdsm ehealthline	Х	-	Х	-	Х	-
G1022	Cdsm intermountain	Х	-	Х	-	Х	-
G1023	Cdsm persivia	Х	-	Х	-	Х	-
	Cdsm radrite	Х	-	Χ	-	Х	-
	Pt mnth 1 mcp prov	Х	-	Х	-	Х	-
	Pt hemo > 3mo	Χ	-	Χ	-	Х	-
	Pt hemo < 3mo	Х	-	Х	-	Х	-
	Take home supply 8mg per 0.1	Χ	-	Χ	-	Х	-
	Post d/c h vst new pt 20 m	Х	-	Х	-	Х	-
	Post-d/c h vst new pt 30 m	Х	-	Х	-	Х	-
G2003	Post-d/c h vst new pt 45 m	Х	-	X	-	Х	-

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As of: 12/19/24

0		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Post-d/c h vst new pt 60 m	Х	-	Х	-	Х	-
	Post-d/c h vst new pt 75 m	Х	-	Х	_	X	-
	Post-d/c h vst ext pt 20 m	X	-	X	-	X	-
	Post-d/c h vst ext pt 30 m	Х	-	Х	-	Х	-
	Post-d/c h vst ext pt 45 m	X	-	X	-	X	-
	Post-d/c h vst ext pt 60 m	Х	-	Х	-	Х	-
	Post-d/c h vst ext pt 75 m	Х	-	Х	-	Х	-
G2014	Post-d/c care plan overs 30m	Х	-	Х	-	Х	-
	Post-d/c care plan overs 60m	Х	-	Х	-	Х	-
	Services for high intensity clinical services associated with the initial engagement and outreach						
	of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care	Х	-	Х	-	X	-
	management codes)						
	Hea care pract tx in place	Х	-	Х	-	Х	-
G2022	Benef refuses service, mod	Х	-	Х	-	Х	-
G2025	Dis site tele svcs rhc/fqhc	Х	-	Х	-	Х	-
G2081	Pt 66+ snp or ltc pos > 90d	Х	-	Х	-	Х	-
	Visit esketamine 56m or less	Х	-	Х	-	Х	-
G2083	Visit esketamine, > 56m	Х	-	Х	-	Х	-
G2090	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
G2091	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
G2092	Ace arb arni	Х	-	Х	-	Х	-
G2093	Med doc rsn no ace arn arni	Х	-	Х	-	Х	-
G2094	Pt rsn no ace arn arni	Х	-	Х	-	Х	-
G2095	Sys rsn no ace arn arni	Х	-	Х	-	Х	-
G2096	No rsn ace arb arni	Х	-	Х	-	Х	-
G2097	Child dx uri 3d of other dx	Х	-	Х	-	Х	-
G2098	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
G2100	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
	Pt 66+ frailty and adv ill	Χ	-	Х	-	Х	-
	Pt 66+ It ints > 90	Х	-	Х	-	Х	-
	Pt 66+ It ints > 90	Χ	-	Х	-	Х	-
	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	
	Pred<=5 mg ra glu <6m	Χ	-	Х	-	Х	-
	Pred>5 mg >6m, no chg da	Х	-	Х	-	Х	-
	Pt 66+ frailty and med dem	Χ	-	Х	-	Х	-
	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-

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		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	ay vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
rected to the Pharmacy link option with							
lan coverage limited to ACA 10 essent	iai health benefits.	I v	T.		1	I v I	
62118 Pt 81+ frailty	I tad assa	X	-	X	-	X	-
S2121 Psy dep anx ap and		X	-	X	-	X	-
S2122 Psy/dep/anx/apandi	co noasse	X	-	X	-	X	-
S2125 Pt 81+ frailty		X	-	X	-	X	-
62126 Pt 66+ frailty adv ill		X	-	X	-	X	-
Pt 66+ frailty med de	em	X	-	X	-	X	-
S2128 No aspirin med rsn		X	-	X	-	X	-
S2129 No bp outpt		X	-	X	-	X	-
Bk pain vas 6-20wk		X	-	X	-	Х	-
32137 Bk pain vas 6-20wk		X	-	Х	-	Х	-
32138 Bk pain vas 9-15mo		X	-	Х	-	Х	-
32139 Bk pain vas 9-20mo		X	-	Х	-	Х	-
62140 Leg pain vas 6-20w		X	-	X	-	Х	-
2141 Leg pain vas 6-20w		X	-	Х	-	Х	-
S2142 Fs odi 9-15mo posto		Х	-	Х	-	Х	-
S2143 Fs odi 9-15mo > 22		X	-	Χ	-	Х	-
S2144 Fs odi 6-20wk posto		Х	-	Х	-	Х	-
G2145 Fsodi 6-20wk >22 o		X	-	Х	-	Х	-
32146 Leg pain vas 9-15m		X	-	Χ	-	Х	-
2147 Leg pain vas 9-15m	0 > 3	X	-	Χ	-	X	-
S2148 Mpm used		X	-	Χ	-	X	-
S2149 No mpm med rsn		X	-	X	-	X	-
S2150 No mpm		X	-	Х	-	X	-
S2151 Dx degen neuro		X	-	Χ	-	X	-
Res change sc =0		X	-	Χ	-	X	-
Res change sc < 0		X	-	Х	-	X	-
S2168 Svs by pt in home h		X	-	Χ	-	X	-
S2169 Svs by ot in home h		X	-	Χ	-	X	-
	nt for services related to highly coordinated and integrated opioid use ment services furnished for the demonstration project	Х	-	Х	-	X	-
32173 Uri w comorb 12m c	oth dx	Х	-	Х	-	Х	-
32174 Uri new rx antibiotic	30d	Х	-	Х	-	Х	-
2175 Pt comorb dx 12m c	of epi	Х	-	Х	-	Х	-
32176 Outpt ed obs w inpt		Х	-	Х	-	Х	-
32177 Bronch w rx antibx 3		Х	-	Х	-	Х	-
2178 Pt not elig low neuro		Х	-	Х	-	Х	-
32179 Med doc rsn no low		X	-	Х	-	X	-
G2180 Inelig footwr eval		X	_	X	_	X	_

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	пеаш	Lar	ge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
	Bmi not doc medrsn ptref	Х	_	Х	_	Х	
	Pt 1st biolog antirheum	X		X	_	X	
	Doc pt unable comm	X	_	X	-	X	_
	No caregiver	X	_	X	_	X	_
	Caregiver dem trained	X	-	X	_	X	
	Pt ref app rsrcs	X	_	X	-	X	_
	Clin ind img hd trauma	X	-	X	_	X	-
	Pt 50 yrs w/clin ind hd	X	_	X	_	X	-
	mg hd abnml neuro exam	X	-	X	_	X	-
	nd img hd rad neck	X	_	X	_	X	_
	nd img hd pos hd ache	X	_	X	_	X	-
	-55 yrs temp hd ache	X	_	X	_	X	-
	6yr new onset hd ache	X	-	X	-	X	-
	New hdache ped pt dis	Х	-	Х	-	X	-
	Occip hdache child	Х	_	Х	-	X	-
	Screen unhithy etoh use	Х	_	Х	-	Х	-
	Screen hithy etch use	X	_	X	-	X	-
	Med rsn no unhlthy etoh	X	-	X	-	X	-
	Not scrn etoh no rsn	Х	-	Х	-	X	-
	Jnhlthy etoh rcvd couns	Х	-	Х	-	Х	-
	Med rsn no brief couns	Х	-	Х	-	Х	-
	No rsn no brief couns	Х	-	Х	-	Х	-
G2203 N	Med rsn no etoh couns	Х	-	Х	-	Х	-
	Pt 50-85 w/ scope	Х	-	Х	-	Х	-
G2205 F	Preg drng adjy trtmt	Х	-	Х	-	Х	-
G2206 A	Adjv trtmt chemo her2	Х	-	Х	-	Х	-
G2207 F	Rsn no trtmt chem her2	Х	-	Х	-	Х	-
G2208 N	No trtmt chemo and her2	Χ	-	Х	-	Х	-
G2209 F	Refused to participate	Χ	-	Χ	-	Х	-
G2210 N	lo neck fs prom no rsn	Х	-	Х	-	Х	-
	lome supply nasal naloxone	Χ	-	Χ	-	Х	-
G2216 F	Home supply inject naloxon	Χ	-	Χ	-	Х	-
	Dermatology ss	Χ	-	Χ	-	Х	-
	Diagnostic rad ss	Х		X	-	Х	-
	p cardio ss	Χ	-	Χ	-	Х	-
	mergency med ss	Х	-	X	-	Х	-
	Endocrinology ss	Х	-	X	-	Х	-
G4005 F	amily medicine ss	Х	-	X	-	Х	-

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		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	nedications and should be
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	Gastroenterology ss	Х	-	Х	-	Х	-
	General surgery ss	X		X	_	X	
	Geriatrics ss	X		X	_	X	
	Hospitalists ss	X	-	X	-	X	_
	Infectious disease ss	X	_	X	_	X	_
	Internal medicine ss	X		X	_	X	
	Interventional rad ss	X	-	X	_	X	_
	Mentl/behav health ss	X	_	X	_	X	
	Nephrology ss	X	-	X	_	X	-
	Neurology ss	X	-	X	-	X	-
	Neurosurgical ss	X	-	X	_	X	-
	Nutrition/dietician ss	X	-	X	_	X	-
	Ob/gyn ss	X	-	X	_	X	-
	Oncology/hema ss	X	-	X	_	X	-
	Ophthalmology ss	X	-	X	_	X	-
G4021	Orthopedic surgery ss	X	-	X	-	X	-
	Otolaryngology ss	X	-	X	_	X	-
	Pathology ss	X	_	X	-	X	-
	Pediatric ss	X	_	X	-	X	-
	Physical medicine ss	X	_	X	-	X	-
	Phys/occ therapy ss	X	-	X	-	X	-
	Plastic surgery ss	X	-	X	-	X	-
	Podiatry ss	Х	-	Х	-	Х	-
	Preventive medicine ss	Χ	-	Х	-	Х	-
	Pulmonology ss	Х	-	Х	-	Х	-
	Radiation oncology ss	Χ	-	Х	-	Х	-
	Rheumatology ss	Х	-	Х	-	Х	-
	Skilled nursing facility ss	Χ	-	Х	-	Х	-
	Speech language path ss	Χ	-	Х	-	Х	-
	Thoracic surgery ss	Х	-	Х	-	Х	-
	Urgent care ss	Х	-	Х	-	Х	-
	Urology ss	Χ	-	Х	-	Х	-
	Vascular surgery ss	Χ	-	Х	-	Х	-
	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	Х	-	Х	-	Х	-
G8396	Left ventricular ejection fraction (lvef) not performed or documented	Х	-	Х	-	Х	-
	Dilated macular or fundus exam performed, including documentation of the presence or absence	X	-	Х	_	X	-
	of macular edema and level	- `				<u> </u>	

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		Laı	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
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	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or	I					
00000	pharmacologic therapy (othe	Х	-	Х	-	X	-
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not						
00400	ordered or pharmacologic thera	Х	-	Х	-	X	-
G8/10/	Lower extremity neurological exam performed and documented	Х	_	Х	_	Х	
	Lower extremity neurological exam not performed	X	_	X		X	
	Footwear evaluation performed and documented	X	_	X		X	<u> </u>
	Footwear evaluation was not performed	X	_	X	_	X	
G8416	Toolwear evaluation was not performed						<u> </u>
00410	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	Х	-	Х	-	X	-
G8/17	Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	Х	_	Х	-	Х	
	Bmi < 22 was calculated and a follow-up plan was documented in the medical record	X	_	X	_	X	
G8419	billi < 22 was calculated and a follow-up plan was documented in the medical record		_		-	^	-
00413	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	Х	-	Х	-	X	-
G8/20	Bmi < 30 and >= 22 was calculated and documented	Х	_	Х	_	Х	
	Bmi not calculated	X	-	X	-	X	<u> </u>
	Doc cur meds by prov	X	_	X		X	
	Cur meds not document	X	_	X	-	X	-
	Documentation that patient is not eligible for medication assessment	X	-	X		X	
	Positive screen for clinical depression using an age appropriate standardized tool and a follow-		_		-	^	-
G0431	up plan documented	Х	-	Х	-	X	-
G8432	up plan documented						
G0432	No documentation of clinical depression screening using an age appropriate standardized tool	Χ	-	Х	-	X	-
C8/133	Screening for clinical depression using an age appropriate standardized tool not documented,						
G0433	patient not eligible/appropriate	Χ	-	Х	-	X	-
G8/150	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or						
30430	documentation as mod	Χ	-	Х	-	X	-
G8/151	Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation						
00431	as moderately or sever	Χ	-	Х	-	X	-
G8452	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40%					+ +	
00432	or documentation as	Х	-	Х	-	X	-
G8/65	High risk of recurrence of prostate cancer	Х	_	Х	_	Х	
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy		_		-	^	-
50413	prescribed	Χ	-	Х	-	X	-
G8/17/	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not						
304/4	prescribed for reasons d	Χ	-	Χ	-	X	-
G8/175	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not						
00470	prescribed, reason not s	Χ	-	Х	-	X	-
	prescribed, reason notes	l					

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As of: 12/19/24

			ge Employer	Individual Benchmark*		Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
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G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic	Х	_	Х	_	Х	_
	measurement of <80 mm/hg	Λ		^		^	
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	Х	-	Х	-	Х	-
G8478	Blood pressure measurement not performed or documented, reason not specified	Х	_	Х	-	Х	_
	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	Х	-	Х	-	X	-
G8511	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	Х	-	Х	-	Х	-
G8535	No documentation of an elder maltreatment screen, patient not eligible	Х		Х	_	Х	-
G8536	No documentation of an elder maltreatment screen, reason not specified	X	-	X	-	X	-
	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	X	-	Х	-	X	-
G8540	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	Х	-	Х	-	Х	-
G8541	No documentation of a current functional outcome assessment using a standardized tool, reason	Х	-	Х	-	Х	-
	not specified Documentation of a current functional outcome assessment using a standardized tool; no	X	_	Х	_	Х	
	functional deficiencies identified, care plan not required Documentation of a current functional outcome assessment using a standardized tool; no	X	_	X	_	X	_
G8559	documentationof a care plan, reas Patient referred to a physician (preferably a physician with training in disorders of the ear) for an	X	_	X	_	X	
	otologic evaluatio						
	Patient has a history of active drainage from the ear within the previous 90 days	X	-	Х	-	Χ	-
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	Х	-	Х	-	Х	-
	Patient does not have a history of active drainage from the ear within the previous 90 days	Χ	-	Х	-	Х	-
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-	Х	-	Х	-
	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-	Х	-	Х	-
	Verification and documentation of sudden or rapidly progressive hearing loss	Х	_	Х	_	Х	_
	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	X	-	X	-	X	-
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	Х	-	Х	-	Х	-
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the	X	_	Х	_	Х	_

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As of: 12/19/24

		Lar	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
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	Prolonged intubation (>24 hrs) required	Х	_	Х	_	Χ	
	Prolonged intubation (>24 hrs) not required	X	_	X	_	X	
	Developed postoperative renal failure or required dialysis	X	_	X	_	X	
	No postoperative renal failure/dialysis not required	X	_	X	_	X	
	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion,						
	valve dysfunction or other cardiac reason	Х	-	Х	-	X	-
G8578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft						
00070	occlusion, valve dysfunction or other cardiac reason	Х	-	Х	-	X	-
G8598	Aspirin or another antithrombotic therapy used	Х	_	Х	-	Χ	-
	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	X	_	X	_	X	-
	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	X	_	X	-	X	-
	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons						
	documented by clinician	X	-	Х	-	Х	-
G8602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not	.,		.,		.,	
	specified	X	-	Х	-	Х	-
	Pharm ther osteo rx	Х	-	Х	-	Х	-
	No pharm ther osteo rx	Х	-	Х	-	Х	-
	Fun stat score knee >= 0	Х	-	Х	-	Х	-
	Fun stat score knee < 0	Х	-	Х	-	Х	-
	Rafs crs ki no scor no surv	Х	-	Х	-	Х	-
G8651	Fun stat score hip >= 0	Х	-	Х	-	Х	-
G8652	Fun stat score hip < 0	Х	-	Х	-	Х	-
G8654	Rafs crs hi no scor no surv	Х	-	Х	-	Х	-
G8655	Fun stat score le >= 0	Х	-	Х	-	Х	-
G8656	Fun stat score le < 0	Х	-	Х	-	Х	-
G8658	Fun stat score le not done	Х	-	Х	-	X	-
G8659	Fun stat score ls >= 0	Х	-	Χ	-	Х	-
G8660	Fun stat score ls < 0	Х	-	Х	-	Х	-
	Fun stat score is pt no elg	Х	-	Χ	-	Х	-
G8662	Rafs crs lbi no scor no surv	Х	-	Х	-	Х	-
	Fun stat score shdl >=0	Х	-	X	-	Х	-
G8664	Fun stat score shdl < 0	Х	-	X	-	X	-
	Rafs crs si no scor no surv	Х	-	X	-	Х	-
	Fun stat score ue >=0	Х	-	X	-	X	-
	Fun stat score ue < 0	Х	-	Χ	-	Х	-
	Rafs crs ewh no scor no surv	Х	-	X	-	X	-
	Left ventricular ejection fraction (Ivef) < 40%	Х	-	Х	-	Х	-
G8708	Patient not prescribed or dispensed antibiotic	Χ	-	Х	-	X	-

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As of: 12/19/24

		Lar	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Patient prescribed or dispensed antibiotic for documented medical reason(s)	Х		Х	_	Х	
	Patient prescribed or dispensed antibiotic for documented medical reason(s)	X	-	X	-	X	-
	Prescribed or dispensed antibiotic	X	-	X	-	X	
	Antibiotic not prescribed or dispensed	X	-	X	-	X	-
	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were	^	-	^	-	^	<u>-</u>
		Х	-	Х	-	X	-
	documented in pathology report Medical reason(s) documented for not including pt category, pn category and histologic grade in						
		Х	-	Х	-	X	-
	the pathology report Specimen site is other than anatomic location of primary tumor			V	_		
	Pt category, pn category and histologic grade were not documented in the pathology report,	Х	-	Х	-	Х	-
	reason not otherwise specified	Х	-	Х	-	Х	-
	Documentation of a positive elder maltreatment screen and documented follow-up plan	Χ	-	X	-	X	-
	Elder maltreatment screen documented as negative, no follow-up required	Χ	-	Χ	-	X	-
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not	Х	_	Х	_	Х	_
	specified	^	-	^	-	^	<u>-</u>
	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp	X	-	Х	-	Х	-
G8752	Most recent systolic blood pressure < 140 mmhg	Х	-	Х	-	Х	-
G8753	Most recent systolic blood pressure >= 140 mmhg	Χ	-	Х	-	Х	-
G8754	Most recent diastolic blood pressure < 90 mmhg	Х	-	Х	-	Х	-
G8755	Most recent diastolic blood pressure >= 90 mmhg	Χ	-	Х	-	Х	-
G8756	No documentation of blood pressure measurement, reason not otherwise specified	Χ	-	Х	-	Х	-
G8783	Blood pressure screening performed as recommended by the defined screening interval	Χ	-	Х	-	Х	-
	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	Х	-	Х	-	Х	-
	Specimen site other than anatomic location of esophagus	Х	-	Х	-	Х	-
	Specimen site other than anatomic location of prostate	X	-	Х	-	X	-
	Performance of transabdominal or transvaginal ultrasound	X	-	X	-	X	-
G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	Х	-	Х	-	X	-
G8808	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	Х	-	Х	-	Х	-
	Statin therapy not prescribed for documented reasons	Х	-	Х	-	Х	-
	Statin medication prescribed at discharge	X	-	X	-	X	_
	Statin therapy not prescribed at discharge, reason not specified	X	-	X	-	X	-
	Patient discharge to home no later than postoperative day #2 following evar	X	_	X	_	X	-

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As of: 12/19/24

	Health	Laı	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
G8833	Patient not discharge to home by postoperative day #2 following evar	Х	-	Х	-	Х	-
	Patient discharged to home no later than postoperative day #2 following cea	Х	-	Х	-	Х	-
	Patient not discharged to home by postoperative day #2	Х	-	Х	-	Х	-
	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-	Х	-	Х	-
G8840	Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visits between initial testing and	Х	-	Х	-	Х	-
G8841	Sleep apnea symptoms not assessed, reason not otherwise specified	Х	-	Х	-	Х	-
G8842	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	Х	-	Х	-	Х	-
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	Х	-	Х	-	Х	-
G8844	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	Х	-	Х	-	Х	-
G8845	Positive airway pressure therapy prescribed	Х	-	Х	-	Х	-
	Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)	Х	-	Х	-	Х	-
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy	Х	-	Х	-	Х	-
	Positive airway pressure therapy not prescribed, reason not otherwise specified	Х	-	Х	-	Х	-
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	Х	-	Х	-	Х	-
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	Х	-	Х	-	Х	-
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	Х	-	Х	-	Х	-
G8856	Referral to a physician for an otologic evaluation performed	Х	-	Х	-	Х	-
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	Х	-	Х	-	Х	-
G8858	Referral to a physician for an otologic evaluation not performed, reason not specified	Х	-	Х	-	Х	-
	Patients not assessed for risk of bone loss, reason not otherwise specified	X	-	Χ	-	Х	-
	Pneumococcal vaccine administered or previously received	Χ	-	Χ	-	Х	-
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	Х	-	Х	-	Х	-
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	Х	-	Х	-	Х	-
G8867	Pneumococcal vaccine not administered or previously received, reason not otherwise specified	Х	-	Х	-	Х	-
G8869	Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	Х	-	Х	-	Х	-

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		Lar	ge Employer	Individ	ual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Х	_	Х	_	Х	
	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast				-		<u>-</u>
00070	cancer preoperatively	Х	-	Х	-	X	-
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally						
	invasive biopsy method, reason not otherwise specified	Х	-	Х	-	X	-
	Sentinel lymph node biopsy procedure performed	Х		Х	_	Х	_
	Documentation of reason(s) sentinel lymph node biopsy not performed	X	_	X	_	X	_
	Stage of breast cancer is greater than t1n0m0 or t2n0m0	X	_	X	_	X	_
	Sentinel lymph node biopsy procedure not performed	X	-	X	-	X	-
	Patient documented not to have experienced any of the following events: a burn prior to						
	discharge; a fall within the facility; wrong site/side/patient/procedure/implant event;	Х	-	Х	-	Х	-
	Patient documented to have received a burn prior to discharge	Х	_	Х	-	Х	-
	Patient documented not to have received a burn prior to discharge	X	-	X	-	X	-
	Patient documented to have experienced a fall within asc	Х	-	Х	-	Х	-
	Patient documented not to have experienced a fall within ambulatory surgical center	Х	-	Х	-	Х	-
	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong	.,					
	procedure or wrong implant event	Х	-	Х	-	Х	-
	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong	.,		.,		.,	
	procedure or wrong implant event	Х	-	Х	-	Х	-
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon	V		٧/		V	
	discharge from asc	Х	-	Х	-	Х	-
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon	V				V	
	discharge from asc	Х	-	Х	-	X	-
G8916	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic	V		V		V	
	initiated on time	Х	-	X	-	X	-
G8917	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic	Х		Х		Х	
	not initiated on time	^	-		-	^	-
	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	Χ	-	Χ	-	X	-
	Left ventricular ejection fraction (Ivef) < 40% or documentation of moderately or severely	Х		Х	_	Х	
	depressed left ventricular systolic function	^	-	^	-	^	-
	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea,	Х		Х	_	Х	
	cough/sputum, wheezing)	^		^		^	
	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely	Х	_	Х	_	Х	_
	depressed left ventricular systolic function	^		_ ^_		, î	
	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor	Х	_	X	_	X	_
	blocker (arb) therapy	^		_ ^_		, î	
	Clinician documented that patient was not an eligible candidate for angiotensin converting	Х	_	X	_	Х	_
	enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	^					

