Parkland Community Health Plan

Prior Authorization Policy Summaries

Medical Service Category	Prior Authorization Policy
General Statement:	Prior Authorization is required for all NON-Participating Provider request. Prior Authorization is required for all service request over benefit limitations within the Texas Medicaid Provider Procedures Manual.
Applied Behavior Analysis (ABA)	Prior authorization is required for ABA evaluation, initial course of treatment, and subsequent re-evaluations for recertification. ~Inpatient
Ambulance Services	Prior authorization is not required for emergency ambulance transport (air, ground, water) when the client has an emergency medical condition. Facility-to-facility transport may be considered an emergency if emergency treatment is not available at the first facility and the client still requires emergency care. Prior authorization is required for the following: ~Emergency out-of-state ambulance transport except for providers located within 200 miles of the Texas border. ~Non-emergency ambulance transport. ~Non-emergency, non-ambulance transport.
Behavioral Health Services	The following BH services require prior authorization: ~Inpatient ~Residential ~Partial Hospitalization ~Intensive Outpatient ~OP and Residential Withdrawal Management ~Coordinated Specialty Care ~Crisis Stabilization Prior Authorization is required for all NON-Participating Provider request, except for emergency services Prior Authorization is required for all service requests over benefit limitations within the Texas Medicaid Provider Procedures Manual Prior Authorizaton is required for Mental Health Rehabilitiation and Targeted Case Management utilizaton over the benefit limitations noted in PCHP's BH Provider Orientation found at https://providers.parklandhealthplan.com/our-network/manual/ Prior Authorization is NOT required for emergency services
Children's Services	Prior authorization is required for Prescribed Pediatric Extended Care Center (PPECC) Services.
Children's Services Comprehensive Care Program (CCP)	Some health-care services that usually would not be covered under Medicaid may be available to CCP-eligible clients who are birth through 20 years of age. ~CCP benefits are allowable services not currently covered under Texas Medicaid (e.g., speechlanguage pathology [SLP] services for nonacute conditions, PDN, prosthetics, orthotics, apnea monitors and some DME, some specific medical nutritional products, medical nutrition services, inpatient rehabilitation, travel strollers, and special needs car seats). CCP benefits also include expanded coverage of current Texas Medicaid services where services are subject to limitations (e.g., diagnosis restrictions for total parenteral nutrition [TPN] or diagnosis restrictions for attendant care services).
Cosmetic Procedures	The following services when performed for cosmetic purposes are not a benefit of Texas Medicaid: ~Collagen injections ~Commercial or “decorative” tattooing ~Reduction mammaplasty for cosmetic purposes ~Augmentation mammaplasty to increase breast size ~Mastectomy for a diagnosis of fibrocystic disease in the absence of documented risk factors ~Joint Sclerotherapy ~Treatment of flat foot ~Vulvectomy The following cosmetic services are benefits of Texas Medicaid with prior authorization: ~Bariatric surgery ~Blepharoplasty procedures **~Circumcision (over 12 months of age)** ~Dermabrasion and chemical peel procedures ~Unlisted breast procedure code 19499 Comprehensive Care Program (CCP): For members that are 17 years of age or younger, prior authorization is required for the following cosmetic services: ~Breast reconstruction services ~Mastectomy and partial mastectomy For male members that are 20 years of age or younger, prior authorization is required for the following cosmetic services: ~Mastectomy for Pubertal Gynecomastia
Dental / Oral Maxillofacial / Craniofacial	Prior authorization is required for the following services: ~Craniofacial prostheses ~Orthognathic surgery ~Dental services for members 21 years of age and older when their dental condition is causally related to a life-threatening medical condition

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Durable Medical Equipment	Prior authorization is required for the following durable medical equipment, prosthetics, orthotics, supplies, and related services: ~Durable medical equipment and related, necessary accessories where the purchase amount exceeds $5,000.00. Single use items do not require prior authorization unless the total purchase amount of all items for the request exceeds $5,000.00 ~Prosthetic and orthotic equipment and related, necessary accessories where the purchase amount exceeds $5,000.00 ~DME modifications and adjustments needed more than six-months after the purchase date. ~DME equipment repairs. ~DME rentals whose total rental cost for the duration of the rental period exceeds $5,000 or whose total rental cost exceeds 75% of the equipment purchase price. ~ Any DME services/items that are beyond TMPPM quantity limitations
Hearing Aid Services	Prior authorization is required for most hearing aid services, devices and other related accessories. ***Note: see the consolidated medical codes for more information.***
Home Health Services	Prior authorization is required for the following services: ~Home Health Aid services / personal Care Assistant ~Skilled Nursing ~Private Duty Nursing ~In-home certified respiratory care practitioner services ~ Rehabilitation / physical, occupational, speech therapy
Hospital (Inpatient Services)	Prior authorization is required for all elective admissions to an acute care hospital for inpatient services. Non-elective inpatient admissions require health plan notification within 1 business day and authorization for all services. Inpatient hospital services must be medically necessary and are subject to utilization review requirements. *Comprehensive Care Program (CCP):* *The above prior authorization policies apply to CCP members with the exception of inpatient rehabilitation services; these services may be provided at a freestanding rehabilitation facility with prior authorization.*
Hospital (All Outpatient Services)	Outpatient hospital, Federally Qualified Health Center, and Ambulatory Surgical Center services require prior authorization when the primary procedure requires prior authorization.
Lab Services – Genetic Testing	Prior authorization is required for some genetic testing services. Please refer to the consolidated medical codes for more information. ***Note: prior authorization is not required for genetic counseling services performed by a geneticist.***
Medical Injectables	Clinician-administered drugs (CADs), also known as physician-administered drugs, are injectable medications given in an office or outpatient clinic setting when oral medications are not appropriate. Prior authorization is required for all CADs. **The codes listed are not an exhausted list of all CADs.** In addition, prior authorization is required for some medical injectables regardless of place of service. ***Note: see the list of consolidated medical codes for more information.***
Radiology, Imaging, and X-Rays	Prior authorization is required for the following radiology and imaging services: ~Cardiac nuclear imaging ~Computed tomography (CT) / Computed tomography angiography (CTA) / Single photon emission computed tomography (SPECT) ~Magnetic resonance angiography (MRA) ~Magnetic resonance imaging (MRI) / Functional MRI (fMRI) ~Positron emission tomography (PET) scan imaging ~Magnetic resonance spectroscopy, magnetic resonance elastography ~Magnetic resonance cholangiopancreatography (MRCP) ~Opthalmic ultrasounds and Scanning Computerized Ophthalmic Diagnostic Imaging beyond the member's benefit limitation

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Specialty Physician Services	Prior authorization is required for all **non-urgent, out-of-network** specialty physician services. The following non-urgent, in-network, specialty physician services require prior authorization: ~Abdominoplasty ~Allergy immunotherapy (only beyond benefit limitations) ~Allergy testing procedure code 95199 ~Augmentation mammaplasty ~Biofeedback services ~Breast reconstruction for members who are 17 years of age or younger (including tattooing to correct color defects of the skin) ~Cardiac rehabilitation (only beyond 36 sessions) ~Collagen skin testing procedure code Q3031 ~Collagen skin testing procedure codes 86001, 86003, and 86005 (only beyond benefit limitations) ~Continuous Glucose Monitoring (CGM) procedure codes 95250 and 95251 (limited to once per 12 calendar months) **~Dermatological skin procedures (please refer to the consolidated medical codes for more information)** ~Electrocardiograms (only beyond more than six in a rolling 12-month period) ~Esophageal pH probe testing (only beyond more than two services in a rolling 12-month period) **~Fetal surgery (procedure codes 59072, S2401, S2402, S2403, S2404, S2405, S2409, S2411)** ~Home delivery by a Certified Nurse Midwife ~Hyperbaric Oxygen Therapy (HOT) ~Insertion of cochlear implant device (procedure code 69930) ~Insertion of testicular prosthesis for the replacement of congenitally absent testes or testes lost due to disease, injury, or surgery for members who are 20 years of age and younger (procedure code 54660) ~Mastectomy and partial mastectomy for members who are 17 years of age and younger (limited to 1 service per breast per lifetime) ~Mastectomy for pubertal gynecomastia for male members who are 20 years of age and youngers ~Nerve conduction studies beyond a member's benefit limitations for each procedure ~Neurostimulators and Neuromuscular Stimulation (e.g., NMES, Diaphragm-Pacing, Dorsal Column, GES, Intracranial, pelvic floor, PENS, SNS, VNS) (continue to next page)
Specialty Physician Services	The following non-urgent, in-network, specialty physician services require prior authorization: ~Pharmacogenetic testing procedure code 81225, 81227, and 81226 ~Panniculectomy ~Prostatic Urethral Lift (PUL) add on procedure code 52442 utilizing more than 6 implants ~Assistant surgeons for holmium laser procedures of the prostate, procedure code 52649 ~Reduction mammaplasty (procedure code 19318) ~Stereotactic Radiosurgery ~Therapeutic Radiopharmaceutical procedure codes A9542, A9543, A9513 ~Vulvectomy ~Wound debridement ~Unlisted breast procedure code 19499
Therapies	Prior authorization is required for all outpatient physical, occupational, or speech therapy (PT, OT, ST) services when submitted by an in-network provider with the exception of the following: ~Initial evaluation ~Re-certification/Re-evaluation **Out-of-network** providers are required to submit a prior authorization request for all PT, OT, and ST services including initial evaluation and re-evaluations.
Transplant Services	Prior authorization is required for all organ/tissue transplant services (e.g., bone marrow, peripheral stem cell, heart, intestine, lung, liver, kidney, or pancreas) including pre-operative procedures (3 days before) and post-operative procedures (6 weeks after). Additionally, if the organ or tissue is rejected, the re-transplant procedures require prior authorization. ***Note: Renal dialysis required during the transplant window must be included in the prior authorization request.***