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

9	Ticaliti	Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	Х	-	Х	-	Х	-
G8942	Documented functional outcomes assessment and care plan within the previous 30 days	Х	-	Х	-	Х	-
G8944	Ajcc melanoma cancer stage 0 through iic melanoma	Χ	-	Х	-	Х	-
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	Х	-	Х	-	Х	-
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	-	Х	-	Х	-
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-	Х	-	Х	-
G8955	Most recent assessment of adequacy of volume management	Х	-	Х	-	Х	-
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Χ	-	Х	-	Х	-
G8958	Assessment of adequacy of volume management not documented, reason not given	Х	-	Х	-	Х	-
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	Х	-	Х	-	Х	-
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	Х	-	Х	-	Х	-
G8967	Warfarin or another oral anticoagulant that is fda approved prescribed	Х	-	Х	-	Х	-
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o	Х	-	Х	-	Х	-
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	Х	-	х	-	Х	-
	No risk factors or one moderate risk factor for thromboembolism	Χ	-	Х	-	X	-
	Mccd, initial rate	Χ	-	Х	-	X	-
	Mccd,maintenance rate	Χ	-	Х	-	X	-
	Mccd, risk adj hi, initial	Х	-	Х	-	Х	-
	Mccd, risk adj lo, initial	Χ	-	Х	-	X	-
	Mccd, risk adj, maintenance	Χ	-	Х	-	X	-
	Mccd, home monitoring	Χ	-	Х	-	X	-
	Mccd, sch team conf	Х	-	Х	-	Χ	-
	Mccd,phys coor-care ovrsght	Χ	-	Х	-	Х	-
	Coordinated care fee, risk adjusted maintenance, level 3	X	-	Х	-	X	-
	Coordinated care fee, risk adjusted maintenance, level 4	Χ	-	Х	-	X	-
	Coordinated care fee, risk adjusted maintenance, level 5	Х	-	Х	-	Х	-
	Other specified case mgmt	Х	-	Х	-	Χ	-
G9013	Esrd demo basic bundle level i	X	-	X	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Laı	ge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Esrd demo expanded bundle including venous access and related services	X	_	X		Х	
	Demo-smoking cessation coun	X	-	X	-	X	-
	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis		-	^	-	^	-
G9050	or recurrence	Х	-	Х	-	X	-
G0051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged,						
G9031	discussion of treatment	Х	-	Х	-	X	-
G0052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has						
G9032	completed definitive cancer	Х	-	Х	-	X	-
G9053	completed definitive cancer						
G9033	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	Х	-	Х	-	X	-
C0054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with						
G9054	terminal cancer	Х	-	X	-	X	-
COOSS	Oncology; primary focus of visit; other, unspecified service not otherwise listed	Х	_	Х	_	Х	
	Oncology; primary rocus or visit, other, unspecified service not otherwise listed Oncology; practice guidelines; management adheres to guidelines	X	-	X	-	X	-
	Oncology, practice guidelines, management differs from guidelines as a result of patient	^	-	^	-		-
G9057	enrollment in an institutional	Х	-	Х	-	X	-
COOES	Oncology; practice guidelines; management differs from guidelines because the treating						
G9036	physician disagrees with guidelin	Х	-	Х	-	X	-
COOFO	Oncology; practice guidelines; management differs from guidelines because the patient, after						
G9059	being offered treatment	Х	-	Х	-	X	-
COOGO	Oncology; practice guidelines; management differs from guidelines associated with patient						
G9060	comorbid illness	Х	-	Х	-	X	-
G0061	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	_	Х	_	Х	
G9062	Oncology, practice guidelines, patients condition not addressed by available guidelines	^	-	^	-	^	-
G9002	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	Х	-	Х	-	X	-
Cones	Oncology, disease status; limited to non small cell lung cancer; extent of disease initially					1	
G9003	established as stage 1	Х	-	Х	-	X	-
G0064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially						
G3004	established as stage ii	Х	-	X	-	X	-
G0065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially						
G3003	established as stage iii	Х	-	Х	-	X	-
G0066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis,						
39000	metastatic	Х	-	Х	-	X	-
G9067	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown,					1	
09007	under evaluation	Х	-	Х	-	X	-
Canes	Oncology; disease status; limited to small cell and combined small cell/non small cell	Х	_	Х	_	Х	
	Oncology, disease status; limited to small cell and combined small cell find	^	_	^	_	^	-
39009	cell/non small cell	Х	-	Х	-	X	-
	needed after certain number of visite. Limit depends on plan/provider type	1		I		1	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	Х	-	Х	-	Х	-
G9071	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9072	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9073	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9074	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9075	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma	Χ	-	Χ	-	X	-
G9083	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	Х	-	Х	-	Х	-
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	ge Employer	Individual Benchmark*		Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty mo	edications and should be
G9092	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	х	-
	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	х	-
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	-	х	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	1	Х	-
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	Х	-	Х	1	Х	-
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	-	Х	-
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	1	Х	-
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	Х	-	Х	-	Х	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	Х	-	Х	-	Х	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	Х	-	Х	-	Х	-
	Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	1	Х	-
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	nealti	Laı	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	Х	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	Х	-
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	-	Х	-	Х	-
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	Х	-	Х	-	Х	-
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	Х	-	Х	-	Х	-
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	Х	-	Х	-	Х	-
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	Х	-	Х	-	Х	-
G9123	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	Х	-
G9124	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	Х	-
G9125	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	Х	-
G9126	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	Х	-	Х	-	Х	-
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	Х	-	Х	-	Х	-
G9129	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	Х	-	Х	-
G9130	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	-	Х	-	Х	-
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	Х	-	Х	-	Х	-
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone- refractory/androgen-independent (e.g., ris	Х	-	Х	-	Х	-
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-	Х	-	Х	-
G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-	Х	-	Х	-
G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Laı	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-	Х	-	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-	Х	-	Х	-
G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	Х	-	Х	-	Х	-
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	Х	-	Х	-
	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	Х	-	Х	-	Х	-
G9143	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	Х	-	Х	-	X
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	Х	-	Х	-	Х	-
	National committee for quality assurance - level 1 medical home	Х	-	Х	-	Х	-
	National committee for quality assurance - level 2 medical home	Х	-	Х	-	Х	-
	National committee for quality assurance - level 3 medical home	Х	-	Х	-	Х	-
G9151	Mapcp demonstration - state provided services	Х	-	Х	-	Х	-
G9152	Mapcp demonstration - community health teams	Х	-	Х	-	Х	-
	Mapcp demonstration - physician incentive pool	Х	-	Х	-	Х	-
	Evaluation for wheelchair requiring face to face visit with physician	Х	-	Х	-	Х	-
	Bpci home visit	Х	-	Х	-	Х	-
	Beta not given no reason	Х	-	Х	-	Х	-
G9189	Beta pres or already taking	Х	-	Х	-	Х	-
	Medical reason for no beta	Х	-	Х	-	Х	-
G9191	Pt reason for no beta	Х	-	Х	-	Х	-
G9196	Med reason for no ceph	Х	-	Х	-	Х	-
G9197	Order for ceph	Х	-	Х	-	Х	-
G9198	No order for ceph no reason	Х	-	Х	-	Х	-
	Doc of dsm-iv init eval	Х	-	Х	-	Х	-
	No doc of dsm-iv	Х	-	Х	-	Х	-
	Pjp proph ordered cd4 low	Х	-	Х	-	X	-
	Norsn no foot exam	Х	-	Х	-	X	-
	3 comp foot exam completed	Х	-	Х	-	X	-
	Docrsn no care plan	Х	-	Х	-	X	-
	Gc chl syp documented	X	-	X	-	X	-
	Norsn for gc chl syp test	X	-	X	-	X	-
	Doc esrd dia trans preg	X	_	X	-	X	_

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

9	nealti	Laı	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dr	ugs, or specialty me	edications and should be
	rage limited to ACA 10 essential health benefits.						
G9242	Doc viral load >=200	Х	-	Х	-	Х	-
	Doc viral load <200	Х	-	Х	-	Х	-
	No med visit in 24mo	Х	-	Х	-	Х	-
G9247	1 med visit in 24mo	Х	-	Х	-	Х	-
G9250	Doc of pain comfort 48hr	Х	-	Х	-	Х	-
G9251	Doc no pain comfort 48hr	Х	-	Х	-	Х	-
G9254	Doc pt dischg >2d	Х	-	Х	-	Х	-
	Doc pt dischg <=2d	Х	-	Х	-	Х	-
39273	Sys<140 and dia<90	Х	-	Х	-	Х	-
G9274	Bp out of nrml limits	Х	-	Х	-	Х	-
39275	Doc of non tobacco user	Х	-	Х	-	Х	-
39276	Doc of tobacco user	Х	-	Х	-	Х	-
9277	Doc daily aspirin or contra	Х	-	Х	-	Х	-
9278	Doc no daily aspirin	Х	-	Х	-	Х	-
9279	Pne scrn done doc vac done	Х	-	Х	-	Х	-
9280	Pne not given norsn	Х	-	Х	-	Х	-
9281	Pne scrn done doc not ind	Х	-	Х	-	Х	-
9282	Doc medrsn no histo type	Х	-	Х	-	Х	-
9283	Hist type doc on report	Х	-	Х	-	Х	-
9284	No hist type doc on report	Х	-	Х	-	Х	-
9285	Site not small cell lung ca	Х	-	Х	-	Х	-
9286	Doc antibio order w in 7d	Х	-	Х	-	Х	-
9287	No doc antibio order w in 7d	Х	-	Х	-	Х	-
9288	Doc medrsn no hist type rpt	Х	-	Х	-	Х	-
9289	Doc type nsm lung ca	X	-	Х	-	Х	-
9290	No doc type nsm lung ca	Х	-	Χ	-	Х	-
	Not nsm lung ca	X	-	Χ	-	Х	-
9292	Medrsn no pt category	Х	-	Χ	-	Х	-
	No pt category on report	X	-	Χ	-	Х	-
9294	Pt cat and thck on report	Х	-	Х	-	X	-
9295	Non cutaneous loc	Х	-	Χ	-	X	-
	Doc share dec prior proc	Х	-	Χ	-	Х	-
	No doc share dec prior proc	Х	-	Χ	-	X	-
	Eval risk vte card 30d prior	Х	-	Χ	-	Х	-
	No eval riskk vte card prior	Х	-	Χ	-	X	-
	No interv req for leak	Х	-	Χ	-	Х	-
	Interv req for leak	Х	-	Χ	-	X	-
9307	No ret for surg w in 30d	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	nedications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
-	Unplnd ret to surg w in 30d	Х	_	Х		Х	-
	No unplnd hosp readm in 30d	X	_	X		X	_
	Unplnd hosp readm in 30d	X	-	X		X	
	No surg site infection	X	_	X		X	_
	Surgical site infection	X	_	X	_	X	_
	Docrsn not first line amox	X	-	X	-	X	_
	Norsn not first line amox	X	_	X	_	X	_
	Doc first line amox	X	_	X	_	X	_
	Doc comm risk calc	X	-	X	_	X	-
	No doc comm risk calc	X	_	X	_	X	_
	Image std nomenclature	X	-	X	_	X	-
	Image not std nomenclature	X	-	X	_	X	-
	Doc count of ct in 12mo	X	_	X	-	X	-
	No doc count of ct in 12mo	X	-	X	_	X	-
	Srch for ct w in 12 mos	X	_	X	-	X	-
	No srch for ct in 12mo norsn	X	_	X	_	X	-
	Sysrsn no dicom srch	X	-	X	_	X	-
	Follow up pulm nod	X	-	X	-	X	-
	No follow up pulm nod norsn	X	-	X	_	X	-
	Doc >1 sinus ct w 90d dx	X	_	X	_	X	-
	Not >1 sinus ct w 90d dx	X	-	X	-	X	-
	Medrsn >1 sinus ct w 90d dx	X	-	X	-	X	-
	Norsn >1 sinus ct w 90d dx	Х	-	Х	-	Х	-
	No early ind/delivery	Х	-	Х	-	Х	-
	Early ind/delivery	Х	-	Х	-	Х	-
	Pp éval/edu perf	Х	-	Х	-	Х	-
	Pp eval/edu not perf	Х	-	Х	-	Х	-
G9359	Neg mgd pos tb notact	Х	-	Х	-	Х	-
G9360	No doc of neg or man pos tb	Х	-	Х	-	Х	-
	Medical indication for elective delivery or early induction	Χ	-	Χ	-	Х	-
G9364	Sinus caus bac inx	Χ	-	Х	-	Х	-
	2high risk med ord	Х	-	Х	-	Х	-
	2high risk no ord	Х	-	Х	-	Х	-
G9380	Off assis eol iss	Х	-	Х	-	Х	-
	No off assis eol	Х	-	Х	-	Х	-
	Recd scrn hcv infec	Х	-	Х	-	Х	-
G9384	Doc med reas no offer eol	Х	-	Х	-	Х	-
	Doc pt reas not rec hcv srn	Х	-	Х	-	Х	-
	nooded after certain number of visite. Limit depends on plan/provider type						

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	in type and may not follow the listed services. These codes are update	ted quarterly. Additionally, these coding lists	do not reflect information	n regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be	
rected to the Pharmacy link option within the website. Ian coverage limited to ACA 10 essential health bene								
9386 Scrn hcv infec not recd	ones.	X	_	Х	_	Х		
99393 Ini phq9 >9 remiss <5		X		X		X		
69394 Dx bipol, death, nhres, hosp		X		X		X		
69395 Ini phq9 >9 no remiss >=5		X	_	X		X		
99396 Ini phq9 >9 not assess		X		X	_	X		
69408 Card tamp w/in 30d		X		X		X		
69409 No card tamp e/in 30d		X		X		X		
69410 Admit w/in 180d reg remov		X		X		X		
69411 No admit w/in 180d reg remov	M	X	<u> </u>	X		X	<u>-</u>	
69412 Admit w/in 180d req surg rev	v	X		X		X		
69413 No admit req surg rev		X		X		X	<u>-</u>	
69414 Idose menig vac btwn 11 & 1	3	X		X		X		
69415 No 1dose meni vac btwn 11&		X		X		X		
69416 Tdap or td or 1tet/dipth		X		X		X		
69417 No tdap or td or 1tet/dipth		X		X		X		
69418 Lungcx bx rpt docs class		X		X	<u> </u>	X		
69419 Med reas no rpt histo type		X	-	X	-	X	<u> </u>	
69420 Spec site no lung		X		X		X		
69421 Lung cx bx rpt no doc class		X		X	-	X		
69422 Rpt doc class histo type		X	-	X	-	X		
69423 Med reas rpt no histo type		X		X		X		
69424 Site no lung or lung cx		X		X		X		
69425 Spec rpt no doc class histo		X	-	X		X		
69426 Impr med time edarr pain med	4	X	-	X	-	X		
69427 No impro med time pain med	u	X		X	-	X		
69428 Rpt pt cat and pt1		X		X		X		
69429 Doc med reas no pt cat		X		X	-	X	-	
69430 Spec site no cutaneous		X		X		X		
69431 No pt cat and pt1		X	-	X	-	X	-	
69432 Asth controlled		X	-	X	-	X	<u> </u>	
69434 Asth not controlled		X	-	X	-	X		
69452 Doc med reas no scrn hcv		X	-	X		X	<u> </u>	
69455 Abd imag w/us, ct or mri		X	-	X	-	X		
69456 Doc med pt reas no hcc scrn		X	-	X	-	X	<u> </u>	
69457 No abd imag w/o reason		X	-	X	-	X	-	
69468 No recd cortico>=10mg/d >60)d	X	-	X	-	X		
69470 No rec cortico>60d 1rx 600mg		X	-	X	-	X		
69470 No rec conico>60d 11x 600mg	9	X	-	X	-	X	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Services performed by chaplain in the hospice setting, each 15 minutes	Х	_	Х	_	Х	_
	Services performed by dietary counselor in the hospice setting, each 15 minutes	X	-	X	-	X	-
	Services performed by dietary counselor in the hospice setting, each 15 minutes Services performed by other counselor in the hospice setting, each 15 minutes	X		X		X	<u>-</u>
	Services performed by officer counselor in the hospice setting, each 15 minutes Services performed by volunteer in the hospice setting, each 15 minutes	X	-	X	-	X	-
	Services performed by volunteer in the hospice setting, each 15 minutes Services performed by care coordinator in the hospice setting, each 15 minutes	X	-	X	-	X	-
	Services performed by care coordinator in the hospice setting, each 15 minutes Services performed by other qualified therapist in the hospice setting, each 15 minutes	X	-	X	-	X	
	Services performed by outlet qualified therapist in the hospice setting, each 15 minutes Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-	X	-	X	
			-		-		<u> </u>
	Admission to medicare care choice model program (mccm) Remote e/m new pt 10mins	X	-	X	-	X	<u>-</u>
			-		-		-
	Remote e/m new pt 20mins	X	-	X	-	X	<u> </u>
	Remote e/m new pt 30mins	X	-	X	-	X	-
	Remote e/m new pt 45mins	X	-	X	-	X	-
	Remote e/m new pt 60mins	X	-	X	-	Х	-
	Remote e/m est. pt 10mins	X	-	X	-	X	-
	Remote e/m est. pt 15mins	X	-	X	-	X	-
	Remote e/m est. pt 25mins	X	-	X	-	Х	-
	Remote e/m est. pt 40mins	X	-	Х	-	Х	-
	Joint replac mod home visit	X	-	Х	-	X	-
	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	-	Χ	-	Х	-
	Antibiotic regimen prescribed	Χ	-	Χ	-	Х	-
	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	Х	-	Х	-	Х	-
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	Х	-	Х	-	Х	-
G9502	Med reas no perf foot exam	Χ	-	Х	-	Х	-
	Doc reas no hbv status	Χ	-	Х	-	Х	-
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	Х	-	Х	-	Х	-
G9506	Biologic immune response modifier prescribed	Х	-	Х	_	Х	
	Doc reas on statin or contra	X	-	X	-	X	_
	Documentation that the patient is not on a statin medication	X	-	X	-	X	-
	Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	X	-	X	-	X	-
C0510	Remis12m not phq-9 score <5	Х	_	Х	_	Х	
	Index date phq-9 score greater than 9 documented during the twelve month denominator	X	-	X	-	X	<u> </u>
00540	identification period			V		\ \ \ \ \ \	
	Individual had a pdc of 0.8 or greater	X	-	X	-	X	-
	Individual did not have a pdc of 0.8 or greater	Χ	-	X	-	Χ	-

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		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Patient required a return to the operating room within 90 days of surgery	Х	-	Х	_	Х	-
	Patient did not require a return to the operating room within 90 days of surgery	X	_	X	_	X	
	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	Х	-	Х	-	X	-
	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	Х	-	Х	-	Х	-
	Documentation of active injection drug use	Х	-	Х	-	Х	-
	Final ref +/- 1.0 w/in 90d	X	-	X	-	X	-
	Refract not +/- 1.0 w/in 90d	X	-	X	-	X	_
9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Х	-	Х	-	X	-
39522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	Х	-	Х	-	Х	-
	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	Х	-	Х	_	Х	_
9530	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	X	-	Х	-	X	-
	Pt doc	Х	-	Х	-	Х	
9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	Х	-	Х	-	X	-
9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	Х	-	Х	-	Х	-
	Intent for potential removal at time of placement	Х	-	Х	-	Х	-
	Patient alive 3 months post procedure	X	-	Х	-	X	_
	Filter removed within 3 months of placement	X	-	X	-	X	-
9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	Х	-	Х	-	Х	-
	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	Х	-	Х	-	Х	-
	No filt remov w/in 3mos plcm	Х	-	Х	-	Х	-
	Cys ren les or adren	Х	-	Х	-	Х	-
	No f/u rec image study	Х	-	Х	-	Х	-
	Doc med rsn for f/u imag	Х	-	Х	-	Х	-
9550	Imag rec	Х	-	Х	-	Х	-
	Imag no les	Х	-	Х	-	Х	-
	Incidental thyroid nodule < 1.0 cm noted in report	Х	-	Х	-	Х	-
	Prior thyroid disease diagnosis	Х	-	Х	-	Х	-
9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	Х	-	Х	-	Х	-

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As of: 12/19/24

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
isclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these codes are updated quarterly.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
irected to Plan cover	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Doc med reas no follow imag	Х	-	Х	_	Х	-
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging	.,		.,		.,	
	not recommended	Х	-	Х	-	Х	-
G9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid	.,		.,		.,	
	nodule < 1.0 cm noted	Х	-	Х	-	Х	-
G9580	Door to puncture time of less than 2 hours	Х	-	Х	-	Х	-
	Door to puncture time of greater than 2 hours, no reason given	Х	-	Х	-	Х	-
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn	V		V		V	
	prediction rules	Х	-	Х	-	Х	-
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a	V		V		V	
	head ct ordered for trauma by an emergency care provider	X	-	Х	-	Х	-
	Doc shnt/tum/coag	Х	-	Х	-	Х	-
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn	V		V		V	
	prediction rules	Х	-	Х	-	Х	-
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on	V		V		V	
	axial formatted ct	Х	-	Х	-	Х	-
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor	V		V		V	
	diameter on axial formatted ct	X	-	Х	-	Х	-
G9603	Patient survey score improved from baseline following treatment	Χ	-	Х	-	Х	-
G9604	Patient survey results not available	Χ	-	Χ	-	Х	-
G9605	Patient survey score did not improve from baseline following treatment	Χ	-	Х	-	Х	-
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	Χ	-	Χ	-	Х	-
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise	Х		Х		Х	
	inaccessible bladder)	^	-	^	-	_ ^	-
	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Χ	-	Х	-	Х	-
G9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	Χ	-	Χ	-	Х	-
39610	Doc md rsn no antipla/p2y12	Χ	-	Х	-	Х	-
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise	Х		Х		Х	
	specified	^	-	^	-	^	-
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or	Х		Х		Х	
	endometrial sampling of any kind	^	-	^	-	^	-
	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or	Х		Х		Х	
	endometrial sampling of any kind, reason not given	^		^			
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a	Х	_	Х		Х	
	systematic screening method and received brief counseling	^		^		_ ^_	
39622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use	Х		Х		Х	
	using a systematic screening method	٨	_	^	_	^	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	nealti	La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. "age limited to ACA 10 essential health benefits."	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Х	-	Х	-	X	-
	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Х	-	Х	-	Х	-
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post- surgery	Х	-	Х	-	Х	-
	Pt not elig	Χ	-	Х	-	X	-
G9627	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post- surgery	Х	-	Х	-	X	-
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post- surgery	Х	-	Х	-	Х	-
G9629	Pt not elig	Χ	-	Χ	-	X	-
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-	Х	-	Х	-
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Х	-	Х	-	Х	-
G9632	Pt not elig	Х	-	Х	-	Х	-
G9633	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post- surgery	Х	-	Х	-	Х	-
G9637	Doc >1 dose reduc tech	Х	-	Х	-	Х	-
G9638	No doc >1 dose reduc tech	Χ	-	Х	-	Х	-
G9642	Current cigarette smokers	Χ	-	Х	-	Х	-
G9643	Elective surgery	Χ	-	Х	-	Х	-
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Х	-	Х	-	х	-
	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Х	-	Х	-	Х	-
G9646	Patients with 90 day mrs score of 0 to 2	Χ	-	Х	-	Х	-
G9648	Patients with 90 day mrs score greater than 2	Χ	-	Χ	-	Х	-
G9649	Psori tool doc w/benchmk	Χ	-	X	-	X	-
	Psori tool doc/no bnchmk met	Χ	-	X	-	X	-
	Monitored anesthesia care (mac)	Χ	-	Х	-	X	-
	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Х	-	Х	-	Х	-
G9656	Patient transferred directly from anesthetizing location to pacu	Х	-	Х	-	Х	-
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Х	-	Х	-	Х	-
G9659	>85y no hx colo ca/rsn scope	Х	_	Х	_	Х	-

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		Laı	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Doc med rsn scope pt >85y	X	_	Х	_	Х	
	>85y scope othr rsn	X	-	X	-	X	
	Previously diagnosed or have an active diagnosis of clinical ascvd	X		X		X	
	Fast/dir ldl <= 190 mg/dl	X		X	<u> </u>	X	
	Patients who are currently statin therapy users or received an order (prescription) for statin						
0000-	therapy	Х	-	Х	-	X	-
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for	1					
00000	statin therapy	Х	-	Х	-	Х	-
G9666	The highest fasting or direct Idl-c laboratory test result of 70?189 mg/dl in the measurement						
00000	period or two years prior to the beginning of the measurement period	X	-	Х	-	X	-
G9674	Patients with clinical ascvd diagnosis	Х	_	Х	_	Х	
	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	X	_	X	_	X	
	40-75y w/type 1/2 w/ldl-c rs	X	_	X	_	X	_
	Acute care pneumonia	X	_	X	_	X	-
	Acute care congestive heart	X	_	X	-	X	-
	Acute care chronic obstruct	X	-	X	-	X	-
	Acute care skin infection	X	_	X	-	X	-
	Acute care fluid or electrol	X	-	X	-	X	-
	Acute care urinary tract inf	X	-	Х	-	X	-
	Acute nursing facility care	Х	-	Х	-	Х	-
	Hospice anytime msmt per	Х	-	Х	-	Х	-
G9688	Pt w/hosp anytime msmt per	Х	-	Х	-	Х	-
	Inpt elect carotid intervent	Х	-	Х	-	Х	-
	Pt rec hospice dur msmt per	Х	-	Х	-	Х	-
	Pt hosp dur msmt period	Х	-	Х	-	Х	-
G9692	Hosp recd by pt dur msmt per	Х	-	Х	-	Х	-
G9693	Pt use hosp during msmt per	Х	-	Х	-	Х	-
G9694	Hosp srv used pt in msmt per	Х	-	Х	-	Х	-
	Long act inhal bronchdil pre	Х	-	Х	-	Х	-
	Med rsn no presc bronchdil	Х	-	Х	-	Х	-
G9698	Sys rsn no presc bronchdil	Х	-	Х	-	Х	-
	Long inhal bronchdil no pres	Х	-	Х	-	Х	-
G9700	Pt is w/hosp during msmt per	Х	-	Х	-	Х	-
	Pt use hosp during msmt per	Х	-	Χ	-	Х	-
	Child anbx 30 prior dx phary	Х	-	Х	-	Х	-
	Ajcc br ca stg i: t1 mic/t1a	Х	-	Х	-	Х	-
G9705	Ajcc br ca stg ib	Χ	-	Χ	-	Х	-
	Low recur prost ca	Х	-	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by pla directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health ber		led quarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
G9708 Bilat mast/hx bi /unilat mas		Х	-	Х	-	Х	-
G9709 Hosp srv used pt in msmt pe	r	X	-	Х	-	Х	-
G9710 Pt prov hosp srv msmt per		X	-	Х	-	Х	-
G9711 Pt hx tot col or colon ca		X	-	Х	-	Х	-
G9712 Doc med rsn presc anbx		X	-	Х	-	Х	-
G9713 Pt use hosp during msmt per	•	X	-	Х	-	Х	-
G9714 Pt is w/hosp during msmt per	r	X	-	Х	-	Х	-
G9716 Bmi not norm, no follow, doc		Х	-	Х	-	Х	-
G9717 Doc dx depr/dx bipol, no scr		Х	-	Х	-	Х	-
G9718 Hospice anytime msmt per		Х	-	Х	-	Х	-
G9719 Pt not ambul/immob/wc		X	-	Х	-	Х	-
G9720 Hospice anytime msmt per		X	-	Х	-	Х	-
G9721 Pt not ambul/immob/wc		Х	-	Х	-	Х	-
G9722 Doc hx renal fail or cr+ >4		X	-	Х	-	Х	-
G9723 Hosp recd by pt dur msmt pe	er	Х	-	Х	-	Х	-
G9724 Pt w/doc use anticoag mst yr		Х	-	Х	-	Х	-
G9726 Refused to participate		Х	-	Х	-	Х	-
G9727 Pt unable cmplt knee fs prom	1	Х	-	Х	-	Х	-
G9728 Refused to participate		X	-	X	-	X	-
G9729 Pt unbl cmplt hip fs prom		Х	-	Х	-	Х	-
G9730 Refused to participate		X	-	Х	-	X	-
G9731 Pt unbl cmplt ft/ank fs prom		X	-	X	-	X	-
G9732 Refused to participate		X	-	Х	_	X	-
G9733 Pt unbl cmplt lb fs prom		X	-	X	-	X	-
G9734 Refused to participate		X	-	X	_	X	-
G9735 Pt unbl cmplt shid fs prom		X	-	X	-	X	-
G9736 Refused to participate		X	_	Х	-	X	-
G9737 Pt unbl cmplt ewh fs prom		X	_	X	-	X	-
G9740 Hosp srv to pt dur msmt per		X	-	X	-	X	-
G9741 Pt w/hosp anytime msmt per		X	-	X	-	X	-
G9744 Pt not elig, dx htn		X	-	X	_	X	-
G9745 Doc rsn no scr high bp		X	-	X	-	X	-
G9746 Mit sten, valve or trans af		X	-	X	_	X	_
G9752 Urgent surgery		X	-	X	_	X	-
G9753 Doc no dicom, ct other fac		X	-	X	-	X	-
G9754 Incid pulm nodule		X	-	X	-	X	-
G9755 Doc med rsn for imaging		X	-	X	_	X	
G9756 Surg proc w/silicone oil		X	_	X		X	

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As of: 12/19/24

		Lar	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
isclaimer: Please note that coverage may vary b	y plan type and may not follow the listed services. These codes are update	d quarterly. Additionally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
irected to the Pharmacy link option within the we Plan coverage limited to ACA 10 essential health							
G9757 Surg proc w/silicone oil		l x	-	Х	_	Х	
39758 Hospice or term phase		X	_	X		X	
G9761 Pt w/hosp anytime msmt p	per	X	-	X	_	X	_
39762 Pt had hpv b/t 9-13 yr		X	-	X	_	X	_
G9763 Pt no hpv b/t 9-13 yr		X	-	X	-	X	-
G9764 Pt tx oral syst/bio med pso	or	X	-	X	-	X	_
39765 Pt decl chan/conind or <6		X	-	X	-	X	-
39766 Cva stroke dx tx transf fac		X	-	X	_	X	_
69767 Hosp new dx cva consid e		X	-	X	-	X	-
G9768 Pt w/hosp anytime msmt p		X	-	X	_	X	_
69769 Bn den 2yr/got ost med/th		X	-	X	_	X	-
69770 Perip nerve block	<u>. </u>	X	-	X	-	X	-
69771 Anes end, 1 temp >35.5(9	5.9)	X	-	X	_	X	-
69772 Doc med rsn no temp >= 3		X	_	X	_	X	_
69773 No temp >35.5(95.9), ane		X	_	X	_	X	-
69774 Pt had hyst		X	-	X	_	X	-
69775 Recd 2 anti-emet pre/intra	OD	X	-	X	-	X	_
69776 Doc med rsn no proph ant		X	-	X	-	X	-
69777 Pt no antiemet pre/intraop		X	-	X	-	X	-
69778 Pts dx w/pregn		X	-	X	-	X	-
99779 Pts breastfeeding		X	-	X	-	X	_
9780 Pts dx w/rhabdomyolysis		X	-	X	-	X	-
69781 Doc rsn no statin		X	-	Х	-	Х	-
69782 Hx dx fam/pure hyperchol	es	X	-	X	-	X	-
69784 Path/derm 2nd opin bx		X	-	Х	-	Х	-
9785 Path report sent		X	-	Х	-	Х	-
9786 Path report not sent		X	-	Х	-	Х	-
9787 Pt alive lst day msmt yr		X	-	X	-	X	-
69788 Most rct bp = 140/90</td <td></td> <td>X</td> <td>-</td> <td>Х</td> <td>-</td> <td>Х</td> <td>-</td>		X	-	Х	-	Х	-
89789 Record bp ip, er, urg/self		X	-	X	-	X	-
69790 Most rct bp >/= 140/90		X	-	Х	-	Х	-
69791 Most rct tob stat free		X	-	X	-	X	-
Most rct tob stat not free		X	-	Х	-	X	-
9793 Pt on daily asa/antiplat		X	-	X	-	X	-
9794 Doc med rsn no asa/antip	lat	X	-	Х	-	X	-
69795 Pt no daily asa/antiplat		X	-	X	-	X	-
9796 Pt not currently on statin		X	-	Х	-	X	-
69797 Pt currently on statin		X	_	X	_	X	-

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As of: 12/19/24

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	ary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty m	edications and should be
directed to the Pharmacy link option within the *Plan coverage limited to ACA 10 essential he							
G9805 Pt w/hosp anytime msn		Х	_	Х	_	Х	-
G9806 Pt recd cerv cyto/hpv	-1	X	_	Х	-	X	-
G9807 Pt no recd cerv cyto/hp	V	X	-	Х	-	X	-
G9808 Pt no asthm cont med r		Х	-	Х	-	Х	-
G9809 Pt w/hosp anytime msn		Х	-	Х	-	Х	-
G9810 Pdc 75% w/asth cont m		Х	-	Х	-	Х	-
G9811 No pdc 75% w/asth cor	nt med	Х	-	Х	-	Х	-
G9812 Pt died during inpt/30d		Х	-	Х	-	Х	-
G9813 Pt not died w/in 30d of	proc	Х	-	Х	-	Х	-
G9818 Doc sex activity		Х	-	Х	-	Х	-
G9819 Pt w/hosp anytime msn	nt per	Х	-	Х	-	Х	-
G9820 Doc chlam scr test w/fc	llow	Х	-	Х	-	Х	-
G9821 No doc chlam scr ts w/t	follow	X	-	Х	-	Х	-
G9822 Endo abl proc yr prev ir	nd dt	X	-	Х	-	Х	-
G9823 Endo smpl/hyst bx res	doc	X	-	Х	-	Х	-
G9824 Endo smpl/hyst bx res i	no doc	Х	-	Х	-	Х	-
G9830 Her-2 pos		X	-	Х	-	Х	-
G9831 Ajcc stg brt ca dx ii or ii	i	Х	-	Х	-	Х	-
G9832 Brt ca dx i, no t1/t1a/t1b)	Х	-	Х	-	Х	-
G9838 Pt met dis at dx		Х	-	Х	-	Х	-
G9839 Anti-egfr mon anti ther		Х	-	Χ	-	Х	-
G9840 Kras tst bfr beg anti mo		Х	-	Χ	-	Х	-
G9841 No kras tst bfr beg ant	moab	Х	-	Χ	-	Х	-
G9842 Pt met dis at dx		Х	-	Χ	-	Х	-
G9843 Kras gene mut		Х	-	Χ	-	Х	-
G9844 Pt no recd anti-egfr the	r	Х	-	Х	-	Х	-
G9845 Pt recd anti-egfr ther		Х	-	Χ	-	Х	-
G9846 Pt died from cancer		Х	-	Χ	-	Х	-
G9847 Pt recd chemo last 14d		X	-	Х	-	X	-
G9848 Pt no chemo last 14d li	fe	X	-	Х	-	Х	-
G9858 Pt enroll hospice		X	-	Х	-	X	-
G9859 Pt died from cancer		X	-	Х	-	Х	-
G9860 Pt less 3d hospice		X	-	Х	-	X	-
G9861 Pt more than 3d hospic		X	-	Х	-	X	-
G9862 Doc rsn no 10 yr follow		X	-	Χ	-	X	-

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As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
G9868	-3°						
	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic	X	_	Х	_	Х	_
	evaluation, for use under the next generation aco model, less than 10 minutes						
	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic						
00000	evaluation, for use under the next generation aco model, 10-20 minutes	X	-	Х	-	X	-
G9870	Trainadant, for door and find from generalist door model, for 20 filmings						
	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic	X	_	Х	_	l x	-
	evaluation, for use under the next generation aco model, 20 or more minutes						
G9873	1 em core session	Х	_	Х	-	Х	•
	4 em core sessions	X	-	X	-	X	-
G9875	9 em core sessions	Х	-	Х	-	Х	-
	2 em core ms mo 7-9 no wl	Х	-	Х	-	Х	-
	2 em core ms mo 10-12 no wl	Х	-	Х	-	Х	-
	2 em core ms mo 7-9 wl	Х	-	Х	-	Х	-
	2 em core ms mo 10-12 wl	Х	-	Х	-	Х	-
G9880	Em 5 percent wl	Х	-	Х	-	Х	-
G9881	Em 9 percent wl	Х	-	Х	-	Х	-
G9882	2 em ongoing ms mo 13-15 wl	Х	-	Х	-	Х	-
G9883	2 em ongoing ms mo 16-18 wl	Х	-	Х	-	Х	-
G9884	2 em ongoing ms mo 19-21 wl	Х	-	Х	-	Х	-
G9885	2 em ongoing ms mo 22-24 wl	Х	-	Х	-	Х	-
G9890	Em bridge payment	Х	-	Х	-	Х	-
G9891	Em session reporting	Х	-	Х	-	Х	-
	Adr dep thrpy prescribed	Х	-	Χ	-	Х	-
G9895	Doc med rsn no adr dep thrpy	Х	-	Х	-	Х	-
G9896	Doc pt rsn no adr dep thrpy	Х	-	Χ	-	Х	-
G9897	Pt nt prsc adr dep thrpy rng	Х	-	Χ		Х	-
G9898	Pt 66+ snp or ltc pos	Х	-	Χ	-	Х	-
G9899	Scrn mam perf rslts doc	Х	-	Χ		Х	-
	Scrn mam perf rslts not doc	X	-	Χ	-	Х	-
G9901	Pt 66+ snp or ltc pos	Х	-	Χ	-	Х	-
G9902	Pt scrn tbco and id as user	X	-	Χ	-	Х	-
	Pt scrn tbco id as non user	Х	-	Χ	-	X	-
	Doc med rsn no tbco scrn	Х	-	Χ	-	X	-
	No pt tbco scrn rng	Х	-	Χ	-	X	-
	Pt recv tbco cess interv	Х	-	Χ	-	X	-
G9907	Doc med rsn no tbco interv	Х	-	Х	-	X	-

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As of: 12/19/24

	nealti	Laı	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	No pt tbco cess interv rng	Х	_	Х	_	Х	
	Doc med rsn no tbco interv	X	_	X		X	
	Pt 66+ snp or ltc pos	X	_	X	-	X	
	Node neg pre/post syst ther	X	_	X		X	
	Hbv status assesed and int	X	_	X	_	X	
	No hbv status assesd and int	X	_	X	-	X	
	Pt receiving anti-tnf agent	X	_	X	_	X	_
	No documntd hbv results rcd	X	_	X	_	X	
	Funct status past 12 months	X	_	X	_	X	_
	Adv dem crgvr limited	X	_	X		X	
	No funct stat perf, rsn nos	X	_	X	_	X	_
	Sfty cncrns scrn nd mit recs	X	_	X	_	X	_
	Safty cncrns scrn and neg	X	_	X	_	X	-
	No scrn prov rsn nos	X	_	X	_	X	_
	Sfty cncrns scrn but no recs	X	_	X	_	X	-
	No warf or fda drug presc	X	-	X	_	X	-
	Trs/rev af	X	_	X	-	X	-
	Com care	X	-	X	-	X	-
	No chad or chad scr 0 or 1	X	-	X	-	X	-
	Doc pt rsn no tb scrn recrds	X	-	X	-	X	-
	Pt 66+ snp or ltc pos	X	-	X	-	X	-
	Same path/derm perf biopsy	X	-	Х	-	X	-
	Doc reas no statin therapy	X	-	Х	-	X	-
	Adtl spine proc on same date	X	-	X	-	X	-
	Bk pn nt msr vas scl pre/pst	Х	-	Х	-	Х	-
	Pt w/cancer scoliosis	Х	-	Х	-	Х	-
G9946	Bk pain no vas	Х	-	Х	-	Х	-
	Leg pain no vas	Х	-	Х	-	Х	-
	Pt >2 rsk fac post-op vomit	Х	-	Х	-	Х	-
	InhInt anesth only for induc	Х	-	Х	-	Х	-
	Combo thrpy of >= 2 prophly	Х	-	Х	-	X	-
	Doc med rsn no combo thrpy	X	-	X	-	X	-
	No combo prohpyl thrp for pt	Х	-	Х	-	Х	-
	Systemic antimicro not presc	Х	-	Х	-	Х	-
	Med rsn sys antimi nt rx	Х	-	Х	-	Х	-
	Systemic antimicro presc	Х	-	Х	-	Х	-
	Embolization doc separatly	Х	-	Х	-	Х	-
	Embolization not doc separat	Х	-	Х	-	Х	-
	the state of the s						

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		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	ne Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Pt recv >=1 well-chld visit	Х		Х	_	Х	
	No well-child visit recv by pt	X	-	X	-	X	-
	Pt refrd 2 pvdr/spclst in pp	X	-	X	-	X	-
	Pvdr rfrd pt rprt rcvd	X	-	X	-	X	
	Pvdr rfrd pt no rprt rcvd	X	-	X	-	X	-
	Doc pat rsn no mac exm perf	X	-	X		X	
	Dil mac exam no perf rsn nos	X	-	X	-	X	-
	Remote e/m new pt 10 mins						
	Remote e/m new pt 10 mins Remote e/m new pt 20 mins	X	-	X	-	X	-
	Remote e/m new pt 20 mins Remote e/m new pt 30 mins		-		-		-
	Remote e/m new pt 30 mins Remote e/m new pt 45 mins	X	-	X	-	X	-
	Remote e/m new pt 45 mins Remote e/m new pt 60 mins			X		X	
	Remote e/m new pt 60 mins Remote e/m est, pt 10 mins	X	-		-	X	-
	Remote e/m est. pt 10 mins Remote e/m est. pt 15 mins	X	-	X	-		-
		X	-	X	-	X	-
	Remote e/m est. pt 25 mins	X	-	X	-	X	-
	Remote e/m est. pt 40 mins	X	-	X	-	X	-
	Bpci advanced in home visit	X	-	X	-	X	-
	Pall serv during meas	X	-	Х	-	X	-
	Med rsn no pneum vax	X	-	X	-	X	-
	Pall serv during meas	X	-	X	-	Х	-
	Pall serv during meas	X	-	X	-	Х	-
	Pall serv during meas	Х	-	Х	-	Х	-
	Doc pt pal or hospice	X	-	X	-	Х	-
	Doc pt preg dur msrmt pd	Х	-	Х	-	Х	-
	Doc med rsn <3 colon	Х	-	X	-	Х	-
	Doc sys rsn <3 colon	Х	-	Х	-	Х	-
	Alcohol and/or drug services	-	X	-	Х	-	Х
	Alcohol and/or drug services	Х	-	X	-	Х	-
	Alcohol and/or drug training	Х	-	Х	-	Х	-
	Alcohol and/or drug interven	Х	-	Х	-	Х	-
	Alcohol and/or drug outreach	Х	-	Х	-	Х	-
	Alcohol and/or drug preventi	X	-	Х	-	Х	-
	Alcohol and/or drug preventi	Х	-	Х	-	Х	-
	Alcohol and/or drug preventi	Х	-	Х	-	Х	-
	Alcohol and/or drug preventi	Χ	-	Χ	-	Χ	-
	Alcohol and/or drug preventi	Χ	-	Χ	-	Х	-
	Alcohol and/or drug hotline	Χ	-	Χ	-	X	-
H0031	Mental health assessment, by non-physician	Χ	-	Х	-	X	-

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As of: 12/19/24

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imn	nunizations, injectable dr	ugs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Mental health service plan development by non-physician	Х	_	Х	_	Х	
	Medication training and support, per 15 minutes	X		X	_	X	
	Mental health partial hospitalization, treatment, less than 24 hours	-	Х	-	Х	-	Х
	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Х	-	Х	-	Х	
	Community psychiatric supportive treatment program, per diem	X	_	X	_	X	
	Self-help/peer services, per 15 minutes	X		X	-	X	
	Assertive community treatment, face-to-face, per 15 minutes	X	_	X	_	X	
	Assertive community treatment program, per diem	X	_	X	_	X	
	Foster care, child, non-therapeutic, per diem	X	<u> </u>	X	-	X	-
	Foster care, child, non-therapeutic, per month	X	_	X	-	X	
	Supported housing, per diem	X	_	X	-	X	
	Supported housing, per month	X	_	X	_	X	
	Respite care services, not in the home, per diem	X	_	X	_	X	
10048							
100-10	Alcohol and/or other drug testing: collection and handling only, specimensother than blood	X	-	Х	-	X	-
10040	Alcohol/drug screening	Х	_	Х	_	Х	
	Alcohol/drug service 15 min	X	<u> </u>	X	-	X	
	Traditional healing service	X	_	X		X	
	Missing and murdered indigenous persons (mmip) mental health and clinical care	X		X		X	
	Historical trauma (ht) mental health and clinical care for indigenous persons	X		X	-	X	
	Prenatal care, at-risk assessment	-	X	-	X	- ^	X
	Prenatal care, at-risk enhanced service; antepartum management		X	-	X	+	X
	Prenatal care, at-risk enhanced service; care coordination	_	X		X	 -	X
	Prenatal care, at-risk enhanced service; education	X		X	-	X	
	Prenatal care, at-risk enhanced service; follow-up home visit.	-	X	-	X		Х
	Prenatal care, at-risk enhanced service package (includes h1001-h1004)		X	-	X	 	X
	Non-medical family planning education, per session	X	-	Х	-	Х	
	Family assessment by licensed behavioral health professional for state definedpurposes	X		X		X	
	Comprehensive multidisciplinary evaluation	X		X	-	X	
	Rehabilitation program, per 1/2 day	X	_	X	_	X	
	Comprehensive medication services, per 15 minutes	X		X		X	
	Crisis intervention service, per 15 minutes	X		X		X	
	Behavioral health day treatment, per hour	-	X	-	X	-	X
	Psychiatric health facility service, per diem		X	-	X	 	X
	Skills training and development, per 15 minutes	X	-	X	-	X	-
	Comprehensive community support services, per 15 minutes	X		X	-	X	
	Comprehensive community support services, per 13 minutes Comprehensive community support services, per diem	X		X		X	<u>-</u>
12010	Psychosocial rehabilitation services, per 15 minutes	^	_	X	-	^	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



	nealti		ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Psychosocial rehabilitation services, per diem	Х	_	Х	_	Х	_
	Therapeutic behavioral services, per 15 minutes	X	-	X	_	X	
	Therapeutic behavioral services, per diem	X	-	X	-	X	-
	Community-based wrap-around services, per 15 minutes	X	-	X	_	X	
	Community-based wrap-around services, per diem	X	-	X	_	X	
	Supported employment, per 15 minutes	X	-	X	-	X	_
	Supported employment, per diem	X	-	X	_	X	
	Ongoing support to maintain employment, per 15 minutes	X	-	X	_	X	-
	Ongoing support to maintain employment, per diem	X	-	X	-	X	-
	Psychoeducational service, per 15 minutes	X	-	X	_	X	
	Sexual offender treatment service, per 15 minutes	X	-	X	_	X	_
	Sexual offender treatment service, per diem	X	_	X	_	X	
	Mental health clubhouse services, per 15 minutes	X	-	X	_	X	_
	Mental health clubhouse services, per diem	X	_	X	_	X	
	Activity therapy, per 15 minutes	X	-	X	_	X	_
	Multisystemic therapy for juveniles, per 15 minutes	X	_	X	_	X	_
H2034	Alcohol and/or drug abuse halfway house services, per diem	X	_	X	-	X	-
	Developmental delay prevention activities, dependent child of client, per 15 minutes	X	_	X	_	X	_
	Skill train and dev/diem	X	_	X	_	X	
	Coordinated specialty care, team-based, for first episode psychosis, per month	X	_	X	_	X	_
	Coordinated specialty care, team-based, for first episode psychosis, per encounter	X	-	X		X	
	Spoke protectors	-	_	X	_	-	
	Ther cgm supply allowance	_	X	-	Х	_	Х
	Ther cgm receiver/monitor	_	X	_	X	_	X
K0601			,				
110001	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	-	-	Х	-	-	-
K0602	Replacement battery for external infusion pump owned by patient, silver oxide 3 volt, each	-	-	Х	_	_	-
	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	-	-	X	_	_	
K0604						† †	
	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt; each effective	-	-	Х	-	-	-
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	_	-	Х	-	 _ 	-
	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	_	X	-	Х	 _ 	Х
	Replacement battery for automated external defibrillator, garment type only, each	Х	-	Х	-	Х	-
	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or		_			 	
	no written coding verification from dme pdac	-	X	-	Х	-	X
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell,		_			† †	
1.07.00	absorbed glassmat)	-	X	Х	-	-	X
K0743	Portable home suction pump	-	Х	_	Х	+ - +	Х
	Totale frome section pump		^	I			

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	armacy link option within the website. uited to ACA 10 essential health benefits.						
	group 1 std up to 300 lbs		V	ı	V	Г Г	
		-	X	-	X	-	X
	group 1 hd 301-450 lbs group 1 vhd 451-600 lbs	-	X	-	X	-	X
	group 2 std up to 300lbs	-		-		-	
	group 2 hd 301-450 lbs	-	X	-	X	-	X
		-	X	-	X		X
	group 2 vhd 451-600 lbs	-	X	-	X	-	X
	er operated vehicle noc	-	X	-	X	-	X
	gp 1 std port seat/back	-	X	-	X	-	X
	gp 1 std port cap chair	-	X	-	X	-	X
	gp 1 std seat/back	-	X	-	X	-	X
	gp 1 std cap chair	-	X	-	X	-	X
	gp 2 std port seat/back	-	X	-	X	-	X
	gp 2 std port cap chair	-	X	-	X	-	X
	gp 2 std seat/back	-	X	-	X	-	X
	gp 2 std cap chair	-	X	-	X	-	X
	gp 2 hd seat/back	-	X	-	X	-	X
	gp 2 hd cap chair	-	X	-	Х	-	X
	gp2 vhd seat/back	-	X	-	X	-	Χ
	gp 2 vhd cap chair	-	X	-	X	-	X
	gp 2 xtra hd seat/back	-	X	-	X	-	X
	gp 2 xtra hd cap chair	-	X	-	X	-	Χ
	gp2 std seat elevate s/b	-	X	-	X	-	Χ
	gp2 std seat elevate cap	-	X	-	X	-	Χ
	gp2 std sing pow opt s/b	-	Χ	-	X	-	Χ
	gp2 std sing pow opt cap	-	Χ	-	Χ	-	Χ
	gp 2 hd sing pow opt s/b	-	Χ	-	X	-	Χ
	gp 2 hd sing pow opt cap	-	Χ	-	Χ	-	Χ
	gp2 vhd sing pow opt s/b	-	Χ	-	Χ	-	Χ
	gp2 xhd sing pow opt s/b	-	Χ	-	Χ	-	Χ
K0841 Pwc	gp2 std mult pow opt s/b	-	Χ	-	Χ	-	Χ
K0842 Pwc	gp2 std mult pow opt cap	-	X	-	Х	-	Χ
K0843 Pwc	gp2 hd mult pow opt s/b	-	X	-	Х	-	Х
K0848 Pwc	gp 3 std seat/back	-	Х	-	Х	-	Х
K0849 Pwc	gp 3 std cap chair	-	Х	-	Х	-	Х
K0850 Pwc	gp 3 hd seat/back	-	Х	-	Х	-	X
	gp 3 hd cap chair	-	Х	-	Х	-	X
K0852 Pwc	gp 3 vhd seat/back	-	Х	-	Х	-	X
	gp 3 vhd cap chair	-	X	-	X	- 1	X
•	od after cortain number of vicite. Limit depends on plan/provider type						

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	nedications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Pwc gp 3 xhd seat/back	Ι.	Х	_	X		X
	Pwc gp 3 xhd cap chair		X		X		X
	Pwc gp3 std sing pow opt s/b	_	X		X		X
	Pwc gp3 std sing pow opt cap	 	X		X	_	X
	Pwc gp3 hd sing pow opt s/b		X		X		X
	Pwc gp3 hd sing pow opt cap	-	X		X		X
	Pwc gp3 vhd sing pow opt cap Pwc gp3 vhd sing pow opt s/b	-	X		X		X
	Pwc gp3 std mult pow opt s/b	_	X		X	_	X
	Pwc gp3 hd mult pow opt s/b	-	X		X		X
	Pwc gp3 vhd mult pow opt s/b	-	X		X	_	X
	Pwc gp3 vhd mult pow opt s/b	 	X	-	X	_	X
	Pwc gp 4 std seat/back	- -	X	-	X	_	X
	Pwc gp 4 std cap chair	 	X	-	X	_	X
	Pwc gp 4 hd seat/back	-	X		X	-	X
	Pwc gp 4 vhd seat/back	 	X		X		X
	Pwc gp4 std sing pow opt s/b	-	X		X	-	X
	Pwc gp4 std sing pow opt s/b	-	X	-	X	-	X
	Pwc gp4 hd sing pow opt s/b	-	X		X	-	X
	Pwc gp4 rhd sing pow opt s/b	-	X		X	-	X
	Pwc gp4 std mult pow opt s/b	-	X		X	-	X
	Pwc gp4 std mult pow opt s/b Pwc gp4 std mult pow opt cap	-	X		X	-	X
	Pwc gp4 sid mult pow opt cap Pwc gp4 hd mult pow s/b	-	X	-	X	-	X
	Pwc gp5 ped sing pow opt s/b	-	X		X	_	X
	Pwc gp5 ped mult pow opt s/b	 	X	-	X	-	X
	Power wheelchair noc	-	X		X	-	X
	Power mobility device, not coded by dme pdac or does not meet criteria	X		X	^	X	^
	Lo freq us diathermy device	X	-	X		X	
	Bil hkaf pc s/d micro sensor	X		X		X	
	Mol diag reader self-admn	X	-	X		X	
	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment		-		-		-
	device, per month	Х	-	Х	-	Х	-
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	Х	-	Х	-	Х	-
	Afo sprng wir drsflx calf bd	-	-	Х	-	-	-
	Afo ankle gauntlet	-	-	X	-	-	-
	Afo molded ankle gauntlet	-	-	X	-	-	-
	Afo multiligamentus ankle su	-	-	X	-	-	-
	Afo, supramalleolar with straps, with or without interface/pads, custom	-	-	X	-	-	-
	needed after certain number of visits. Limit depends on plan/provider type		<u> </u>				

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits L1910 Afo sing bar clasp attach sh Χ _ _ L1920 Afo sing upright w/ adjust s Χ Χ L1930 Afo plastic L1932 Afo rig ant tib prefab tcf/= Χ _ Χ L1940 Afo molded to patient plasti L1945 Afo molded plas rig ant tib Χ L1950 Afo spiral molded to pt plas Χ L1951 Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), prefabricated Х Χ L1960 Afo pos solid ank plastic mo ----L1970 Afo plastic molded w/ankle Χ L1971 Ankle foot orthosis, plastic or other material with ankle joint, prefabricated Χ L1980 Afo sing solid stirrup calf Χ _ --Χ L1990 Afo doub solid stirrup calf L2006 Kaf sng/dbl swg/stn mcpr cus Χ Χ Χ -_ L2106 Afo tib fx cast plaster mold Χ _ -Χ L2108 Afo tib fx cast molded to pt L2112 Afo tibial fracture soft Χ _ _ L2114 Afo tib fx semi-rigid Χ L2116 Afo tibial fracture rigid Χ L2210 Dorsiflexion assist each joi Χ L2755 Carbon graphite lamination Х L2820 Soft interface below knee se -Χ ---L3000 Ft insert ucb berkeley shell Χ Χ Χ L3001 Foot insert remov molded spe Χ Χ Χ L3002 Foot insert plastazote or eq Χ Χ Χ -Χ X L3003 Foot insert silicone gel eac Х L3010 Foot longitudinal arch suppo Χ Χ Χ L3020 Foot longitud/metatarsal sup Χ Χ Χ Χ L3030 Foot arch support remov prem Χ Χ Χ L3031 Foot, insert/plate, removable, addition to lower extremity orthosis, high strength Χ Χ _ _ L3040 Ft arch suprt premold longit X Χ Χ L3050 Foot arch supp premold metat Χ Χ Χ L3060 Foot arch supp longitud/meta Χ Χ

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L3070 Arch suprt att to sho longit

L3080 Arch supp att to shoe metata

L3090 Arch supp att to shoe long/m

L3100 Hallus-valgus nght dynamic s

L3201 Oxford w supinat/pronat inf

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^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



9	nealti	Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website.	nese coding lists	do not reflect information	regarding imn	nunizations, injectable dr	ugs, or specialty me	edications and should be
	rage limited to ACA 10 essential health benefits.						
L3202	Oxford w/ supinat/pronator c	Х	-	Х	-	Х	-
	Oxford w/ supinator/pronator	Х	-	Х	-	Х	-
	Hightop w/ supp/pronator inf	Х	-	Х	-	Х	-
	Hightop w/ supp/pronator chi	Х	-	Х	-	Х	-
	Hightop w/ supp/pronator jun	Х	-	Х	-	Х	-
	Orthopedic ftwear ladies oxf	Х	-	Х	-	Х	-
	Orthoped ladies shoes dpth i	Х	-	Х	-	Х	-
	Ladies shoes hightop depth i	Х	-	Х	-	Х	-
	Orthopedic mens shoes oxford	Х	-	Х	-	Х	-
L3221	Orthopedic mens shoes dpth i	Х	-	Х	-	Х	-
3222	Mens shoes hightop depth inl	Х	-	Х	-	Х	-
3224	Woman's shoe oxford brace	Х	-	Х	-	Х	-
	Man's shoe oxford brace	Х	-	Х	-	Х	-
3230	Custom shoes depth inlay	Х	-	Х	-	Х	-
3250	Custom mold shoe remov prost	Х	-	Х	-	Х	-
.3251	Shoe molded to pt silicone s	Х	-	Х	-	Х	-
	Shoe molded plastazote cust	Х	-	Х	-	Х	-
3253	Shoe molded plastazote cust	Х	-	Х	-	Х	-
3254	Orth foot non-stndard size/w	Х	-	Х	-	Х	-
3255	Orth foot non-standard size/	Х	-	Х	-	Х	-
3257	Orth foot add charge split s	X	-	Х	-	Х	-
	Plastazote sandal each	Х	-	Х	-	Х	-
3300	Sho lift taper to metatarsal	X	-	Х	-	Х	-
	Shoe lift elev heel/sole neo	Х	-	Х	-	Х	-
3320	Shoe lift elev heel/sole cor	X	-	Х	-	Х	-
3330	Lifts elevation metal extens	Х	-	Х	-	Х	-
3332	Shoe lifts tapered to one-ha	Х	-	Х	-	Х	-
3334	Shoe lifts elevation heel /i	Х	-	Х	-	Х	-
3340	Shoe wedge sach	Х	-	Х	-	Х	-
3350	Shoe heel wedge	Х	-	Х	-	Х	-
3360	Shoe sole wedge outside sole	Х	-	Х	-	Х	-
	Shoe sole wedge between sole	Х	-	Х	-	Х	-
3380	Shoe clubfoot wedge	Х	-	Х	-	Х	-
3390	Shoe outflare wedge	Х	-	Х	-	Х	-
	Shoe metatarsal bar wedge ro	Х	-	Х	-	Х	-
	Shoe metatarsal bar between	Х	-	Х	-	Х	-
3420	Full sole/heel wedge btween	Х	-	Х	-	Х	-
	Sho heel count plast reinfor	Х	-	Х	-	Х	-

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		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Requirea
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additional	ly, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Heel leather reinforced	Х	_	Х	-	Χ	-
L3450	Shoe heel sach cushion type	X	_	Х	-	X	-
	Shoe heel new leather standa	X	_	X	-	X	-
	Shoe heel new rubber standar	X	_	Х	-	X	-
	Shoe heel thomas with wedge	X	-	X	-	Х	-
	Shoe heel thomas extend to b	X	_	Х	-	X	-
	Shoe heel pad & depress for	X	_	X	-	X	-
	Shoe heel pad removable for	X	_	Х	-	X	-
	Ortho shoe add leather insol	X	-	X	-	X	-
	Orthopedic shoe add rub insl	X	_	X	-	X	-
	O shoe add felt w leath insl	X	_	X	-	X	-
	Ortho shoe add half sole	X	_	X	-	X	-
	Ortho shoe add full sole	X	_	X	-	X	-
	O shoe add standard toe tap	X	_	Х	-	X	-
	O shoe add horseshoe toe tap	X	-	X	-	X	-
	O shoe add instep extension	Х	-	Х	-	Х	-
	O shoe add instep velcro clo	X	-	X	-	X	-
	O shoe convert to sof counte	Х	-	Х	-	Х	-
	Ortho shoe add march bar	Х	-	Х	-	Х	-
	Trans shoe calip plate exist	Х	-	Х	-	Х	-
	Trans shoe caliper plate new	Х	-	Х	-	Х	-
	Trans shoe solid stirrup exi	Х	-	Х	-	Х	-
	Trans shoe solid stirrup new	Х	-	Х	-	Х	-
	Shoe dennis browne splint bo	Х	-	Х	-	Х	-
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Х		Х		Х	
	Mold socket ank hgt w/ toe f	-	X	Х	-	-	Χ
L5020	Tibial tubercle hgt w/ toe f	-	X	Х	-	-	Χ
L5050	Ank symes mold sckt sach ft	-	X	Х	-	-	Χ
L5060	Symes met fr leath socket ar	-	X	Х	-	-	Х
	Molded socket shin sach foot	-	Х	Х	-	-	X
	Plast socket jts/thgh lacer	-	Х	Х	-	-	Х
	Mold sckt ext knee shin sach	-	Х	Х	-	-	Χ
L5160	Mold socket bent knee shin s	-	Х	Х	-	-	Χ
L5200	Kne sing axis fric shin sach	-	Х	Х	-	-	X
L5210	No knee/ankle joints w/ ft b	-	Х	Х	-	-	X
	No knee joint with artic ali	-	Х	Х	-	-	Χ
	Fem focal defic constant fri	-	Х	Х	-	- 1	X
L5250	Hip canad sing axi cons fric	-	Х	Х	-	-	X

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits L5270 Tilt table locking hip sing Χ Χ Χ _ L5280 Hemipelvect canad sing axis X Χ Χ L5301 Below knee, molded socket, shin, sach foot, endoskeletal system Χ Χ Χ L5312 Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, Χ Χ Χ endoskeletal system L5321 Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee Χ Χ Χ L5331 Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis Χ Χ Χ knee, sach foot L5341 Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, Χ Χ Χ sach foot L5400 Postop dress & 1 cast chg bk Χ Χ Χ L5410 Postop dsg bk ea add cast ch Χ Χ Χ _ -Χ Χ L5420 Postop dsg & 1 cast chg ak/d Х L5430 Postop dsg ak ea add cast ch X Χ Χ _ L5450 Postop app non-wgt bear dsg X Χ Χ _ L5460 Postop app non-wgt bear dsg Х Χ Χ L5500 Init bk ptb plaster direct Χ Χ Χ _ L5505 Init ak ischal plstr direct Х Χ Χ L5510 Prep bk ptb plaster molded Χ Χ Χ L5520 Perp bk ptb thermopls direct Χ Х Х L5530 Prep bk ptb thermopls molded Χ Х Χ L5535 Prep bk ptb open end socket -Χ Χ --Χ L5540 Prep bk ptb laminated socket Х Χ Х L5560 Prep ak ischial plast molded X Χ Χ L5570 Prep ak ischial direct form Χ Χ Χ _ -Χ Χ L5580 Prep ak ischial thermo mold Х L5585 Prep ak ischial open end X Χ Χ _ L5590 Prep ak ischial laminated X Χ Χ L5595 Hip disartic sach thermopls Х Χ Х Χ Χ L5600 Hip disart sach laminat mold Χ _ _ L5610 Above knee hydracadence Х X Χ L5611 Ak 4 bar link w/fric swing Χ Χ _ Χ _ _ L5613 Ak 4 bar ling w/hydraul swig Χ Х L5614 4-bar link above knee w/swng Χ Х Χ L5615 Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance Χ Χ Χ phase control L5616 Ak univ multiplex sys frict Х Χ Х

L5617 Ak/bk self-aligning unit ea

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^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

	Health	l la	res Employer	أن ذاه ما	lual Benchmark*	Small Employer and Individual			
		Lai	rge Employer	inaivio	iuai benchmark	Small Em	ployer and individual		
Codes	Description	Not	Preauthorization	Not	Preauthorization	Not Covered	Preauthorization		
		Covered	Required	Covered	Required		Required		
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be		
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.								
L5618	Test socket symes	-	Х	Х	-	-	Х		
	Test socket below knee	-	X	Х	-	-	X		
	Test socket knee disarticula	-	Х	Х	-	-	Χ		
	Test socket above knee	-	Х	Х	-	-	Х		
L5626	Test socket hip disarticulat	-	Х	Х	-	-	Х		
L5628	Test socket hemipelvectomy	-	Х	Х	-	-	Х		
L5629	Below knee acrylic socket	-	Χ	Х	-	-	Х		
L5630	Syme typ expandabl wall sckt	-	X	Х	-	-	Х		
L5631	Ak/knee disartic acrylic soc	-	Х	Х	-	-	Х		
L5632	Symes type ptb brim design s	-	Х	Χ	-	-	Χ		
L5634	Symes type poster opening so	-	Χ	Х	-	-	Χ		
L5636	Symes type medial opening so	-	Χ	Χ	-	-	Χ		
	Below knee total contact	-	Χ	Χ	-	-	X		
L5638	Below knee leather socket	-	Χ	Χ	-	-	X		
L5639	Below knee wood socket	-	X	Χ	-	-	X		
	Knee disarticulat leather so	-	X	Χ	-	-	X		
	Above knee leather socket	-	X	Χ	-	-	X		
	Hip flex inner socket ext fr	-	X	Χ	-	-	X		
	Above knee wood socket	-	X	X	-	-	X		
	Bk flex inner socket ext frame	-	X	Х	-	-	X		
	Below knee air cushion socke	-	X	Χ	-	-	X		
	Below knee suction socket	-	X	Х	-	-	X		
	Above knee air cushion socke	-	X	Х	-	-	Х		
	Isch containmt/narrow m-l so	-	X	Х	-	-	X		
	Tot contact ak/knee disart s	-	X	X	-	-	X		
	Ak flex inner socket ext fra	-	X	Х	-	-	X		
	Suction susp ak/knee disart	-	X	X	-	-	X		
	Knee disart expand wall sock	-	X	X	-	-	X		
	Socket insert symes	-	X	Х	-	-	X		
	Socket insert below knee	-	X	X	-	-	X		
	Socket insert knee articulat	-	X	X	-	-	X		
	Socket insert above knee	-	X	X	-	-	X		
	Multi-durometer symes	-	X	X	-	-	X		
	Multi-durometer below knee	-	X	X	-	-	X		
	Below knee cuff suspension	-	X	X	-	-	X		
	Socket insert w/o lock lower	-	X	X	-	-	X		
L5670	Bk molded supracondylar susp	-	X	X	-	-	X		

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

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 $[\]ensuremath{^{**}\text{Preauth}}$ after 3rd rental month when doesn't met criteria.



As of: 12/19/24

Small Employer and Individual

Preauthorization

		Large Employer		Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle,					l I	
L3071	lanyard or equal), includes socke	-	X	Χ	-	-	Χ
15672	Bk removable medial brim sus	_	X	Х		_	Х
	Addition to lower extremity, below knee/above knee, custom fabricated	_	X	X		_	X
	Bk knee joints single axis p	_	X	X	_	_	X
	Bk knee joints polycentric p	_	X	X	_	_	X
	Bk joint covers pair	-	X	X	_	_	X
	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	X	_	_	X
	Bk thigh lacer non-molded	-	X	X	_	_	X
	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	X	_	_	X
	Bk thigh lacer glut/ischia m	-	X	X	-	-	X
	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	Х	Х	-	-	Х
	Bk fork strap	-	Х	Х	-	-	Χ
	Below knee sus/seal sleeve	-	-	Х	-	-	-
L5686	Bk back check	-	X	Χ	-	-	Χ
	Bk waist belt webbing	-	Х	Χ	-	-	Χ
L5690	Bk waist belt padded and lin	-	Χ	Χ	-	-	Χ
L5692	Ak pelvic control belt light	-	Х	Χ	-	-	Χ
L5694	Ak pelvic control belt pad/l	-	X	Χ	-	-	Χ
L5695	Ak sleeve susp neoprene/equa	-	Χ	Χ	-	-	Χ
	Ak/knee disartic pelvic join	-	X	Χ	-	-	Χ
	Ak/knee disartic pelvic band	-	X	Χ	-	-	Χ
	Ak/knee disartic silesian ba	-	X	Χ	-	-	Χ
	Shoulder harness	-	X	Χ	-	-	Χ
	Replace socket below knee	-	Χ	Χ	-	-	Χ
	Replace socket above knee	-	Χ	Χ	-	-	Χ
	Replace socket hip	-	X	Χ	-	-	Χ
	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	Х	Х	-	-	X
	Custom shape covr below knee	-	Χ	Χ	-	-	Χ
	Custm shape cover above knee	-	X	Х	-	-	Χ
	Custm shape cvr knee disart	-	Χ	Х	-	-	Χ
L5707	Custm shape cover hip disart	-	Χ	Х	-	-	Χ
	Kne-shin exo sng axi mnl loc	-	Χ	Х	-	-	Χ
	Knee-shin exo mnl lock ultra	-	X	Χ	-	-	Χ
L5712	Knee-shin exo frict swg & st	-	X	Χ	-	-	Х
	Knee-shin exo variable frict	-	X	Χ	-	-	Χ
L5716	Knee-shin exo mech stance ph	-	X	Χ	-	-	Χ

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Knee-shin exo frct swg & sta	_	Х	Х	_	_	Х
	Knee-shin pneum swg frct exo	_	X	X	_	_	X
	Knee-shin exo fluid swing ph	_	X	X	_	_	X
	Knee-shin ext jnts fld swg e	_	X	X	_	_	X
	Knee-shin fluid swg & stance	_	X	X	_	_	X
	Knee-shin pneum/hydra pneum	_	X	X	_	_	X
	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture						
20701	evacuation system	-	X	Х	-	-	X
L 5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture						
20702	evacuation system, heavy dut	-	X	Х	-	-	X
1 5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management					1	
20700	system	-	X	Х	-	-	X
1 5785	Exoskeletal bk ultralt mater	_	Х	Х		 	X
	Exoskeletal ak ultra-light m	_	X	X		 	X
	Exoskel hip ultra-light mate		X	X	-		X
	Endoskel knee-shin mnl lock	_	X	X	_	_	X
	Endo knee-shin mnl lck ultra		X	X	-		X
	Endo knee-shin frct swg & st	_	X	X	_	_	X
	Endo knee-shin hydral swg ph	_	X	X	_	_	X
	Endo knee-shin polyc mch sta	_	X	X	_	_	X
	Endo knee-shin frct swg & st	_	X	X	_	_	X
	Endo knee-shin pneum swg frc	_	X	X	_	_	X
15824	Endo knee-shin fluid swing p	_	X	X	-	_	X
	Miniature knee joint	_	X	X	_	_	X
	Endo knee-shin fluid swg/sta	_	X	X		 	X
	Endo knee-shin pneum/swg pha	_	X	X	-	_	X
	Multi-axial knee/shin system	_	X	X	_	_	X
	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase						Λ
20011	control	-	X	Х	-	-	X
L5845	Knee-shin sys stance flexion	-	X	Х	-	_	X
	Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature,					†	
20070	adjustable	-	X	Х	-	-	X
L5850	Endo ak/hip knee extens assi	-	X	Х	-	_	X
	Mech hip extension assist	_	X	X	-	_	X
	Elec knee-shin swing/stance	_	X	X	-	_	X
	Elec knee-shin swing only	-	X	X	-	_	X
	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control					 	
_5050	feature, stance phase only	-	X	Х	-	-	X
L	rodicino, siculto prido orily						

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	-	Х	-	-	-
	Endo below knee alignable sy	-	Х	Х	-	-	Х
	Endo ak/hip alignable system	-	Х	Х	-	-	X
	Above knee manual lock	-	Х	Х	-	-	Х
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	-	Х	Х	-	-	Х
L5930	High activity knee frame	-	Χ	Х	-	-	X
L5940	Endo bk ultra-light material	-	Χ	Х	-	-	Χ
L5950	Endo ak ultra-light material	-	Х	Х	-	-	Х
	Endo hip ultra-light materia	-	Х	Х	-	-	X
L5961	Endo poly hip, pneu/hyd/rot	-	-	Х	-	-	-
	Below knee flex cover system	-	Х	Х	-	-	Х
L5964	Above knee flex cover system	-	Х	Х	-	-	Х
	Hip flexible cover system	-	Х	Х	-	-	Х
	Multiaxial ankle w dorsiflex	-	Х	Х	-	-	Х
L5970	Foot external keel sach foot	-	Χ	Х	-	-	X
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	-	Χ	Х	-	-	Х
L5972	Flexible keel foot	-	Χ	Х	-	-	Χ
	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control. includes	-	Х	Х	-	-	Х
L5974	Foot single axis ankle/foot	-	Х	Х	-	-	Х
	Combo ankle/foot prosthesis	-	Х	Х	-	-	Х
	Energy storing foot	-	Х	Х	-	-	Х
	Ft prosth multiaxial ankl/ft	-	Х	Х	-	-	Х
	Multi-axial ankle/ft prosth	-	Х	Х	-	-	Х
L5980	Flex foot system	-	Χ	Х	-	-	Х
L5981	Flex-walk sys low ext prosth	-	Χ	Х	-	-	Χ
L5982	Exoskeletal axial rotation u	-	Χ	Х	-	-	Х
	Endoskeletal axial rotation	-	Χ	Х	-	-	Х
	Lwr ext dynamic prosth pylon	-	Х	Х	-	-	Х
	Multi-axial rotation unit	-	Χ	Х	-	-	Х
	Shank ft w vert load pylon	-	Х	Х	-	-	Х
	Vertical shock reducing pylo	-	Χ	Х	-	-	Х
	Addition to lower extremity prosthesis, user adjustable heel height	-	Х	Х	-	-	Х
	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	Х	Х	-	-	Х
L5999	Lowr extremity prosthes nos	-	-	Х	-	-	-
	Partial hand, thumb remaining	-	Х	Х	-	_	Х

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. L6010 Partial hand, little and/or ring finger remaining Χ Χ Χ _ L6020 Partial hand, no finger remaining X Χ Χ Χ L6026 Part hand myo exclu term dev L6050 Wrst mld sck flx hng tri pad Χ Χ Χ _ Χ L6055 Wrst mold sock w/exp interfa Х Χ L6100 Elb mold sock flex hinge pad Χ Χ Χ L6110 Elbow mold sock suspension Х Χ Х L6120 Elbow mold doub splt soc ste Χ Х Χ Χ L6130 Elbow stump activated lock h -Χ --Χ L6200 Elbow mold outsid lock hinge Х Χ Х L6205 Elbow molded w/ expand inter Χ Χ Χ L6250 Elbow inter loc elbow forarm Χ Χ Χ -Χ Χ L6300 Shider disart int lock elbow Х X Χ Χ L6310 Shoulder passive restor comp _ L6320 Shoulder passive restor cap X Χ Χ _ L6350 Thoracic intern lock elbow Х Χ Χ L6360 Thoracic passive restor comp Χ Χ Χ _ L6370 Thoracic passive restor cap Х Χ Χ L6380 Postop dsg cast chg wrst/elb Χ Χ Χ L6382 Postop dsg cast chg elb dis/ Χ Х Х L6384 Postop dsg cast chg shlder/t Χ Х Χ L6386 Postop ea cast chg & realign -Χ Χ --Χ L6388 Postop applicat rigid dsg on Х Χ Х L6400 Below elbow prosth tiss shap X Χ Χ L6450 Elb disart prosth tiss shap Χ Χ Χ -Χ Χ L6500 Above elbow prosth tiss shap Х X Χ Χ L6550 Shldr disar prosth tiss shap _ L6570 Scap thorac prosth tiss shap X Χ Χ L6580 Wrist/elbow bowden cable mol Х Χ Х Χ Χ L6582 Wrist/elbow bowden cbl dir f Χ _ _ Elbow fair lead cable molded Х X Χ L6584 L6586 Elbow fair lead cable dir fo Χ Χ Χ _ L6588 Shdr fair lead cable molded Χ Χ L6590 Shdr fair lead cable direct Χ Х Χ L6600 Polycentric hinge pair Χ Χ Χ L6605 Single pivot hinge pair Χ Χ Χ Χ Χ Χ L6610 Flexible metal hinge pair

L6611 Addition to upper extremity prosthesis, external powered, additional switch, any type

Χ

Χ

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	nealti		ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
L6615	Disconnect locking wrist uni	-	Х	Х	-	-	Х
	Disconnect insert locking wr	-	Х	Х	-	-	Х
	Flexion-friction wrist unit	-	Х	Х	-	-	X
	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with					1	
	external powered ter	-	X	Х	-	-	X
	Spring-ass rot wrst w/ latch	-	Х	Х	-	_	Х
	Upper extremity addition, flexion/extension and rotation wrist unit	-	X	X	-	-	X
	Rotation wrst w/ cable lock	-	X	Х	_	_	X
	Quick disconn hook adapter o	-	X	X	-	_	X
	Lamination collar w/ couplin	_	X	X	-	_	X
	Stainless steel any wrist	-	X	X	_	_	X
	Latex suspension sleeve each	-	X	X	_	_	X
	Lift assist for elbow	-	X	X	_	_	X
	Nudge control elbow lock	_	X	X	_	_	X
	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually	_	X	X	-	_	X
	powered elbow						
	Shoulder abduction joint pai	-	X	X	-	-	X
	Excursion amplifier pulley t	-	X	Χ	-	-	X
	Excursion amplifier lever ty	-	X	Х	-	-	X
	Shoulder flexion-abduction j	-	X	Χ	-	-	X
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	Х	Х	-	-	X
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	-	Х	Х	-	-	Х
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	-	Х	Х	-	-	Χ
	Shoulder universal joint	-	Х	Х	-	-	Х
	Standard control cable extra	-	Х	Х	-	-	Х
	Heavy duty control cable	-	Х	Х	-	-	Х
	Teflon or equal cable lining	-	Х	Х	-	-	Х
	Hook to hand cable adapter	-	X	X	-	- 1	X
	Harness chest/shider saddle	-	X	X	-	-	X
	Harness figure of 8 sing con	-	X	X	-	- 1	X
	Harness figure of 8 dual con	-	X	X	-	- 1	X
	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	-	X	Х	-	-	X
16690	Test sock wrist disart/bel e	<u> </u>	X	X		+	X
	Test sock with disart/above Test sock elbw disart/above		X	X		 	X
	Test socket shidr disart/tho			X		 	
	Suction socket	-	X	X	-	-	X
	Suction Socket	_	^	^	-	-	X

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

Small Employer and Individua

		Laı	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	nedications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Frame typ socket bel elbow/w	_	Х	Х	_	_	Х
$\overline{}$	Frame typ sock above elb/dis	-	X	X	_	_	X
	Frame typ socket shoulder di	-	X	X	_	_	X
	Frame typ sock interscap-tho	-	X	X	_	_	X
	Removable insert each	-	X	X	_	-	X
	Silicone gel insert or equal	-	X	X	_	_	X
	Lockingelbow forearm cntrbal	-	X	X	_	-	X
	Elbow socket ins use w/lock	-	X	X	-	_	X
	Elbow socket ins use w/o lck	-	X	X	_	-	X
	Cus elbo skt in for con/atyp	-	X	X	_	_	X
	Cus elbo skt in not con/atyp	-	X	X	_	-	X
	Below/above elbow lock mech	-	X	Х	_	-	X
	Terminal device, passive hand/mitt, any material, any size	-	X	X	_	-	X
	Terminal device, sport/recreational/work attachment, any material, any size	-	Х	Х	-	-	Х
L6706							
	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	-	Х	Х	-	-	Х
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	-	Х	Х	-	-	X
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	-	X	Х	-	-	Х
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	-	X	Х	-	-	Х
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, 'lined or unlined, pediatric	-	Х	Х	-	-	X
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	-	Х	Х	-	-	Х
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	Х	Х	-	-	Х
	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	Х	Х	-	-	Х
	Terminal device model #5xa	-	-	Х	-	-	-
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size. lined or unlined	-	Х	Х	-	-	Х
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	Х	Х	-	-	Х
L6805	Modifier wrist flexion unit	-	Х	Х	_	_	Х
	Pincher tool otto bock or eq	-	X	X	_	_	X
	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp		X	X			X
	pattern or combination of grasp patterns, includes motor(s)		^		_		^
	Automatic grasp feature, additional to upper limb prosthetic terminal device.	-	-	X	-	-	-
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	-	X	Χ	-	-	X

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	Х	Х	-	-	Х
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	Х	Х	-	-	Х
	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	Х	Х	-	-	Х
L6890	Production glove	-	X	Х	-	-	X
L6895	Custom glove	-	X	Χ	-	-	Х
L6900	Hand restorat thumb/1 finger	-	X	Χ	-	-	Х
L6905	Hand restoration multiple fi	-	Χ	Χ	-	_	Х
L6910	Hand restoration no fingers	-	Χ	Χ	-	_	Х
L6915	Hand restoration replacmnt g	-	Χ	Χ	-	-	Χ
	Wrist disarticul switch ctrl	-	Χ	Χ	-	-	Х
L6925	Wrist disart myoelectronic c	-	Χ	Х	-	-	Х
	Below elbow switch control	-	Х	Х	-	-	Х
	Below elbow myoelectronic ct	-	Х	Х	-	-	Х
	Elbow disarticulation switch	-	Х	Х	-	-	Х
L6945	Elbow disart myoelectronic c	-	Х	Х	-	-	Х
	Above elbow switch control	-	Х	Х	-	-	Х
	Above elbow myoelectronic ct	-	Х	Х	-	-	Х
	Shldr disartic switch contro	-	Х	Х	-	-	Х
	Shldr disartic myoelectronic	-	Х	Х	-	-	Х
	Interscapular-thor switch ct	-	Х	Х	-	_	Х
	Interscap-thor myoelectronic	-	Х	Х	-	-	Х
	Electric hand, switch or myoelectric controlled, adult	-	-	Х	-	_	-
	Electric hand, switch or myoelectric, controlled, pediatric	Х	-	X	-	Х	-
	Electric hook, switch or myoelectric controlled, adult	-	-	Х	-	-	-
	Prehensile actuator hosmer s	-	Х	X	-	-	Х
	Electron hook child michigan	-	X	X	-	-	X
	Electronic elbow hosmer swit	-	X	X	-	-	X
	Electronic elbow utah myoele	-	X	Х	-	-	X
	Electronic elbo simultaneous	-	X	X	-	-	X
	Electron elbow adolescent sw	-	X	Х	-	-	X
	Electron elbow child switch	-	X	X	-	-	X
	Elbow adolescent myoelectron	-	X	Х	-	_	X
	Elbow child myoelectronic ct	-	X	X	-	_	X
	Electronic wrist rotator any	-	-	X	-	_	-
	Six volt bat otto bock/eq ea	Х	-	X	_	Х	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

G	nealth	Lai	Large Employer		dual Benchmark*	Small Employer and Indivi	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty mo	edications and should be
L7362	Battery chrgr six volt otto	Х	-	Х	-	Х	-
L7364	Twelve volt battery utah/equ	Х	-	Х	-	Х	-
L7366	Battery chrgr 12 volt utah/e	Χ	-	Х	-	Х	-
L7367	Lithium ion battery, replacement	Х	-	Х	-	Х	-
L7368	Lithium ion battery charger, replacement only	Х	-	Х	-	Х	-
	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber o	-	Х	Х	-	-	Х
	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equa	-	Х	Х	-	-	Х
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium,	-	Х	Х	-	-	Х
	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	-	Х	Х	_	-	Х
	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	-	X	X	-	-	X
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	-	X	X	-	-	X
	Upper extremity prosthes nos	 	Х	Х	_	_	Х
	Prosthetic device repair rep	-	-	X	-	_	-
	Repair prosthesis per 15 min	-	_	X	_	_	_
	Prosthetic donning sleeve, any material, each	-	-	X	_	-	-
	Pros soc insert gasket/seal	<u> </u>	-	X	-	_	-
	Vacuum erection system	-	-	X	_	-	_
	Tension ring, for vacuum erection device, any type, replacement only, each	-	-	X	-	-	-
	Mastectomy bra	-	-	X	_	-	-
	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	-	-	X	-	-	-
	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	-	-	X	_	-	-
	Nipple prosthesis custom, ea	Х	-	X	_	Х	-
	Breast prosthesis nos	-	Х	-	Х	-	Х
	Nasal prosthesis	-	X	Х	-	-	X
	Midfacial prosthesis	-	X	X	_	-	X
	Orbital prosthesis	-	X	-	-	-	X
	Upper facial prosthesis	-	X	-	_	-	X
	Hemi-facial prosthesis	-	X	-	-	-	X
	Auricular prosthesis	† -	X	Х	_	- 1	X
	Partial facial prosthesis	-	X	X	-	-	X
	Nasal septal prosthesis	-	X	X	_	-	X
	Unspec maxillofacial prosth	† -	X	X	_	- 1	X
	Repair maxillofacial prosth	-	X	X	_	-	X
	Truss single w/ standard pad	 	-	X	-	 _ 	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Truss double w/ standard pad	-	_	Х	-	_	_
	Truss addition to std pad wa	-	_	X	-	_	-
	Truss add to std pad scrotal	-	_	X	-	-	-
	Sheath below knee	-	-	X	-	-	-
	Sheath above knee	-	-	X	-	-	-
	Sheath upper limb	-	-	X	-	-	-
	Pros sheath/sock w gel cushn	-	-	X	-	-	-
	Prosthetic sock multi ply bk	-	-	X	-	-	-
	Prosthetic sock multi ply ak	-	_	X	-	-	-
	Pros sock multi ply upper lm	-	-	X	-	-	-
	Shrinker below knee	-	_	X	-	-	-
	Shrinker above knee	-	_	X	-	_	-
	Shrinker upper limb	-	-	X	-	-	-
	Pros sock single ply bk	-	-	X	-	-	-
	Pros sock single ply ak	-	-	X	-	-	-
	Pros sock single ply upper I	-	_	X	-	_	-
	Artificial larynx	-	Х	X	-	_	Х
	Tracheostomy speaking valve	-	X	X	_	_	X
	Artificial larynx replacement battery/accessory, any type	Х	-	X	-	Х	-
	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	-	Х	X	_	-	Х
L8509	Tractice coopinagean retor processor, panetic most tou, any type, each						
	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	-	X	Х	-	-	X
L8510	Voice amplifier	Х	-	Х	-	Х	-
L8600	Implant breast silicone/eq	-	Х	-	Х	-	Х
L8603	Collagen imp urinary 2.5 ml	-	-	Х	-	-	-
	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml,	V		V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	includes shipping and necessary supplies	X	-	X	-	Х	-
L8606	Synthetic implnt urinary 1ml	-	-	Х	-	-	-
	Miscellaneous external component, supply or accessory for use with the argus ii retinal	V				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	prosthesis system	Х	-	X	-	Х	-
L8609	Artificial cornea	Х	-	Х	-	Х	-
	Ocular implant	X	-	X	-	X	-
	Ossicular implant	X	-	Х	-	X	-
	Repl zinc air battery	-	-	X	-	-	-
	Repl alkaline battery	-	-	Х	-	- 1	-
	Lithium ion battery for use with cochlear implant device speech processor, other than ear level,						
	replacement, each	-	-	X	-	-	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



			Large Employer		dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Lithium ion battery for use with cochlear implant device speech processor, ear level,						
20021	replacement, each	-	-	X	-	-	-
L8630	Metacarpophalangeal implant	Х	-	Х	-	Х	_
	Metacarpal phalangeal joint replacement, two or more pieces, metal	-	Х	X	-	-	Х
	Metatarsal joint implant	-	-	X	-	-	-
	Hallux implant	-	_	X	-	-	-
	Interphalangeal joint implnt	-	-	X	-	-	-
	Interphalangeal finger joint replacement, 2 or more pieces, metal	-	Х	Х	-	-	Х
	Vascular graft, synthetic	Х	-	Х	-	Х	-
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	-	Х	-	Х	-	Х
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	-	Х	-	Х	-	Х
I 8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	_	Х	_	Х	_	Х
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	-	X	-	X	-	X
	External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	-	-	Х	-	-
1.8690	Auditory osseointegrated device, includes all internal and external components	_	Х	 	Х	_	X
	Auditory osseointegrated device, includes an internal and external components Auditory osseointegrated device, external sound processor, replacement			_	X	-	
L8692	Auditory osseointegrated device, external sound processor, used without osseiontegration, body worn, includes headband	-	X	-	X	-	X
	Aud osseo dev, abutment	-	_	-	Х	-	-
	Aoi transducer/actuator repl	-	-	-	X	-	-
	External recharging system for battery (external) for use with implantable neurostimulator	-	-	-	Х	-	-
	Miscellaneous component, supply or accessory for use with total artificial heart system	-	-	-	Х	-	-
	Pow ue rom dev ewh uprt cust	-	Х	-	Х	-	Х
L8702	Pow ue rom dev ewhf uprt cus	-	X	-	Х	-	Χ
	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Х	-	Х	-	Х	-
	Receptor sole for use with I8720, replacement, each	Х	-	Х	-	Х	-
	O&p supply/accessory/service	-	-	-	Х	- 1	-
	Advancing cancer care mips value pathways	Х	-	Х	-	Х	-
	Optimal care for kidney health mips value pathways	Х	-	Х	-	Х	-
	Supportive care for neurodegenerative conditions mips value pathways	Х	-	Х	-	Х	-
	Promoting wellness mips value pathways	Х	-	Х	-	Х	-
	Eom meos payment	Χ	-	Х	-	Х	-
	Cellular therapy	Х	-	Х	-	Х	_

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



Covered Required Not coverage may very by plan type and any not follow the leads services. These codes are updated quantity. Additionally, these coding lace, so an entitlear information, experting remuncations, dynamics are queried. When the Pharmacy into colors with the veryors. MO076 Profotherapy MX			Large Employer		Individual Benchmark*		Small Employer and Individual	
	Codes	Description					Not Covered	Preauthorization Required
Page Contempt Page Pag			se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty m	edications and should be
M0076 Folotherapy								
M0100 Intragastric hypothermia				I			- V	
M3030 Verification				-				
Magat Fabric wrapping of aneurysm X				-		-		-
M1003 To screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra M1004 Doc med rsn no sm tb M1005 To screening not performed or results not interpreted, reason not given X - X - X M1006 Disease activity not assessed, reason not given X - X - X M1007 See activity not assessed, reason not given X - X - X M1008 S50% of total number of a patient's outpatient ra encounters assessed X - X - X M1009 Description of total number of apatient's outpatient ra encounters assessed X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X - X - X M1001 Description of total number of apatient's outpatient ra encounters assessed X - X - X - X - X M1001 Description of the end rec X - X - X - X - X - X - X M1001 Description of the end rec X - X - X - X - X - X - X M1001 Description of the end rec X - X - X - X - X - X - X - X M1001 Description of the patients unbelow the				-		-		-
time biologic disease modifying anti-rheumatic drug therapy for ra Mi004 Doc med rsn no sm tb X			^	-	^	-	^	-
M1004 Doc med rsn no sn tb			Χ	-	X	-	X	-
M1005 To screening not performed or results not interpreted, reason not given							V	
M1006 Disease activity not assessed, reason not given				-				
M1007 S=50% of total number of a patient's outpatient ra encounters assessed								-
M1009 Dc eoc doc med rec				-				-
M1010 Dc eoc doc med rec				-				-
M1010 Dc eoc doc med rec X		·		-				
M1011 Dc eoc doc med rec				-				-
M1012 Dc eoc doc med rec				-			4	-
M1013 Dc eoc doc med rec				-		-		-
M1014 Dc epi care doc medrec				-		-		-
M1016 Female patients unable to bear children				-				-
M1017 Patient admitted to palliative care services X - X - X M1018 Pt dx hst cr pt sk lg cr scr X - X - X M1019 Adl pt mj dep ds rs 12 phq<5 X - X - X M1020 Adl pt mj dep ds no rs 12 mo X - X - X M1021 Patient had only urgent care visits during the performance period X - X - X - X M1021 Inaging of the head (ct or mri) was obtained X - X - X - X M1022 Imaging of the head (ct or mri) was obtained X - X - X - X M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained X - X - X M1029 Imaging of the head (ct or mri) was not obtained, reason not given X - X - X M1029 Imaging of the head (ct or mri) was not obtained, reason not given X - X - X M1034 Adults currently taking pharmacotherapy for oud X - X - X M1035 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1036 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment X - X - X M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure X - X - X M1038 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X				-				-
M1018 Pt dx hst cr pt sk lg cr scr M1019 Adl pt mj dep ds rs 12 phq<5 M1020 Adl pt mj dep ds rs 12 phq<5 M1021 Patient had only urgent care visits during the performance period M1021 Patient had only urgent care visits during the performance period M1021 Imaging of the head (ct or mri) was obtained M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1031 Adults currently taking pharmacotherapy for oud M1032 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region infaction at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infacture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infacture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infacture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infacture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infacture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infacture at the time of the procedure				-			4	-
M1019 Adl pt mj dep ds ns 12 phq<5 M1020 Adl pt mj dep ds ns 12 phq<5 M1021 Patient had only urgent care visits during the performance period M1027 Imaging of the head (ct or mri) was obtained M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1031 Adults currently taking pharmacotherapy for oud M1032 Adults currently taking pharmacotherapy for oud M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure				-		-		-
M1020 AdI pt mj dep ds no rs 12 mo M1021 Patient had only urgent care visits during the performance period X - X - X M1021 Imaging of the head (ct or mri) was obtained X - X - X M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1032 Adults currently taking pharmacotherapy for oud M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who have end eliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure X - X - X X -				-		-		-
M1021 Patient had only urgent care visits during the performance period X - X - X - X - X - X - X - X - X - X				-				-
M1027 Imaging of the head (ct or mri) was obtained M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1029 Imaging of the head (ct or mri) was not obtained, reason not given X - X - X M1032 Adults currently taking pharmacotherapy for oud M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X X - X M1038 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X X								-
M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained M1029 Imaging of the head (ct or mri) was not obtained, reason not given M1032 Adults currently taking pharmacotherapy for oud M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X X				-				-
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M1032 Adults currently taking pharmacotherapy for oud M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region infection at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X X - X - X - X - X - X	obtaine	ed		-		-		-
M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X X				-		-		-
for oud without a gap of more than seven days M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X X X X X X X X X X X X X			Х	-	Х	-	X	-
M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X X X X X X X X X X X X X			Х	-	Х	-	Х	-
M1036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure M1038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X X - X - X M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure	M1035 Adults v	who are deliberately phased out of medication assisted treatment (mat) prior to 180 days	Х	-	Х	-	Х	-
M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure X - X - X - X - X - X - X - X - X - X	M1036 Adults	who have not had at least 180 days of continuous pharmacotherapy with a medication	Х	-	Х	-	X	-
M1038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure X - X - X - X - X - X - X - X - X - X			X	_	Х	-	X	-
M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure X - X - X				_				-
M10401Patients with a diagnosis of lumbar idiopathic or congenital scoliosis		is with a diagnosis of lumbar idiopathic or congenital scoliosis	X	_	X	_	X	_

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



			Large Employer		lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
irected to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-	Х	-	Х	-
V1043	Fs no odi 9-15mo	Х	-	Х	-	Х	-
	Fs oks 9-15mo = 37	X	-	X	-	X	-
	Fs oks 9-15mo = 37	X	-	X	-	X	-
	Fs wth scr no odi pre and p	X	-	X	-	X	-
	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	X	-	Х	-	X	-
/11052	Lg pn not meas w/ vas 1yr po	Х	-	Х	-	Х	_
	Patient had only urgent care visits during the performance period	X	-	X	-	X	_
	Aspirin or another antiplatelet therapy used	X	-	X	-	X	_
	Presc antico med in pp	X	-	X	-	X	_
	Aspirin or another antiplatelet therapy not used, reason not given	X	-	X	-	X	_
/11058		X	-	Х	-	X	-
/11059		Х	-	Х	-	Х	-
/11060	Patient died prior to the end of the performance period	Х	-	Х	-	Х	-
11067	Hospice services for patient provided any time during the measurement period	Х	-	Х	-	Х	-
11068	Adults who are not ambulatory	Х	-	Х	-	Х	-
	Patient screened for future fall risk	Х	-	Х	-	Х	-
	Patient not screened for future fall risk, reason not given	Х	-	Х	-	Х	-
	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Х	-	Х	-	Х	-
11072	Rom rad therapy anal, pc	Х	-	Х	_	Х	-
	Rom rad therapy anal, tc	X	-	X	-	X	-
	Rom rad therapy bladder, pc	X	-	Х	_	X	-
	Rom rad therapy bladder, to	X	-	X	_	X	-
	Rom rad ther bone mets, pc	X	_	X	-	X	_
	Rom rad ther bone mets, to	X	-	X	_	X	-
	Rom rad ther brain mets, pc	X	-	X	-	X	-
	Rom rad ther brain mets, to	X	-	X	_	X	-
	Rom rad therapy breast, pc	X	-	X	-	X	_
	Rom rad therapy breast, to	X	-	X	-	X	-
	Rom rad therapy cervical, pc	X	-	X	-	X	_
	Rom rad therapy cervical, to	X	-	X	-	X	_
	Rom rad therapy cns, pc	X	-	X	-	X	_
	Rom rad therapy cns, tc	X	_	X	_	X	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

Health		Lar	Large Employer		lual Benchmark*	Small Employer and Indiv	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	plan type and may not follow the listed services. These codes are updated	quarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
directed to the Pharmacy link option within the webs Plan coverage limited to ACA 10 essential health b							
M1086 Rom rad ther colorectal, pc		l x	_	Х	-	X	_
M1087 Rom rad ther colorectal, to		X	_	X	_	X	_
M1088 Rom rad ther head/neck, po	 C	X	-	X	-	X	-
M1089 Rom rad ther head/neck, to		X	-	X	-	X	-
M1094 Rom rad therapy lung, pc		X	-	X	_	X	-
M1095 Rom rad therapy lung, to		X	-	Х	_	X	-
M1096 Rom rad therapy lymphoma	a. pc	X	-	X	_	X	-
M1097 Rom rad therapy lymphoma		X	-	Х	_	X	-
M1098 Rom rad therapy pancreas,		X	-	X	-	X	-
M1099 Rom rad therapy pancreas,		X	-	Х	_	X	-
M1100 Rom rad therapy prostate, p		X	-	X	-	X	-
//1101 Rom rad therapy prostate, t		X	-	Х	_	X	-
M1102 Rom rad therapy gi, pc		X	-	X	-	X	-
// 1103 Rom rad therapy gi, tc		X	-	Х	-	Х	-
M1104 Rom rad therapy uterus, pc		X	-	X	-	X	-
//1105 Rom rad therapy uterus, to		Х	-	Х	-	Х	-
/1106 Start eoc doc med rec		X	-	Х	-	Х	-
//1107 Docu dx degen neuro		X	-	Х	-	Х	-
//1108 Oc ni pt 1-2 vis		X	-	Х	-	Х	-
//1109 Oc ni pt dc 1-2 vis		X	-	Х	-	Х	-
//1110 Oc ni pt selfdc 1-2 vis		X	-	Х	-	Х	-
M1111 Start eoc doc med rec		X	-	Х	-	Х	-
M1112 Docu dx degen neuro		X	-	Х	-	Х	-
//1113 Oc ni pt 1-2 vis		X	-	Х	-	Х	-
//1114 Oc ni pt dc 1-2 vis		X	-	Х	-	Х	-
11115 Oc ni pt selfdc 1-2 vis		X	-	Х	-	Х	-
//1116 Start eoc doc med rec		X	-	Х	-	Х	-
//1117 Docu dx degen neuro		X	-	Х	-	Х	-
//1118 Oc ni pt 1-2 vis		X	-	Х	-	Х	-
//1119 Oc ni pt dc 1-2 vis		X	-	Х	-	Х	-
11120 Oc ni pt selfdc 1-2 vis		X	-	Х	-	X	-
//1121 Start eoc doc med rec		X	-	Х	-	Х	-
/11122 Docu dx degen neuro		X	-	Χ	-	Х	-
//1123 Oc ni pt 1-2 vis		X	-	Х	-	Х	-
//1124 Oc ni pt dc 1-2 vis		X	-	Χ	-	Х	-
//1125 Oc ni pt selfdc 1-2 vis		X	-	Х	-	Х	-
/1126 Start eoc doc med rec		X	-	Χ	-	Х	-
//1127 Docu dx degen neuro		X	-	Х	-	Х	-

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		Laı	ge Employer	Individual Benchmark*		Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Oc ni pt 1-2 vis	V					
	•	X	-	X	-	X	-
	Oc ni pt dc 1-2 vis Oc ni pt self dc 1-2 vis	X	-	X	-	X	-
	Docu dx degen neuro	X	-	X	-	X	-
	Oc ni pt 1-2 vis	X	-	X	-	X	-
		X	-	X	-	X	-
	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
	Oc ni pt self dc 1-2 vis	X	-	X	-	X	-
	Start eoc doc med rec	X	-	X	-	X	-
	Fs no oks	X	-	Х	-	Х	-
	Emerge cases	X	-	X	-	Х	-
	Ni rehab med chiro	Х	-	Х	-	Х	-
M1146	Ongoing care not ind	Х	-	X	-	Х	-
	Care not poss med rsn	Х	-	Х	-	Х	-
	Pt self dschg	X	-	Х	-	Х	-
	No neck fs prom incap	X	-	Х	-	Х	-
	Left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately	Х	_	Х	_	Х	_
	or severely depressed left ventricular systolic function						
	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Χ	-	Χ	-	X	-
	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Χ	-	Χ	-	X	-
	Patient with diagnosis of osteoporosis on date of encounter	Χ	-	Χ	-	X	-
	Hospice services provided to patient any time during the measurement period	Χ	-	Χ	-	X	-
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Χ	-	Х	-	Х	-
	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	Х	-
	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	Х	-
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	Х	-
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	Х	-	Х	-	Х	-
M1165	Patients who use hospice services any time during the measurement period	Χ	-	Χ	-	Х	-
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	Χ	-	Χ	-	Х	-
M1167	In hospice or using hospice services during the measurement period	Χ	-	Χ	-	Х	-
	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	Х	-	Х	-
	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-	Х	-	Х	-
	proceed after certain number of visits. Limit depends on plan/provider type						

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As of: 12/19/24

		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	Х	-	Х	-
	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	Х	-	Х	-
	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	Х	-	Х	-	х	-
M1173	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	Х	-	Х	-
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Х	-	Х	-	х	-
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	Х	-	Х	-	Х	-
	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Х	-	Х	-	х	-
	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	Х	-	Х	-	Х	-
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	Х	-	Х	-	Х	-
	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	Х	-	Х	-	Х	-
M1180	Patients on immune checkpoint inhibitor therapy	Х	-	Χ	-	Х	-
	Grade 2 or above diarrhea and/or grade 2 or above colitis	Χ	-	Χ	-	Х	-
	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	-	Х	-	Х	-
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	Х	-	Х	-	Х	-
	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	Х	-	х	-	х	-
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	Х		Х		Х	-
M1186	Patients who have an order for or are receiving hospice or palliative care	Χ	-	X	-	Χ	-

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As of: 12/19/24

			Large Employer		Individual Benchmark		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
sclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be	
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.							
/11187	Patients with a diagnosis of end stage renal disease (esrd)	Χ	-	Х	-	Х	-	
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-	Х	-	Х	-	
	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate	V						
	(egfr) and urine albumin-creatinine ratio (uacr) performed	Х	-	Х	-	Х	-	
/11190	Documentation of a kidney health evaluation was not performed or defined by an estimated	V		٧/		. v		
	glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	Х	-	X	-	Х	-	
/11191	Hospice services provided to patient any time during the measurement period	Χ	-	Х	-	Х	-	
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Х	-	Х	-	Х	-	
	Surgical pathology reports that contain impression or conclusion of or recommendation for	V		٧/		V		
	testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	Х	-	Х	-	Х	-	
11194	Documentation of medical reason(s) surgical pathology reports did not contain impression or							
	conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based				-	х		
	testing status, or both tests were not included (e.g., patient will not be treated with checkpoint	Х	-	Х			-	
	inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post							
	neoadjuvant treatment], insufficient tumor for testing)							
11195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for							
	testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not	Х	-	Х	-	X	-	
	given							
/11196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment			.,		, , , , , , , , , , , , , , , , , , ,		
	score of greater than or equal to 4	Х	-	Х	-	Х	-	
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment	V		٧/		. v		
	score to the follow-up visit score	Х	-	X	-	Х	-	
/11198	·							
	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to	Χ	-	Х	-	X	-	
	the follow-up visit score or assessment was not completed during the follow-up encounter							
11199	Patients receiving rrt	Χ	-	Х	-	Х	-	
11200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Χ	-	Х	-	Х	-	
11201	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during							
	the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i	V		V		V		
	and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney	Х	-	Х	-	Х	-	
	injury due to ace-i or arb therapy), other medical reasons)							
11202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the	V		V		V		
	measurement period, (e.g., patient declined, other patient reasons)	Х	-	Х	-	Х	-	
11203	· · · · · · · · · · · · · · · · · · ·	V		v				
	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Х	-	Х	-	Х	-	
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment	V		V				
	score of greater than or equal to 4	Х	-	X	-	Х	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		La	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, then the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Х	-	Х	-	Х	-
	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Х	-	Х	-	х	-
	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-	Х	-	X	-
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-	Х	-	X	-
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-	Х	-	Х	-
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-	Х	-	Х	-
M1211	Most recent hemoglobin A1c level > 9.0%	Х	-	Х	-	Χ	-
	Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months)	Х	-	Х	-	Х	-
	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70%	Х	-	Х	-	Х	-
M1214	Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed	Х	-	Х	-	Х	-
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	Х	-	Х	-	Х	-
	No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter	Х	-	Х	-	Х	-
	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	Х	-	Х	-	Х	-
	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	Χ	-	Χ	-	Х	-
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	Х	-	Х	-	х	-
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	Х	-	х	-	х	-
	Glaucoma plan of care not documented, reason not otherwise specified	Х	-	Х	-	Х	-
	Glaucoma plan of care documented	Х	-	Х	-	Х	-
M1224	Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level	X	-	Х	-	Х	-

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As of: 12/19/24

		La	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
M1225	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre- intervention level	Х	-	Х	-	Х	-
M1226	IOP measurement not documented, reason not otherwise specified	Х	-	Х	-	Х	-
	Evidence-based therapy was prescribed	Х	-	Х	-	Х	-
M1228	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test	Х	-	Х	-	х	-
	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection	Х	-	Х	-	Х	-
	Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	Х	-	х	-	х	-
M1231	Patient receives HCV antibody test with nonreactive result	Х	-	Х	-	Х	-
	Patient receives HCV antibody test with reactive result	X	-	Х	-	X	-
	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given	Х	-	Х	-	Х	-
	Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia	Х	-	Х	-	Х	-
	Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period	Х	-	Х	-	Х	-
	Baseline MRS > 2	Χ	-	Χ	-	Х	-
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	Х	-	Х	-	х	-
	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31)	Х	-	Х	-	х	-
	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	Х	-
M1240	Patient did not respond to the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	Х	-	Х	-
M1241	Patient did not respond to the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	Х	-	Х	-

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As of: 12/19/24

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
M1242	Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	Х	-	Х	-
M1243	Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	Х	-
M1244	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	Х	-	х	-
M1245	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	Х	-	Х	-
	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	Х	-	Х	-
	Patient responded "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	Х	-	Х	-
	Patient responded "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	Х	-	Х	-
	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	Х	-	Х	-
	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	Х	-
	Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)	Х	-	Х	-	Х	-
	Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit	Х	-	Х	-	X	-
M1253	Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	Х	-	Х	-	Х	-
	Patients who were deceased when the HU survey reached them	Χ	-	Х	•	X	-
	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	Х	-	Х	-	х	-
	Prior history of known CVD	Х	-	Х	-	Х	-
	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified	Х	-	Х	-	Х	-
	CVD risk assessment performed, have a documented calculated risk score	Χ	-	Х	-	X	-
	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	Х	-	Х	-	Х	-
	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	Х	-	Х	-	X	•

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directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. Tage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
M1261	Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Χ	-	Х	-	Х	-
M1262	Patients who had a transplant prior to initiation of dialysis	Χ	-	Χ	-	Х	-
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	Χ		Х	-	X	•
M1265	CMS Medical Evidence Form 2728 for dialysis patients: initial form completed	Χ	-	Χ	-	Х	
	Patients admitted to a skilled nursing facility (SNF)	Χ		Х	-	X	
M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	х	-
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	Х	-
M1269	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	Х	-	Х	-	Х	-
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	Х	-
M1271	Patients with dementia at any time prior to or during the month	Х	-	Х	-	Х	-
	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	Х	-
M1273	Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form	Х	-	Х	-	Х	-
M1274	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month	Х	-	Х	-	Х	-
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Х	-	Х	-	Х	-
M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	Х	-	Х	-	Х	-
M1277	Colorectal cancer screening results documented and reviewed	Х	-	Х	-	Х	-
	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Х	-	Х	-	Х	-
	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-	Х	-	Х	-
	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Х	-	Х	-	Х	-
	Blood pressure reading not documented, reason not given	Х	-	Х	-	Х	-
	Patient screened for tobacco use and identified as a tobacco non-user	Х	-	Х	-	Х	-
	Patient screened for tobacco use and identified as a tobacco user	Х	-	Х	-	Х	-

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	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	Х	-	Х	-	х	-
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	Х	-	Х	-	Х	-
	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Х	-	Х	-	Х	-
	BMI is documented below normal parameters and a follow-up plan is documented	Χ	-	Х	-	X	-
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	X	-	Х	-	Х	-
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	Х	-	Х	-	х	-
M1290	Patient not eligible due to active diagnosis of hypertension	Х	-	Х	-	Х	-
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Х	-	Х	-	х	-
	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Х	-	х	-	х	-
M1293	BMI is documented above normal parameters and a follow-up plan is documented	Χ	-	Х	-	Х	-
И1294	Normal blood pressure reading documented, follow-up not required	Χ	-	Χ	-	Х	-
И1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Χ	-	Χ	-	X	-
M1296	BMI is documented within normal parameters and no follow-up plan is required	Χ	-	Χ	-	X	-
M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	Х	-	Х	-	X	-
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	Х	-	Х	-	Х	-
M1299	Influenza immunization administered or previously received	Χ	-	Х	-	Х	-
	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Х	-	Х	-	х	-
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	Х	-	Х	-	Х	-

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	age limited to ACA 10 essential health benefits.		I	Ī	1	т т	
W1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	Х	-	Х	-	Х	-
	Hospice services provided to patient any time during the measurement period	Χ	-	Χ	-	X	-
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-	Х	-	Х	-
	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-	Х	-	Х	-
	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Х	-	Х	-	Х	-
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	Х	-	Х	-	Х	-
M1308	Influenza immunization was not administered, reason not given	Х	-	Х	-	Х	-
	Palliative care services provided to patient any time during the measurement period	Х	-	Х	-	Х	-
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	Х	-	Х	-	Х	-
	Anaphylaxis due to the vaccine on or before the date of the encounter	Х	-	Х	-	Х	-
	Patient not screened for tobacco use	X	-	Х	-	X	-
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period	X	-	Х	-	X	-
	BMI not documented and no reason is given	Х	-	Х	-	Х	-
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	X	-	X	-	X	-
	Current tobacco non-user	Х	_	Х	_	Х	
	Patients who are counseled on connection with a CSP and explicitly opt out	X	_	X	_	X	-
M1318	Patients who did not have documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP	Х	-	X	-	X	-
	Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening	Х	-	Х	-	Х	-
	Patients who screened positive for at least 1 of the 5 HRSNS	Χ	-	Х	-	Х	-
	Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm Hg	Х	-	Х	-	х	-
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye	Х	-	х	-	Х	-

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	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm Hg and a plan of care was documented	Х	-	Х	-	х	-
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Х	-	Х	-	х	-
	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment)	Х	-	Х	-	х	-
	Patients with a diagnosis of hypotony	Х	-	Х	-	Х	-
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 8 weeks	Х	-	Х	-	Х	-
M1328	Patients with a diagnosis of acute vitreous hemorrhage	Х	-	Х	-	Х	-
M1329	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter	Х	-	Х	-	Х	-
	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	Х	-	Х	-
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Х	-	Х	-	Х	-
	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 2 weeks	Х	-	Х	-	Х	-
	Acute vitreous hemorrhage	Χ	-	Х	-	X	-
	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter	Х	-	Х	-	Х	-
	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	Х	-	Х	-
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Х	-	Х	-	Х	-
	Acute PVD	Χ	-	Х	-	X	-
	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	Х	-	Х	-	Х	-
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	Х	-	Х	-	х	-

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	Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period	Х	-	Х	-	Х	-
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Х	-	Х	-	Х	-
	Patients who died during the performance period	Χ	-	Χ	-	X	-
M1343	Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM	Х	-	Х	-	Х	-
M1344	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	Х	-	Х	-	Х	-
M1345	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	Х	-	Х	-	Х	-
M1346	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	Х	-	Х	-	Х	-
M1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	Х	-	Х	-	Х	-
M1348	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	Х	-	Х	-	Х	-
M1349	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	Х	-	Х	-	Х	-
M1350	Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	Х	-	Х	-	Х	-
	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	Х	-	Х	-	х	-
M1352	Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment	Х	-	Х	-	Х	-
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	Х	-	Х	-	Х	-
	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	Х	-	Х	-	х	-
	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Χ	-	Χ	-	Х	-
	Patients who died during the measurement period	Х	-	Х	-	X	-
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Х		Х		X	-

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	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up					1 1	
	assessment within 120 days of index assessment	Х	-	Х	-	X	-
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior						
	symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS	Х	_	Х	_	l x	_
	score is obtained						
	Suicidal ideation and/or behavior symptoms based on the C-SSRS	Х	-	Х	-	Х	-
	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-	Х	-	Х	-
	Patients who died during the measurement period	Χ	-	Х	-	Х	-
	Patients who did not have a follow-up assessment within 120 days of the index assessment	Х	-	Х	-	Х	-
M1364	Calculated 10-year ASCVD risk score of >=20 percent during the performance period	Х	-	Х	-	Х	-
	Patient encounter during the performance period with hospice and palliative care specialty code						
	17	Χ	-	Х	-	X	-
M1366	Focusing on women's health MIPS value pathway	Χ	-	Х	-	Х	-
	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	Χ	-	Х	-	Х	-
	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value					. v	
	pathway	Х	-	Х	-	X	-
M1369	Quality care in mental health and substance use disorders MIPS value pathway	Χ	-	Х	-	Х	-
M1370	Rehabilitative support for musculoskeletal care MIPS value pathway	Χ	-	Χ	-	Х	-
M1371	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	Χ	-	Χ	-	Х	-
M1372	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	Χ	-	Х	-	Х	-
M1373	Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	Χ	-	Х	-	Х	-
V1374	An additional encounter with an ra diagnosis during the performance period or prior performance						
	period that is at least 90 days before or after an encounter with an ra diagnosis during the	Χ	-	Х	-	X	-
	performance period						
	An additional encounter with an ra diagnosis during the performance period or prior performance						
	period that is at least 90 days before or after an encounter with an ra diagnosis during the	Χ	-	Х	-	X	-
	performance period						
	An additional encounter with an ra diagnosis during the performance period or prior performance						
	period that is at least 90 days before or after an encounter with an ra diagnosis during the	Χ	-	Х	-	X	-
	performance period						
	Recommended follow-up interval for repeat colonoscopy of 10 years documented in	Х		Х		Х	_
	colonoscopy report and communicated with patient	^		^		_ ^	
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g.,						
	inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age	Х	_	Х	_	X	_
	is >= 66 years old, or life expectancy < 10 years, other medical reasons)	^	-	^	_	^	-

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M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	Х	-	Х	-	Х	-
	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	Х	-	х	-	х	-
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	Х	-	Х	-	Х	-
M1382	Patient encounter during the performance period with place of service code 11	Х	-	Х	-	Х	-
M1383	Acute pvd	Χ	-	Х	-	Х	-
	Patients who died during the performance period	Χ	-	Χ	-	Х	-
M1385	Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up	Х	-	Х	-	Х	-
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period	Х	-	Х	-	Х	-
M1387	Patients who died during the performance period	Х	-	Х	-	Х	-
	Patients with documentation of an exam performed for recurrence of melanoma	Х	-	Х	-	Х	-
M1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow- up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	Х	-	Х	-	х	-
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period	Х	-	Х	-	Х	-
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period	Х	-	Х	-	Х	-
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow- up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	Х	-	Х	-	х	-
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	Х	-	Х	-	Х	-
M1394	Stages i-iii breast cancer	Х	-	Х	-	Х	-
	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	Х	-	Х	-	Х	-
M1396	Patients on a therapeutic clinical trial	Х	-	Х	-	Х	-
	Patients with recurrence/disease progression	Х	-	Х	-	Х	-
	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-	Х	-	Х	-

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	Patients who leave the practice during the follow-up period	Х	-	Х	-	Х	-
	Patients who died during the follow-up period	X	-	X	-	X	-
	Stages i-iii breast cancer	X	-	X	-	X	-
	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible						
	clinician or group	Х	-	Х	-	Х	-
M1403	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-	Х	-	Х	-
	Patients on a therapeutic clinical trial	Х	-	Х	-	Х	-
M1405	Patients with recurrence/disease progression	Х	-	Х	-	Х	-
	Patients who leave the practice during the follow-up period	Х	-	Х	-	Х	-
	Patients who died during the follow-up period	Х	-	Х	-	Х	-
M1408	Patients who have germline brca testing completed before diagnosis of epithelial ovarian,	Х		Х		Х	
	fallopian tube, or primary peritoneal cancer	X	-	X	-	^	-
M1409	Patients who received germline testing for brca1 and brca2 or genetic counseling completed	V		V		V	
	within 6 months of diagnosis	Х	-	Х	-	Х	-
M1410	Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed	Х		Х		Х	
	within 6 months of diagnosis	^	-	^	-	^	-
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	Х	-	Х	-	X	-
M1412	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk						
i	genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line	Х		Х		X	
	targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene	^	-	^	-	_ ^	-
	fusion, met ex14 skipping mutation, and ret rearrangement						
M1413	Patients who had a positive pd-I1 biomarker expression test result prior to the initiation of first-	Х		Х		Х	
	line immune checkpoint inhibitor therapy	^	-	^	•	^	-
M1414	Documentation of medical reason(s) for not performing the pd-I1 biomarker expression test prior						
	to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or	Х		Х		X	
	emergent situation where delay of treatment would jeopardize the patient's health status; other	^	-	^	-	^	-
	medical reasons/contraindication)						
M1415	Patients who did not have a positive pd-I1 biomarker expression test result prior to the initiation	Х		Х		Х	
	of first-line immune checkpoint inhibitor therapy	^	-	^	•	^	-
	Patient received hospice services any time during the performance period	Χ	-	Χ	-	Х	-
M1417	Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations	Х		Х		Х	
	on current vaccination	^		^	<u> </u>	^	<u> </u>
M1418	Patients who are not up to date on their covid-19 vaccinations as defined by cdc						
	recommendations on current vaccination because of a medical contraindication documented by	Х	-	Χ	-	X	-
	clinician						
M1419	Patients who are not up to date on their covid-19 vaccinations as defined by cdc	Х		Х		Х	
	recommendations on current vaccination	_ ^		_ ^	-	^	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individual Benchmark*		Small Employer and Individual	
odes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Complete ophthalmologic care mips value pathway	Х	_	Х	_	Х	
	Dermatological care mips value pathway	X	-	X	_	X	
	Gastroenterology care mips value pathway	X	-	X	-	X	-
	Optimal care for patients with urologic conditions mips value pathway	X	-	X	-	X	-
	Pulmonology care mips value pathway	X	-	X	-	X	-
	Surgical care mips value pathway	Х	-	Х	-	Х	-
	Hair analysis	Х	-	Х	-	Х	-
	Plaelet rich plasma unit	Х	-	Х	-	Х	-
9603	One-way allow prorated miles	Χ	-	Х	-	Х	-
9604	One-way allow prorated trip	Χ	-	Х	-	Х	-
0035	Cardiokymography	Χ	-	Х	-	Х	-
	Pinworm examinations	Χ	-	Χ	-	Х	-
0114	Fern test	Χ		Χ	-	Х	-
0115	Post-coital mucous exam	Χ	-	Χ	-	Х	-
0478	Power adapter, combo vad	-	Χ	-	X	-	Χ
	Power module combo vad, rep	-	Χ	-	Χ	-	Χ
0480	Driver for use with pneumatic ventricular assist device, replacement only	-	Χ	-	X	-	Χ
0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	Х	-	Х	-	Х
0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	Х	-	Х	-	Х
0483	Monitor/display module for use with electric ventricular assist device, replacement only	-	Х	-	Х	-	Х
	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
0485	Monitor control cable for use with electric ventricular assist device, replacement only	_	Х	_	Х	- 1	Х
0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
1488	Power pack base for use with electric ventricular assist device, replacement only	_	X	_	Х	_	Х
)489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
0400	Emergency power source for use with electric ventricular assist device, replacement only	_	X	_	X	 	X
	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	-	Х	_	Х	-	Х

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacment only	-	Х	-	Х	-	Х
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0499	Belt/vest elec/combo vad rep	-	Х	-	Х	-	Х
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	-	Х	-	Х	- 1	Х
	Battery for pneumatic ventricular assist device, replacement only, each	-	Х	-	Х	-	Х
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	-	Х	-	Х	-	X
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant	Х	-	Х	-	Х	-
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first presription in a	Х	-	Х	-	Х	-
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription i	Х	-	Х	-	Х	-
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Χ	-	Х	-	Х	-
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	Χ	-	Х	-	Х	-
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	Χ	-	Х	-	Х	-
Q1004	Ntiol category 4	Χ	-	Χ	-	Х	-
	Ntiol category 5	Χ	-	X	-	Х	-
	Collagen skin test	Χ	-	Х	-	X	-
	Skin substitute, not otherwise specified	Χ	-	Х	-	X	-
	Strattice tm, per square centimeter	Χ	-	Х	-	Χ	-
	Hmatrix, per square centimeter	Χ	-	Х	-	Х	-
	Mediskin, per square centimeter	X	-	Х	-	Х	-
Q4136	Ez-derm, per square centimeter	Χ	-	X	-	X	-

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9	пеаш	La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to the	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, to the Pharmacy link option within the website. Ige limited to ACA 10 essential health benefits.	nese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
Q4137	Amnioexcel or biodexcel, 1cm	Х	-	Х	-	Х	-
Q4138	Biodfence dryflex, 1cm	Х	-	Х	-	Х	-
	Amnio or biodmatrix, inj 1cc	Х	-	Х	-	Х	-
Q4140	Biodfence 1cm	Х	-	Х	-	Х	-
Q4142	Xcm biologic tiss matrix 1cm	Х	-	Х	-	Х	-
	Repriza, 1cm	Х	-	Х	-	Х	-
	Epifix, inj, 1mg	Х	-	Х	-	Х	-
	Tensix, 1cm	Х	-	Х	-	Х	-
Q4147	Architect ecm, 1cm	Х	-	Х	-	Х	-
Q4148	Neox 1k, 1cm	Х	-	Х	-	Х	-
	Excellagen, 0.1 cc	Х	-	Х	-	Х	-
	Allowrap ds or dry 1 sq cm	Х	-	Х	-	Х	-
	Amnioband, guardian 1 sq cm	Х	-	Х	-	Х	-
	Dermapure 1 square cm	Х	-	Х	-	Х	-
	Dermavest 1 square cm	Х	-	Х	-	Х	-
Q4154	Biovance 1 square cm	Х	-	Х	-	Х	-
Q4155	Neoxflo or clarixflo 1 mg	Х	-	Х	-	Х	-
	Neox 100 1 square cm	Х	-	Х	-	Х	-
	Revitalon 1 square cm	Х	-	Х	-	Х	-
	Kerecis omega3, per sq cm	Х	-	Х	-	Х	-
	Affinity1 square cm	Х	-	Х	-	Х	-
	Nushield 1 square cm	Х	-	Х	-	Х	-
	Bio-connekt wound matrix, per square centimeter	Х	-	Х	-	Х	-
Q4162	Wndex flw, bioskn flw, 0.5cc	Х	-	Х	-	Х	-
Q4163	Woundex, bioskin, per sq cm	Х	-	Х	-	Х	-
	Helicoll, per square centimeter	Х	-	Х	-	Х	-
	Keramatrix, per square centimeter	Х	-	Х	-	Х	-
	Truskin, per sq centimeter	Х	-	Х	-	Х	-
Q4168	Amnioband, 1 mg	Х	-	Х	-	Х	-
	Artacent wound, per sq cm	Х	-	Х	-	Х	-
	Cygnus, per sq cm	Х	-	Х	-	Х	-
	Interfyl, 1 mg	Х	-	Х	-	Х	-
	Palingen or palingen xplus	Х	-	Х	-	Х	-
Q4174	Palingen or promatrx	Х	-	Х	-	Х	-
	Miroderm	Х	-	Х	-	Х	-
	Neopatch, per sq centimeter	Х	-	Х	-	Х	-
	Floweramnioflo, 0.1 cc	Х	-	Х	-	Х	-
	Flowerderm, per sq cm	X	-	X	-	X	-

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		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	age may vary by plan type and may not follow the listed services. These codes are updated qua	rterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to the Pharmacy link option *Plan coverage limited to ACA 10 e							
Q4180 Revita, per sq c		X	-	Х	_	Х	-
Q4181 Amnio wound, p		Х	-	Х	-	Х	-
Q4182 Transcyte, per s		X	-	X	-	X	-
Q4183 Surgigraft, per s		Х	-	Х	-	Х	-
Q4184 Cellesta, per sq		Х	-	Х	-	Х	-
	e amnion (25 mg per cc); per 0.5 cc	Х	-	Х	-	Х	-
Q4187 Epicord, per squ		Х	-	Х	-	Х	-
Q4188 Amnioarmor, pe		Х	-	Х	-	Х	-
Q4189 Artacent ac, 1 m		Х	-	Х	-	Х	-
Q4190 Artacent ac, per		Х	-	Х	-	Х	-
Q4191 Restorigin, per s		Х	-	Х	-	Х	-
Q4192 Restorigin, 1 cc	•	Х	-	Х	-	Х	-
Q4193 Coll-e-derm, pe	r square centimeter	Х	-	Х	-	Х	-
Q4194 Novachor, per s		Х	-	Х	-	Х	-
Q4195 Puraply, per squ		Х	-	Х	-	Х	-
Q4196 Puraply am, per		Х	-	Х	-	Х	-
Q4197 Puraply xt, per s		Х	-	Х	-	Х	-
Q4198 Genesis amniot	ic membrane, per square centimeter	Х	-	Х	-	Х	-
Q4199 Cygnus matrix,		Х	-	Х	-	Х	-
Q4200 Skin te, per squ		Х	-	Х	-	Х	-
Q4201 Matrion, per squ		Х	-	Х	-	Х	-
Q4202 Keroxx (2.5g/cc		Х	-	Х	-	Х	-
Q4203 Derma-gide, pe	r square centimeter	Х	-	Х	-	Х	-
Q4204 Xwrap, per squa	are centimeter	Х	-	Х	-	Х	-
Q4206 Fluid flow or flui	d gf 1 cc	Х	-	Х	-	Х	-
Q4209 Surgraft per sq	cm	Х	-	Х	-	Х	-
Q4210 Axolotl graf dua	Igraf sq cm	Х	-	Х	-	Х	-
Q4211 Amnion bio or a	xobio sq cm	X	-	Х	-	Х	-
Q4212 Allogen, per cc	<u> </u>	Х	-	Х	-	Х	-
Q4213 Ascent, 0.5 mg		Х	-	Х	-	Х	-
Q4214 Cellesta cord pe	er sq cm	Х	-	Х	-	Х	-
Q4215 Axolotl ambient,		X	-	Х	-	Х	-
Q4216 Artacent cord pe		Х	-	Х	-	Х	-
Q4217 Woundfix biowo		X	-	Х	-	Х	-
Q4218 Surgicord per so		Х	-	Х	-	Х	-
Q4219 Surgigraft dual		X	-	Х	-	Х	-
Q4220 Bellacell hd, sur		X	-	Х	-	Х	-
Q4221 Amniowrap2 pe		Х	-	Х	-	Х	-

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		Laı	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	e may vary by plan type and may not follow the listed services. These codes are updated	quarterly. Additionally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
rected to the Pharmacy link option value and coverage limited to ACA 10 ess							
		Iv	_	V			
04222 Progenamatrix, p		X		X	-	X	-
04224 Hhf10-p per sq cr		X	-	X	-	X	-
04225 Amniobind, per s		X	-	X	-	X	-
04226 Myown harv prep		X	-	X	-		-
04227 Amniocore per so		X	-	X	-	X	-
04228 Bionextpatch, per			-		-	X	-
04229 Cogenex amnio r		X	-	X	-		-
04230 Cogenex flow am		X	-	X	-	X	-
04231 Corplex p, per cc		X	-	X	-	X	-
04232 Corplex, per sq c		X	-	X	-	X	-
04233 Surfactor /nudyn		X	-	X	-	X	-
24234 Xcellerate, per so		X	-	X	-	X	-
4235 Amniorepair or al		X	-	X	-	Х	-
24236 Carepatch per sq		X	-	X	-	X	-
04237 Cryo-cord, per sq		X	-	X	-	X	-
04238 Derm-maxx, per s		X	-	X	-	Х	-
24239 Amnio-maxx or lit		X	-	X	-	Х	-
24240 Corecyte topical		X	-	Х	-	Χ	-
24241 Polycyte, topical		X	-	X	-	Х	-
24242 Amniocyte plus, p		X	-	Х	-	Х	-
04244 Procenta, per 200		X	-	Х	-	X	-
04245 Amniotext, per co		X	-	Х	-	X	-
24246 Coretext or protex		X	-	Х	-	X	-
24247 Amniotext patch,		X	-	X	-	X	-
04248 Dermacyte amn r		X	-	Χ	-	X	-
04249 Amniply, per sq c		X	-	Х	-	X	-
04250 Amnioamp-mp pe		X	-	Χ	-	X	-
Vim, per square o	centimeter	X	-	Χ	-	X	-
(4252 Vendaje, per squ	are centimeter	X	-	Χ	-	Х	-
24253 Zenith amniotic m	nembrane, per square centimeter	X		X	-	Х	-
4255 Reguard, topical		X	-	Χ	-	Х	-
04256 Mlg complet, per		X		Χ	-	Х	-
24257 Relese, per sq cr	n	X	-	Χ	-	Х	-
24258 Enverse, per sq o	cm	X	-	Х	-	Х	-
24259 Celera dual layer	or celera dual membrane, per square centimeter	X	-	Х	-	Х	-
4260 Signature apatch		Х	-	Х	-	Х	-
24261 Tag, per square o	centimeter	X	-	Х	-	Х	-
	membrane, per square centimeter	X		Х		X	

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		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	ne Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Surgraft tl, per square centimeter	Х	I -	Х	_	Х	
	Cocoon membrane, per square centimeter	X	_	X	_	X	
	Neostim tl, per square centimeter	X	_	X	_	X	
	Neostim membrane, per square centimeter	X	_	X	_	X	
	Neostim dl, per square centimeter	X	_	X	_	X	
	Surgraft ft, per square centimeter	X	_	X	_	X	
	Surgraft xt, per square centimeter	X		X		X	<u> </u>
	Complete sl, per square centimeter	X	_	X	_	X	
	Complete st, per square centimeter	X	-	X	-	X	<u> </u>
	Esano a, per square centimeter	X	_	X		X	<u> </u>
	Esano aa, per square centimeter	X		X	-	X	
	Esano ac, per square centimeter	X	_	X		X	<u>-</u>
	Esano aca, per square centimeter	X		X	-	X	
	Orion, per square centimeter	X	_	X		X	<u> </u>
	Woundplus membrane or e-graft, per square centimeter	X		X	-	X	
	Epieffect, per square centimeter	X		X		X	<u>-</u>
	Vendaje AC, per square certimeter Vendaje AC, per sq cm	X	-	X	-	X	<u> </u>
	Xcell amnio matrix, per square centimeter	X		X	-	X	<u>-</u>
	Barrera sl or barrera dl, per square centimeter	X	-	X	-	X	
	Cygnus dual, per square centimeter	X	-	X	-	X	<u> </u>
	Biovance tri-layer or biovance 3I, per square centimeter	X	-	X	-	X	<u> </u>
	Dermabind sl, per square centimeter	X		X	-	X	
	Dermabind St, per square certificeter DermaBind DL, per sq cm	X		X	-	X	<u> </u>
	DermaBind DL, per sq cm DermaBind CH, per sq cm	X	-	X	-	X	-
	RevoShield+ Amniotic Barrier, per sq cm	X		X	-	X	<u> </u>
	Membrane Wrap-Hydro™, per sq cm	X	-	X	-	X	
	Lamellas XT, per sq cm	X		X	-	X	<u> </u>
	Lamellas, per sq cm	X		X	-	X	
	Acesso DL, per sq cm	X	-	X	-	X	-
	Acesso DL, per sq cm Amnio Quad-Core, per sq cm	X	-	X	-	X	
	Amnio Quad-Core, per sq cm Amnio Tri-Core Amniotic, per sq cm	X	-	X	-	X	
	Rebound Matrix, per sq cm	X	-	X	-	X	
	Emerge Matrix, per sq cm	X	-	X	-	X	<u> </u>
	AmniCore Pro, per sq cm	X	-	X	-	X	
	AmniCore Pro+, per sq cm	X		X		X	
	Aminicore Pro+, per sq cm Acesso TL, per sq cm	X	-	X	-	X	<u>-</u>
	Activate Matrix, per sq cm		-		-		<u>-</u>
	Complete ACA, per sq cm	X	-	X	-	X	-
U43U 2	Complete ACA, per sq cm	X	-	Χ	-	X	-

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		Lar	ge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Complete AA, per sq cm	Х		Х	_	Х	
	Grafix plus, per sq cm	X	-	X	-	X	-
	American amnion ac tri-layer, per square centimeter	X	-	X	-	X	
	American amnion ac tri-layer, per square certimeter American amnion ac, per square centimeter	X	-	X	-	X	-
	American amnion ac, per square centimeter American amnion, per square centimeter	X	-	X	-	X	-
		X	-	X	-	X	
	Sanopellis, per square centimeter	X	-	X	-	X	-
	Via matrix, per square centimeter Procenta, per 100 mg						
		X	-	X	-	X	-
	Acesso, per sq cm Acesso ac, per sq cm	X	-	X	-	X	-
	Dermabind fm, per sq cm	X		X		X	
			-	X	-	X	
	Reeva, per sq cm Regenelink amniotic mem allo	X	-		-		-
		X	-	X	-	X	-
	Amchoplast, per sq cm	X	-	X	-	X	-
	Vitograft, per sq cm	X	-	X	-	X	-
	E-graft, per sq cm	X	-	X	-	X	-
	Sanograft, per sq cm	X	-	X	-	X	-
	Pellograft, per sq cm	X	-	Х	-	X	-
	Renograft, per sq cm	X	-	X	-	X	-
	Caregraft, per sq cm	X	-	X	-	Х	-
	Alloply, per sq cm	X	-	Х	-	Х	-
	Amniotx, per sq cm	X	-	X	-	Х	•
	Acapatch, per sq cm	X	-	Х	-	Х	-
	Woundplus, per sq cm	X	-	X	-	Х	-
	Duoamnion, per sq cm	X	-	Х	-	Х	-
	Most, per sq cm	X	-	Х	-	Х	-
	Singlay, per sq cm	X	-	X	-	Х	-
	Total, per sq cm	X	-	Х	-	Х	•
	Axolotl graft, per sq cm	X	-	Х	-	Х	-
	Axolotl dualgraft, per sq cm	X	-	X	-	X	-
	Ardeograft, per sq cm	X	-	X	-	Х	-
	Amnioplast 1, per square centimeter	X	-	Х	-	Х	-
	Amnioplast 2, per square centimeter	X	-	Х	-	Х	-
	Artacent c, per square centimeter	Х	-	Х	-	Х	-
	Artacent trident, per square centimeter	X	-	Х	-	Χ	-
	Artacent velos, per square centimeter	X	-	Х	-	Χ	-
	Artacent vericlen, per square centimeter	X	-	Х	-	Х	-
Q4340	Simpligraft, per square centimeter	Χ	-	Χ	-	X	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lar	ge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Simplimax, per square centimeter	Х		Х		Х	
	Theramend, per square centimeter	X	-	X	-	X	<u> </u>
	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	X	-	X	-	X	
	Tri-membrane wrap, per square centimeter	X	-	X	-	X	
	Matrix hd allograft dermis, per square centimeter	X	-	X	-	X	-
		X			-		-
	Shelter dm matrix, per square centimeter Rampart dl matrix, per square centimeter	X	-	X	-	X	-
		X		X	-	X	-
	Sentry sl matrix, per square centimeter	X	-	X	-	X	-
	Mantle dl matrix, per square centimeter		-		-		-
	Palisade dm matrix, per square centimeter	X	-	X	-	X	-
	Enclose tl matrix, per square centimeter		-		-		-
	Overlay sl matrix, per square centimeter	X	-	X	-	X	-
	Xceed tl matrix, per square centimeter	Х	-	Х	-	Х	
	Hospice in patient home	-	X	-	X	-	X
	Hospice in assist living	-	X	-	X	-	X
	Hospice in It/non-skilled nf	-	X	-	X	-	X
	Hospice in snf	-	X	-	X	-	X
	Hospice, inpatient hospital	-	X	-	X	-	X
	Hospice in hospice facility	-	X	-	X	-	X
	Hospice in Itch	-	X	-	Х	-	X
	Hospice in inpatient psych	-	X	-	Х	-	X
	Hospice, nos	-	X	-	Х	-	X
	Hospice home care provided in a hospice facility	-	X	-	X	-	X
	Va chaplain assessment	Х	-	Х	-	Х	-
	Va chaplain counsel individu	X	-	Х	-	X	-
	Va chaplain counsel group	Х	-	Х	-	X	-
	Va whole health partner serv	Χ	-	Х	-	X	-
	Injection, sulfur hexafluoride lipid microspheres, per ml	X	-	Х	-	X	-
	Transport port x-ray multipl	Χ		Х	-	X	-
	Transport portable ekg	Χ		X	-	X	-
	Partial hospitalization services, less than 24 hours, per diem	-	Χ	-	Х	-	Χ
	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	Х	,	X	-	X	-
	Paramedic intercept, hospital-based als service (non-voluntary), non transport	Χ	-	Χ	-	Х	-
S0209	Wheelchair van, mileage, per mile	X	-	Х	-	Х	-
S0215	Non-emergency transportation; mileage	Х	-	Х	-	Х	-
S0220	Medical conference by physic	Х	-	Х	-	Х	-
	Medical conference, 60 min	Х	-	Х	-	Х	-

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 $[\]ensuremath{^{**}\text{Preauth}}$ after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
S0250	·	I	I	1		I I	
	Comprehensive geriatric assessment and treatment planning performed by assessment team	Х	-	Х	-	Х	-
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	Х	-	Х	-	Х	-
S0270	Physician management f patient home care standard monthly case rate per 30 days	Х	-	Х	-	Х	-
S0271	Physician management of patient home care hospice monthly case rate per 30 days	Х	-	Х	-	Х	-
	Physician management of patient home care episodic care monthly case rate per 30 days	Х	-	Х	-	Х	-
	Nurse practioner visit at members home outside of a capitation arrangement	Х	-	Х	-	Х	-
	Medical home program, comprehensive care coordination and planning, initial plan	Х	-	Х	-	Х	-
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	Х	-	Х	-	Х	-
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Х	_	Х	_	Х	-
	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	Х	-	Х	-	Х	-
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)	Х	-	Х	-	Х	-
S0311		Х	-	Х	-	Х	-
S0215	Disease management program, initial assessment and initiation of program	Х	_	Х	-	Х	
	Disease management program, followup assessment	X	-	X	-	X	-
	Disease management program; per diem	X	_	X	-	X	
	Telephone calls by reg nurse to disease management program member	X	_	X		X	
	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	X	-	X	-	X	-
S0341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	Х	-	Х	-	Х	-
S0342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	Х	-	Х	-	X	-
S0353	Treatment planning and care coordination management for cancer initial treatment		Х	_	X	_	X
	Treatment planning and care coordination management for cancer established patient with a	-	X	-	X	-	X
S0395	change of regimen Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	Х	-	Х	-	Х	-
SUEU4	Single vision prescription lens (safety, athletic, or sunglass), per lens	Х	_	Х	_	Х	
	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	-
	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X			-
	Non-prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	<u> </u>
	Safety eyeglass frames	X		X	<u> </u>	X	<u>-</u>
	needed after certain number of visits. Limit depends on plan/provider type	^	_	^	-	^	<u> </u>

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Required Covered Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits S0518 Sunglasses frames Χ Χ Χ _ S0580 Polycarbonate lens (list this code in addition to the basic code for the lens) X Χ Х _ _ S0581 Nonstandard lens (list this code in addition to the basic code for the lens) Χ Χ Χ S0590 Integral lens service, miscellaneous services reported separately Χ Χ Х Χ X S0595 Dispensing new spectacle lenses for patient supplied frame Χ Χ S0596 Phakic intraocular lens for correction of refractive error Х Χ S0618 Audiometry for hearing aid evaluation to determine the level and degree of hearing loss Χ S0622 Physical exam for college, new or established patient (list separately in addition to appropriate Χ Χ Χ evaluation and managem S0800 Laser in situ keratomileusis X X X S0810 Photorefractive keratectomy X Χ Χ S0812 Phototheraputic keratectomy (ptk) Χ Χ Χ -S1001 Deluxe item, patient aware (list in addition to code for basic item) Х Х X \$1002 Customized item (list in addition to code for basic item) Χ Χ Χ _ _ S1030 Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of Х Х Χ data, use cpt code) S1031 Continuous noninvasive glucose monitoring device, rental, including sensor, sensor Χ Χ Χ replacement, and download to monitor S2053 Transplantation of small int Χ Χ Χ S2054 Transplantation of multivisc Χ Х S2055 Harvesting of donor multivis Х Х Χ S2060 Lobar lung transplantation -Χ -Χ -Χ S2061 Donor lobectomy (lung) Х Х Х Simultaneous pancreas kidney transplantation X X Χ S2065 S2083 Χ Χ Χ Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline S2102 Islet cell tissue transplant Χ Χ Χ S2103 Adrenal tissue transplant Χ Χ Χ Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating Χ Χ Χ lymphocyte therapy) pe S2140 Cord blood harvesting Χ Х Х S2142 Cord blood-derived stem-cell Χ Χ Χ _ S2150 Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or Χ Χ Χ

S2152 Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living

autologous, including phe

donor(s), procurement,

S2202 Echosclerotherapy

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	nealti	Laı	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty mo	edications and should be
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Х	-	Х	-	Х	-
S2235	Implantationof auditory brain stem implant	-	-	Х	-	-	-
	Induced abortion, 17 to 24 weeks, any surgical method	Х	-	Х	-	Х	-
S2265	Abortion for fetal indication, 25-28 weeks	Х	-	Х	-	Х	-
S2266	Abortion for fetal indication, 29-31 weeks	Х	-	Х	-	Х	-
S2267	Abortion for fetal induction, 32 weeks or greater	Х	-	Х	-	Х	-
S2300	Arthroscopy, shoulder, surgi	Х	-	Х	-	Х	-
	Decompress disc rf lumbar	Х	-	Х	-	Х	-
	Diskectomy, anterior, with d	Х	-	Х	-	Х	-
	Diskectomy, anterior, with d	Х	-	Х	-	Х	-
	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	Х	-	Х	-	Х	-
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Х	-	Х	-	Х	-
	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	Х	-	Х	-	Х	-
\$3005	Performance measurement, evaluation of patient self assessment, depression	Х	-	Х	-	Х	-
	Saliva test, hormone level;	X	_	X	_	X	
	Saliva test, hormone level;	X	_	X		X	
	Genetic testing for amyotrophic lateral sclerosis (als)		X	-	X		X
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	-	X	-	X	-	X
S3841	Genetic testing for retinoblastoma	_	Х	_	Х	- 1	Х
	Genetic testing for von hippel-lindau disease	_	X	_	X	- 1	X
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	-	X	-	X	-	X
	Genetic testing for alpha-thalassemia	-	Х	-	Х	 	Х
	Genetic testing for hemoglobin e beta-thalassemia	-	X	-	X	- 1	X
	Genetic testing for niemann-pick disease	_	X	_	X	 _ 	X
	Genetic testing for sickle cell anemia	-	X	-	X	-	X
	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	Х	-	Х	-	Х	-
	Genetic testing for myotonic muscular dystrophy	-	Х	-	Х	-	Х
	Gene expression profiling panel for use in the management of breast cancer treatment	-	X	-	X	 _ 	X
	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	-	X	-	X	-	X
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	_	Х	 	Х	-	X
	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu	_	X		X	_	X

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As of: 12/19/24

V	nealti	La	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, th the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
S3870	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	-	Х	-	Х	-	Х
S3900	Surface electromyography (emg)	Х	-	Х	-	Х	-
	Masters two step	X	-	Х	-	X	-
	Interim labor facility global (labor occurring but not resulting in delivery)	X	-	Х	-	X	-
	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	Х	-	Х	-	X	-
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-	Х	-	Х	-
	Complete cycle, zygote intrafallopian transfer (zift), case rate	X	-	X	-	X	-
	Complete in vitro fertilization cycle, case rate	X	-	Х	-	X	-
	Frozen in vitro fertilization cycle, case rate	X	-	X	-	X	-
	Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	-	Х	-	X	-
	Frozen embryo transfer procedure cancelled before transfer, case rate	X	-	X	-	X	-
	In vitro fertilization procedure cancelled before aspiration, case rate	X	_	X	-	X	-
	In vitro fertilization procedure cancellation after aspiration, case rate	X	-	X	-	X	-
	Assisted oocyte fertilization, case rate	X	-	X	-	X	-
	Donor egg cycle, incomplete, case rate	X	-	X	-	X	-
	Donor services for in vitro fertilization (sperm or embryo), case rate	X	-	X	-	X	-
	Procurement of donor sperm from sperm bank	X	-	X	-	X	-
	Storage of previously frozen embryos	X	-	X	-	X	-
	Microsurgical epididymal sperm aspiration (mesa)	X	_	X	-	X	-
	Sperm procurement and cryopreservation services; initial visit	X	-	X	-	X	-
	Sperm procurement and cryopreservation services; subsequent visit	X	_	X	-	X	-
	Stimulated intrauterine insemination (iui), case rate	X	-	X	-	X	-
	Cryopreserved embryo transfer, case rate	X	-	X	-	X	-
	Monitoring and storage of cryopreserved embryos, per 30 days	X	-	X	-	X	-
	Ovulation mgmt per cycle	X	-	Х	-	X	-
	Penile contracture device, manual, greater than 3 lbs traction force	X	_	X	-	X	-
	Nicotine patches, legend	X	-	Х	-	X	-
	Nicotine patches, non-legend	X	-	X	-	X	-
	Contraceptive pills for birth control	X	-	X	-	X	-
	Smoking cessation gum	X	-	X	-	X	-
	Prescription drug, generic	X	-	X	-	X	-
	Prescription drug, brand name	X	-	X	-	X	-
	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	-	Х	-	Х	-	Х
	Home infusion therapy, repair of infusion device (e.g., pump repair)	-	X	-	X	- 1	X
	Day care services, adult, per 15 minutes	Х	-	Х	-	Х	-
	Day care services, adult, per half day	X	-	X	-	X	_

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As of: 12/19/24 Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. S5102 Day care services, adult, per diem Χ Χ Χ _ S5105 Day care services, center based, not incl in program fee, per diem X Χ Χ S5108 Home care training to home care client, per 15 minutes X X Χ \$5109 Home care training to home care client, per 15 minutes per session Χ Χ Χ _ S5110 Home care training, family, per 15 minutes Х Χ Х _ S5111 Home care training, family, per session Χ Χ Χ S5115 Home care training, non-family, per 15 minutes Х Χ Х S5116 Home care training, non-family, per session Χ Χ Χ Χ S5120 Chore services, per 15 minutes Χ _ Χ -S5121 Home care training, family, per diem Χ Χ Х S5125 Attendant care services, per 15 minutes Χ Χ Χ S5126 Attendant care services, per diem Χ Χ Χ -Χ X S5130 Homemaker service, nos. per 15 minutes Х Χ Χ S5131 Homemaker services, nos, per diem Х S5135 Companion care, adult, per 15 minutes X Χ Χ Х S5136 Companion care, adult, per diem Χ Χ S5140 Foster care, adult, per diem Χ Χ Χ S5141 Foster care, adult, per month Χ Χ Χ S5145 Foster care, therapeutic, child, per diem Χ Χ Χ S5146 Foster care, therapeutic, child, per month Χ Χ S5150 Unskilled respite care, not hospice, per 15 minutes Χ Х Χ S5151 Unskilled respite care, not hospice, per diem Χ Χ _ Χ -S5160 Emergency response system, installation and testing Χ Χ Х S5161 Emergency response system, service fee per month Χ Χ Χ S5162 Emergency response system, purchase only Χ Χ Χ -Χ X S5165 Home modifications, per service Χ S5170 Home delivered meals, including preparation, per meal Χ Χ Χ _ S5175 Laundry service, external, professional, per order Χ Χ Χ Χ S5180 Home health respiratory therapy, initial evaluation Х Х Х S5181 Home health respiratory therapy, nos, per diem Χ Χ _ _ S5185 Medication reminder services, no face to face, per month Χ Χ Χ -S5190 Wellness assessment, performed by non-physician Χ Χ Χ \$8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy Χ Χ Χ S8035 Magnetic source imaging Х Х Χ -

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S8040 Topographic brain mapping

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Laı	ge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used						
	when the physician doing the reduction procedure does not perform the ultrasound, guidance is	Х	_	Х	_	×	_
	included in the CPT code for multifetal pregnancy reduction						
	Fluorine-18 fluorodeoxygluco	Х	-	Х	_	Х	-
	Electron beam computed tomog	X	_	X	-	X	_
	Interferential current stimulator, 2 channel	X	_	X	_	X	_
	Interferential current stimulator, 4 channel	X	_	X	-	X	-
	Enuresis alarm, using auditory buzzer and/or vibration device	-	-	X	_	-	-
	Supplies for home delivery of infant	Х	-	X	_	Х	-
	Auricular electrostim	X	_	X	_	X	_
	Equestrian/hippotherapy, per session	X	-	X	_	X	-
	Application of a modality (requiring constant provider attendance) to one or	X	_	X	-	X	_
	Complex lymphedema therapy,	X	_	X	_	X	_
	Physical or manipulative therapy performed for maintenance rather than restoration	X	_	X	-	X	_
	Home uterine monitor with or	X	-	X	_	X	-
	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation						
	device	Х	-	Х	-	X	-
	Ultrafiltration monitor	-	X	_	Х	_	X
	Paranasal sinus ultrasound	Х	-	Х	-	Х	
	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	X	_	X	_	X	
	Procuren or other growth fac	X	_	X	-	X	_
	Coma stimulation per diem	X	_	X	_	X	
	Vertebral axial decompressio	X	_	X	_	X	_
	Home visit for wound care	-	Х	-	Х	-	X
	Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services,						
	blood draw, supplies a	-	X	-	Х	-	X
	Telemonitoring of patient in their home, including all necessary equipment; computer system,						
	connections, and software; maintenance; patient education and support; per	Х	-	Х	-	X	-
	Back school, per visit	-	X**	_	X**	_	X**
	Home health aide or certifie	Х	-	Х	-	Х	-
	Nursing care, in the home; b	-	Х	X	_	-	Х
	Nursing care, in the home; b	_	X	X	_		X
	Respite care, in the home, p	Х	-	X	_	Х	-
	Hospice care, in the home, p	-	Х	-	Х	-	X
	Social work visit, in the ho	_	X**	_	X**	_	X**
	Speech therapy, in the home,	_	X**	_	X**	_	X**
	Occupational therapy, in the		X**		X**	1	X**

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		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Physical therapy, in the home, per diem		X**	Γ.	X**		X**
	Diabetic management program,	X	-	X		X	-
	Diabetic management program,	X	-	X	-	X	<u> </u>
	Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-	X	-	X	<u> </u>
	Evaluation by ocularist	X	-	X	-	X	-
	Speech therapy, re-evaluation		- X**		- X**		X**
		- X	X	- V	Χ	-	
	Delivery or service to high risk areas requiring escort or extra protection, per visit			X	-	X	
	Pharmacy compounding and dispensing services	X	-	X	-	X	-
	Med food non inborn err meta	X	-	X	-	X	-
	Childbirth preparation/lamaze classes, non-physician provider, per session	X	-	X	-	X	-
	Childbirth refresher classes, non-physician provider, per session	X	-	X	-	Х	-
	Cesarean birth classes, non-physician provider, per session	X	-	X	-	Х	-
	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	Х	-	Х	-	Х	-
	Asthma education, non-physician provider, per session	-	-	X	-	-	-
	Birthing classes, non-physician provider, per session	X	-	X	-	Х	-
	Parenting classes, non-physician provider, per session	Х	-	Х	-	Х	-
	Infant safety (including cpr) classes, non-physician provider, per session	X	-	Х	-	Х	-
	Weight management classes, non-physician provider, per session	Х	-	Х	-	Х	-
	Exercise classes, non-physician provider, per session	Х	-	Х	-	X	-
	Smoking cessation classes, non-physician provider, per session	Х	-	Х	-	X	-
	Stress management classes, non-physician provider, per session	Χ	-	Х	-	X	-
	Cardiac rehabilitation progr	X	-	Х	-	X	-
	Pulmonary rehabilitation pro	X	-	Χ	•	X	-
	Enterostomal therapy by a re	Х	-	Х	-	Х	-
S9475	Ambulatory setting substance	-	Х	-	X	-	Χ
S9476	Vestibular rehabilitation program, non-physician provider, per diem	Х	-	Х	-	Х	-
	Intensive outpatient psychia	-	Х	-	Х	-	Χ
S9482	Family stabilization services, per 15 minutes	Х	-	Х	-	Х	-
S9484	Crisis intervention mental health services, per hour	-	Χ	-	Χ	-	Χ
S9485	Crisis intervention mental h	-	Х	-	Х	-	Χ
S9900		V		.,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-	X	-	Х	-
S9901	Christian sci nurse visit	Х	-	Х	-	Х	-
	Air ambulanc nonemerg fixed	X	-	X	-	X	-
	Air ambulan nonemerg rotary	X	-	X	-	X	-
	Health club membership, annual	X	-	X	-	X	-
	Transplant related lodging, meals and transportation, per diem	X	-	X	-	X	-
	Lodging, per diem, not otherwise specified	X	-	X	-	X	-
	needed after certain number of visite. Limit depends on plan/provider type	^					

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^{**}Preauth after 3rd rental month when doesn't met criteria.



As of: 12/19/24

		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these lands are updated quarterly.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Meals, per diem, not otherwise specified	Х	-	Х	_	Х	-
	Medical records copying fee, administrative	X	-	X	_	X	-
	Medical records copying fee, per page	X	-	X	-	X	-
	Not medically necessary service (patient is aware that service not medically necessary)	X	-	Х	-	X	-
S9989	Services provided outside of the united states of america (list in addition to code(s) for service(s)	Х	-	Х	-	X	-
	Transportation costs to and	Х	-	Х	-	Х	-
	Lodging costs (e.g. hotel ch	X	-	X	-	X	-
	Meals for clinical trial par	X	-	X	-	X	-
	Sales tax	Х	-	Х	-	Х	-
	Private duty/independent nursing service(s) - licensed, up to 15 minutes	-	Х	Х	-	-	Х
	Nursing assessment/evaluation	-	Х	Х	-	-	Х
	Rn services, up to 15 minutes	-	Х	Х	-	-	Х
	Lpn/lvn services, up to 15 minutes	-	Х	Х	-	-	Х
T1004	Services of a qualified nursing aide, up to 15 minutes	Х	-	Х	-	Х	-
T1005	Respite care services, up to 15 minutes	Х	-	Х	-	Х	-
	Alcohol and/or substance abuse services, family/couple counseling	Х	-	Х	-	Х	-
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Х	-	Х	-	Х	-
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Х	-	Х	-	Х	-
	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Х	-	Х	-	Х	-
T1012	Alcohol and/or substance abuse services, skills development	Х	-	Х	-	Х	-
	Sign language or oral interpreter services	X	_	Х	-	X	-
	Telehealth transmission, per minute, professional services bill separately	Х	_	Х	-	Х	-
	Clinic visit/encounter, all-inclusive	X	-	Х	-	X	-
	Case management, each 15 minutes	Х	-	Х	-	Х	-
	Targeted case management, each 15 minutes	Х	-	Х	-	Х	-
	School-based individualized education program (iep) services, bundled	Х	-	Х	-	Х	-
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	Х	-	Х	-	Х	-
T1020	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-	Х	-	Х	-
	Home health aide or certified nurse assistant, per visit	Х	-	Х	-	Х	-
	Contracted home health agency services, all services provided under contract,per day	X	_	X	-	X	_
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, pr	X	-	X	-	X	-

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9	neatti	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely	Х	-	Х	-	Х	-
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-	Х	-	Х	-
	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-	Х	-	Х	-
	Family training and counseling for child development, per 15 minutes	Х	_	Х	_	Х	-
	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	Х	-	Х	-	X	-
T1029	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	Х	-	Х	-	Х	-
	Nursing care, in the home, by registered nurse, per diem	_	Х	-	Х	_	Х
	Nursing care, in the home, by licensed practical nurse, per diem	_	X	-	X	_	X
	Services performed by a doula birth worker, per 15 minutes	Х	-	Х	-	Х	-
	Services performed by a doula birth worker, per diem	X	_	X	_	X	_
	Comm bh clinic svc per diem	X	_	X	_	X	-
	Comm bh clinic svc per month	X	_	X	_	X	-
	Elec med comp dev, noc	X	-	Х	-	X	-
	Non-emergency transportation; patient attendant/escort	Х	-	Х	-	Х	-
	Non-emergency transportation; per diem	Х	-	Х	-	Х	-
	Non-emergency transportation; encounter/trip	Х	-	Х	-	Х	-
	Non-emergency transport; commercial carrier, multi-pass	Х	-	Х	-	Х	-
	Non-emergency transportation; non-ambulatory stretcher van	Х	-	Х	-	Х	-
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	Х	-	Х	-	Х	-
T2010	Preadmission screening and resident review (pasrr) level i id screening, per screen	Х	-	Х	-	Х	-
	Preadmission screening and resident review (pasrr) level ii eval, per eval	Х	-	Х	-	Х	-
	Habilitation, educational; waiver, per diem	Х	-	Х	-	Х	-
	Habilitation, educational, waiver; per hour	X	-	Х	-	X	-
	Habilitation, prevocational, waiver; per diem	X	-	Х	-	X	-
	Habilitation, prevocational, waiver; per hour	Х	-	Х	-	Х	-
	Habilitation, residential, waiver; per diem	Х	-	Х	-	Х	-
	Habilitation, residential, waiver; 15 minutes	Х	-	Х	-	Х	-
	Habilitation, supported employment, waiver; per diem	Х	-	Х	-	Х	-
	Habilitation, supported employment, waiver; per 15 minutes	Х	-	Х	-	Х	-
	Day habilitation, waiver; per diem	Х	-	Х	-	Х	-
T2021	Day habilitation, waiver; per 15 minutes	Х	-	Х	-	Х	-
	Case management, per month	Х	-	Х	-	Х	-

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		Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Targeted case management; per month	Х	I _	Х	_	Х	
	Service assessment/plan of care development, waiver	X		X	-	X	<u>-</u>
	Waiver services; not otherwise specified (nos)	X	-	X	-	X	-
	Specialized childcare, waiver; per diem	X	-	X		X	
	Specialized childcare, waiver, per diem Specialized childcare, waiver; per 15 minutes	X	-	X	-	X	<u> </u>
	Specialized childcare, waiver, per 13 minutes Specialized supply, not otherwise specified, waiver		-	X	-	X	
	Specialized supply, not otherwise specified, waiver Specialized medical equipment, not otherwise specified, waiver	X	-	X	-	X	<u> </u>
			-		-		-
	Assisted living, waiver; per month	X	-	X	-	X	-
	Assisted living; waiver, per diem	X	-	X	-	X	-
	Residential care, not otherwise specified (nos), waiver; per month	X	-	X	-	X	-
	Residential care, not otherwise specified (nos), waiver; per diem	X	-	X	-	X	-
	Crisis intervention, waiver; per diem	X	-	X	-	X	-
	Utility services to support medical equipment and assistive technology/devices, waiver	X	-	X	-	Х	-
	Therapeutic camping, overnight, waiver; each session	X	-	X	-	Х	-
	Therapeutic camping, day, waiver; each session	Х	-	X	-	Х	-
	Community transition, waiver; per service	Х	-	Х	-	Х	-
	Vehicle modifications, waiver; per service	X	-	X	-	Х	-
	Financial management, self-directed, waiver; per 15 minutes	Χ	-	Х	-	Χ	-
	Supports brokerage, self-directed, waiver; per 15 minutes	X	-	Χ	-	X	-
	Hospice routine home care; per diem	-	Х	-	X	-	X
	Hospice continuous home care; per hour	-	X	-	X	-	Χ
	Hospice inpatient respite care; per diem	X	-	Х	-	X	-
	Hospice general inpatient care; per diem	-	X	-	Х	-	X
	Hospice long term care, room and board only; per diem	X	-	Χ	-	X	-
	Hab prevo waiver per 15	X	-	Χ	-	Χ	-
72048	Behavioral health; long-term care residential (non-acute care in a residential program, per diem	Х	-	Х	-	Х	-
2049	Non-emergency transportation; stretcher van, mileage; per mile	Χ	-	Χ	-	X	-
	Financial mgt waiver/diem	Χ	-	Χ	-	X	-
	Support broker waiver/diem	X	-	Χ	-	X	-
	Adult size brief/diaper sm	Χ	-	Χ	-	Х	-
	Adult size brief/diaper med	Х	-	Х	-	Х	-
4523	Adult size brief/diaper Ig	Х	-	Х	-	Х	-
	Adult size brief/diaper xl	Х	-	Х	-	Х	-
	Adult size pull-on sm	Х	-	Х	-	Х	-
	Adult size pull-on med	Х	-	Х	-	Х	-
	Adult size pull-on lg	Х	-	Х	-	Х	-
	Adult size pull-on xl	X	-	X	_	X	_

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Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits T4529 Ped size brief/diaper sm/med Χ Χ Χ _ T4530 Ped size brief/diaper lq X Χ Χ _ T4531 Ped size pull-on sm/med Χ Χ Χ T4532 Ped size pull-on lg Χ Χ Χ T4533 Youth size brief/diaper Х Χ X T4534 Youth size pull-on Χ Χ Χ T4535 Disposable liner/shield/pad Х Χ Х T4536 Reusable pull-on any size Χ Х Χ Χ Χ Χ T4537 Reusable underpad bed size --T4538 Diaper serv reusable diaper X Χ Χ T4539 Reuse diaper/brief any size Χ Χ Χ T4540 Reusable underpad chair size Χ Χ Χ _ -Х Χ X T4541 Large disposable underpad T4542 Small disposable underpad Χ Χ Χ _ T4543 Disposable incontinence product, brief/diaper, bariatric, each X Χ Χ -Χ Χ T4544 Adlt disp und/pull on aby xl Χ T4545 Incontinence product, disposable, penile wrap, each Χ Χ Χ _ T5001 Positioning seat for persons with special orthopedic needs, for use in vehicles Χ Χ Χ V2020 Vision svcs frames purchases Χ Χ Χ V2025 Eyeglasses delux frames Χ Χ Х V2100 Lens spher single plano 4.00 Χ V2101 Single visn sphere 4.12-7.00 Χ -_ --V2102 Singl visn sphere 7.12-20.00 Χ V2103 Spherocylindr 4.00d/12-2.00d Χ V2104 Spherocylindr 4.00d/2.12-4d Χ _ _ --V2105 Spherocylinder 4.00d/4.25-6d Χ V2106 Spherocylinder 4.00d/>6.00d Χ _ _ _ V2107 Spherocylinder 4.25d/12-2d Χ V2108 Spherocylinder 4.25d/2.12-4d Χ V2109 Spherocylinder 4.25d/4.25-6d Χ _ _ _ _ V2110 Spherocylinder 4.25d/over 6d X V2111 Spherocylindr 7.25d/.25-2.25 Χ _ _ _ V2112 Spherocylindr 7.25d/2.25-4d Χ V2113 Spherocylindr 7.25d/4.25-6d Χ _ V2114 Spherocylinder over 12.00d Χ _ _ _ _ V2115 Lens lenticular bifocal Χ V2118 Lens aniseikonic single Χ V2121 Lenticular lens, per lens, single Χ

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As of: 12/19/24

	nealui	Large Employer		Individual Benchmark*		Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
	Lens spher bifoc plano 4.00d	Х	-	-	-	- 1	-
	Lens sphere bifocal 4.12-7.0	X	-	-	_	_	-
	Lens sphere bifocal 7.12-20.	X	_	-	-	-	-
	Lens sphcyl bifocal 4.00d/.1	Х	_	-	-	-	-
	Lens sphcy bifocal 4.00d/2.1	X	-	-	-	-	-
	Lens sphcy bifocal 4.00d/4.2	Х	_	-	-	-	-
	Lens sphcy bifocal 4.00d/ove	X	-	-	-	-	-
	Lens sphcy bifocal 4.25-7d/.	Х	-	-	-	-	-
	Lens sphcy bifocal 4.25-7/2.	Х	-	-	-	- 1	-
	Lens sphcy bifocal 4.25-7/4.	Х	-	-	-	-	-
	Lens sphcy bifocal 4.25-7/ov	Х	-	-	-	-	-
	Lens sphcy bifo 7.25-12/.25-	Х	-	-	-	-	-
	Lens sphcyl bifo 7.25-12/2.2	Х	-	-	-	-	-
	Lens sphcyl bifo 7.25-12/4.2	Х	-	-	-	-	-
	Lens sphcyl bifocal over 12.	Х	-	-	-	- 1	-
V2215	Lens lenticular bifocal	Х	-	-	-	-	-
	Lens aniseikonic bifocal	Х	-	-	-	-	-
V2219	Lens bifocal seg width over	Х	-	-	-	-	-
	Lens bifocal add over 3.25d	Х	-	-	-	-	-
V2221	Lenticular lens, per lens, bifocal	Х	-	-	-	-	-
V2299	Lens bifocal speciality	Х	-	-	-	-	-
	Lens sphere trifocal 4.00d	Х	-	-	-	-	-
V2301	Lens sphere trifocal 4.12-7.	Х	-	-	-	-	-
V2302	Lens sphere trifocal 7.12-20	Х	-	-	-	-	-
V2303	Lens sphcy trifocal 4.0/.12-	Х	-	-	-	-	-
V2304	Lens sphcy trifocal 4.0/2.25	Χ	-	-	-	-	-
V2305	Lens sphcy trifocal 4.0/4.25	Χ	-	-	-	-	-
V2306	Lens sphcyl trifocal 4.00/>6	Χ	-	-	-	-	-
V2307	Lens sphcy trifocal 4.25-7/.	Χ	-	-	-	-	-
	Lens sphc trifocal 4.25-7/2.	Χ	-	-	-	-	-
	Lens sphc trifocal 4.25-7/4.	Χ	-	-	•	-	-
	Lens sphc trifocal 4.25-7/>6	Χ	-	-	-	-	-
	Lens sphc trifo 7.25-12/.25-	Χ	-	-	•	-	-
	Lens sphc trifo 7.25-12/2.25	Χ	-	-	-	-	-
V2313	Lens sphc trifo 7.25-12/4.25	Χ	-	-	-	-	-
V2314	Lens sphcyl trifocal over 12	Х	-	-	-		-
	Lens lenticular trifocal	Χ	-	-	-	-	-
V2318	Lens aniseikonic trifocal	Χ	-	-	-	-	-

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nealth .	Lar	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
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Plan coverage limited to ACA 10 essential health benefits.							
V2319 Lens trifocal seg width > 28	X	-	-	-	-	-	
V2320 Lens trifocal add over 3.25d	X	-	-	-	- 1	-	
V2321 Lenticular lens, per lens, trifocal	Х	-	-	-	-	-	
V2399 Lens trifocal speciality	Х	-	Х	-	Х	-	
V2410 Lens variab asphericity sing	X	-	Х	-	Х	-	
V2430 Lens variable asphericity bi	X	-	Х	-	Х	-	
V2499 Variable asphericity lens	X	-	Х	-	Х	-	
/2524 Cntct lens hydrophil photoch	X	-	Х	-	Х	-	
/2526 Contact lens, hydrophilic, with blue-violet filter, per lens	Х	-	Х	-	Х	-	
V2600 Hand held low vision aids	X	-	Х	-	Х	-	
/2610 Single lens spectacle mount	X	-	Х	-	Х	-	
/2615 Telescop/othr compound lens	X	-	Х	-	Х	-	
/2628 Fabrication & fitting	-	-	Х	-	-	-	
/2700 Balance lens	X	-	-	-	-	-	
/2702 Deluxe lens feature	-	-	Х	-	Х	-	
/2710 Glass/plastic slab off prism	X	-	-	-	-	-	
/2715 Prism lens/es	X	-	-	-	-	-	
/2718 Fresnell prism press-on lens	X	-	Χ	-	Х	-	
/2730 Special base curve	X	-	-	-	-	-	
/2744 Tint photochromatic lens/es	X	-	Х	-	Х	-	
/2745 Addition to lens, tint, any color, solid, gradient or equal, excludes photocroatic	X	-	Х	-	Х	-	
/2750 Anti-reflective coating	X	-	Х	-	X	-	
/2755 Uv lens/es	X	-	Х	-	X	-	
/2756 Eye glass case	X	-	Х	-	X	-	
/2760 Scratch resistant coating	X	-	Х	-	Х	-	
/2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-	Х	-	X	-	
/2762 Polarization, any lens material, per lens	X	-	Х	-	Х	-	
/2770 Occluder lens/es	X	-	Х	-	X	-	
/2780 Oversize lens/es	X	-	Х	-	Х	-	
/2781 Progressive lens per lens	Х	-	Х	-	Х	-	
/2782 Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, pe		-	Х	-	X	-	
/2783 Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 (-	Х	-	Х	-	
/2784 Lens, polycarbonate or equal, any index, per lens	Х	-	Х	-	X	-	
/2786 Specialty occupational multifocal lens, per lens	Х	-	Х	-	Х	-	
/2787 Astigmatism correcting function of intraocular lens	X	-	Х	-	Х	-	
/2788 Presbyopia correcting function of intraocular lens	Х	-	Х	-	Х	-	
2797 Vision supply, accessory and/or service component of another hcpcs vision code	X	-	Х	-	X	-	
/2799 Miscellaneous vision service	-	-	Х	-	-	-	

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As of: 12/19/24

Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specific to the Pharmacy link option within the website. *Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specific to the Pharmacy link option within the website. **V5010** V5010** Assessment for hearing aid X - X - X V5011** Hearing aid fitting/checking X - X - X V5014** Hearing aid repair/modifying X - X - X V5020** Conformity evaluation X - X - X V5030** Body-worn hearing aid air X - X - X V5040** Body-worn hearing aid bone X - X - X V5050** Hearing aid monaural in ear X - X - X V5060** Behind ear hearing aid	Required
directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits. V5010 Assessment for hearing aid X - X - X V5011 Hearing aid fitting/checking X - X - X V5014 Hearing aid repair/modifying X - X - X V5020 Conformity evaluation X - X - X V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear	- - - - -
*Plan coverage limited to ACA 10 essential health benefits. V5010 Assessment for hearing aid X - X - X V5011 Hearing aid fitting/checking X - X - X V5014 Hearing aid repair/modifying X - X - X V5020 Conformity evaluation X - X - X V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	- - - -
V5010 Assessment for hearing aid X - X V5011 Hearing aid fitting/checking X - X - X V5014 Hearing aid repair/modifying X - X - X V5020 Conformity evaluation X - X - X V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	- - - -
V5011 Hearing aid fitting/checking X - X - X V5014 Hearing aid repair/modifying X - X - X V5020 Conformity evaluation X - X - X V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	- - - -
V5014 Hearing aid repair/modifying X - X - X V5020 Conformity evaluation X - X - X V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	-
V5020 Conformity evaluation X - X - X V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	-
V5030 Body-worn hearing aid air X - X - X V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	-
V5040 Body-worn hearing aid bone X - X - X V5050 Hearing aid monaural in ear X - X - X	-
V5050 Hearing aid monaural in ear X - X - X	-
V0000 Borning and	_
V5070 Glasses air conduction X - X - X	-
V5080 Glasses bone conduction X - X - X	-
V5090 Hearing aid dispensing fee	-
V5095 Semi-implantable middle ear hearing prosthesis X - X - X	
V5100 Body-worn bilat hearing aid X - X - X	_
V5110 Hearing aid dispensing fee	-
V5120 Body-worn binaur hearing aid X - X - X	-
V5130 In ear binaural hearing aid X - X - X	-
V5140 Behind ear binaur hearing ai X - X - X	-
V5150 Glasses binaural hearing aid X - X - X	-
V5160 Dispensing fee binaural X - X - X	-
V5171 Hearing aid, contralateral routing device, monaural, in the ear (ite) X - X	-
V5172 Hearing aid, contralateral routing device, monaural, in the canal (itc) X - X	-
V5181 Hearing aid, contralateral routing device, monaural, behind the ear (bte) X - X	-
V5190 Glasses cros hearing aid X - X - X	-
V5200 Cros hearing aid dispens fee X - X - X	-
V5211 Hearing aid, contralateral routing system, binaural, ite/ite X - X - X	-
V5212 Hearing aid, contralateral routing system, binaural, ite/itc X - X - X	-
V5213 Hearing aid, contralateral routing system, binaural, ite/bte X - X - X	-
V5214 Hearing aid, contralateral routing system, binaural, itc/itc X - X - X	-
V5215 Hearing aid, contralateral routing system, binaural, itc/bte X - X - X	-
V5221 Hearing aid, contralateral routing system, binaural, bte/bte X - X - X	-
V5230 Glasses bicros hearing aid X - X - X	-
V5240 Dispensing fee bicros X - X	-
V5241 Dispensing fee, monaural healing aid, any type X - X - X	-
V5242 Hearing aid, analog, monaural, cic (completely in the ear canal) X - X	-
V5243 Hearing aid, analog, monaural, itc (in the canal) X - X - X	-
V5244 Hearing aid, digitally programmable analog, monaural, cic X - X - X	-
V5245 Hearing aid, digitally programmable analog, monaural, itc X - X - X	-
V5246 Hearing aid, digitally programmable analog, monaural, ite (in the ear) X - X	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

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Select Health COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH As of: 12/19/24 Individual Benchmark* Large Employer Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website Plan coverage limited to ACA 10 essential health benefits. V5247 Hearing aid, digitally programmable analog, monaural, bte (behind the ear) Χ Χ Χ _ V5248 Hearing aid, analog, binaural, cic X Χ Χ _ Χ Χ V5249 Hearing aid, analog, binaural, itc Χ V5250 Hearing aid, digitally programmable analog, binaural, cic Χ Χ Χ V5251 Hearing aid, digitally programmable analog, binaural, itc Χ Χ Χ V5252 Hearing aid, digitally programmable binaural, ite Χ Χ Χ V5253 Hearing aid, digitally programmable binaural, bte Х Χ Х V5254 Hearing aid, digital, monaural, cic Χ Χ Χ V5255 Hearing aid, digital, monaural, itc Χ Χ _ Χ -V5256 Hearing aid, digital, monaural, ite Χ Χ Х V5257 Hearing aid, digital, monaural, bte Χ Χ Χ V5258 Hearing aid, digital, binaural, cic Χ Χ Χ -Χ X V5259 Hearing aid, digital, binaural, itc Х V5260 Hearing aid, digital, binaural, ite Χ Χ Χ V5261 Hearing aid, digital, binaural, bte X Χ Χ Х V5262 Hearing aid, disposable, and type, monaural Χ Χ V5263 Hearing aid, disposable, and type, binaural Χ Χ Χ _ V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE Χ V5265 EAR MOLD/INSERT, DISPOSABLE, ANYTYPE Χ V5266 Battery for use in hearing device Χ Χ Х V5267 Hearing aid supplies/accessories Χ Х Χ V5268 Assistive listening device, telephone amplifier, any type Χ Χ _ Χ -V5269 Assistive listening device, alerting, any type Χ Χ Х V5270 Assistive listening device, television amplifier, any type Χ Χ Χ Assistive listening device, television caption decoder Χ Χ Χ -Χ X Assistive listening device, tdd Х V5273 Assistive listening device, for use with cochlear implant Χ Χ Χ V5274 Assistive listening devise, not otherwise specified Χ Χ Χ V5275 Ear impression, each Χ Χ Х V5281 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, Χ Χ Χ microphone), any type Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, V5282 Χ Χ Χ microphone), any type Assistive listening device, personal fm/dm neck, loop induction receiver Χ Х X V5284 Assistive listening device, personal fm/dm, ear level receiver Χ Χ Χ V5285 Assistive listening device, personal fm/dm, direct audio input receiver Χ Χ Х

Χ

Χ

V5287 Assistive listening device, personal fm/dm receiver, not otherwise specified

V5286 Assistive listening device, personal blue tooth fm/dm receiver

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^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



Large Employer Individual Benchmark* Small Employer and Individual Codes Description Not Preauthorization Not Preauthorization Preauthorization Not Covered Covered Required Covered Required Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits. V5288 Assistive listening device, personal fm/dm transmitter assistive listening device Χ Χ Χ --V5289 Χ Χ Χ Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type V5290 Assistive listening device, transmitter microphone, any type Χ Χ Χ Χ Х V5298 Hearing aid, not otherwise classified Χ Χ V5362 Speech screening Х Χ V5363 Language screening Χ Χ Χ V5364 Dysphagia screening Χ **END OF DATA**

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria. ©2023 Select Health. All rights reserved. 2197751 09/23