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
A0021	Ambulance Services	Ambulance service, outside state per mile, transport (Medicaid only)	See Appendix A	4/1/2021	12/8/2025	
A0080	Ambulance Services	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	See Appendix A	4/1/2021	12/8/2025	
A0090	Ambulance Services	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor), with vested interest	See Appendix A	4/1/2021	12/8/2025	
A0100	Ambulance Services	Nonemergency transportation; taxi	See Appendix A	4/1/2021	12/8/2025	
A0110	Ambulance Services	Nonemergency transportation and bus, intra- or interstate carrier	See Appendix A	4/1/2021	12/8/2025	
A0120	Ambulance Services	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	See Appendix A	4/1/2021	12/8/2025	
A0130	Ambulance Services	Nonemergency transportation: wheelchair van	See Appendix A	4/1/2021	12/8/2025	
A0140	Ambulance Services	Nonemergency transportation and air travel (private or commercial) intra- or interstate	See Appendix A	4/1/2021	12/8/2025	
A0160	Ambulance Services	Nonemergency transportation: per mile - caseworker or social worker	See Appendix A	4/1/2021	12/8/2025	
A0170	Ambulance Services	Transportation ancillary: parking fees, tolls, other	See Appendix A	4/1/2021	12/8/2025	
A0180	Ambulance Services	Nonemergency transportation: ancillary: lodging-recipient	See Appendix A	4/1/2021	12/8/2025	
A0190	Ambulance Services	Nonemergency transportation: ancillary: meals, recipient	See Appendix A	4/1/2021	12/8/2025	
A0200	Ambulance Services	Nonemergency transportation: ancillary: lodging, escort	See Appendix A	4/1/2021	12/8/2025	
A0210	Ambulance Services	Nonemergency transportation: ancillary: meals, escort	See Appendix A	4/1/2021	12/8/2025	
A0225	Ambulance Services	Ambulance service, outside state per mile, transport (Medicaid only)	See Appendix A	4/1/2021	12/8/2025	
A0380	Ambulance Services	BLS mileage (per mile)	See Appendix A	4/1/2021	12/8/2025	
A0382	Ambulance Services	BLS routine disposable supplies	See Appendix A	4/1/2021	12/8/2025	
A0384	Ambulance Services	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	See Appendix A	4/1/2021	12/8/2025	
A0390	Ambulance Services	ALS mileage (per mile)	See Appendix A	4/1/2021	12/8/2025	
A0392	Ambulance Services	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	See Appendix A	4/1/2021	12/8/2025	
A0394	Ambulance Services	ALS specialized service disposable supplies; IV drug therapy	See Appendix A	4/1/2021	12/8/2025	
A0396	Ambulance Services	ALS specialized service disposable supplies; esophageal intubation	See Appendix A	4/1/2021	12/8/2025	
A0398	Ambulance Services	ALS routine disposable supplies	See Appendix A	4/1/2021	12/8/2025	
A0420	Ambulance Services	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	See Appendix A	4/1/2021	12/8/2025	
A0422	Ambulance Services	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	See Appendix A	4/1/2021	12/8/2025	
A0424	Ambulance Services	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	See Appendix A	4/1/2021	12/8/2025	
A0425	Ambulance Services	Ground mileage, per statute mile	See Appendix A	4/1/2021	12/8/2025	
A0426	Ambulance Services	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	See Appendix A	4/1/2021	12/8/2025	
A0428	Ambulance Services	Ambulance service, basic life support, nonemergency transport, (BLS)	See Appendix A	4/1/2021	12/8/2025	
A0430	Ambulance Services	Ambulance service, conventional air services, transport, one way (fixed wing)	See Appendix A	4/1/2021	12/8/2025	
A0431	Ambulance Services	Ambulance service, conventional air services, transport, one way (rotary wing)	See Appendix A	4/1/2021	12/8/2025	
A0432	Ambulance Services	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	See Appendix A	4/1/2021	12/8/2025	
A0433	Ambulance Services	Advanced life support, level 2 (ALS 2)	See Appendix A	4/1/2021	12/8/2025	
A0434	Ambulance Services	Specialty care transport (SCT)	See Appendix A	4/1/2021	12/8/2025	
A0435	Ambulance Services	Fixed wing air mileage, per statute mile	See Appendix A	4/1/2021	12/8/2025	
A0436	Ambulance Services	Rotary wing air mileage, per statute mile	See Appendix A	4/1/2021	12/8/2025	
A0888	Ambulance Services	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	See Appendix A	4/1/2021	12/8/2025	
A0998	Ambulance Services	Ambulance response and treatment, no transport	See Appendix A	4/1/2021	12/8/2025	

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A0999	Ambulance Services	Unlisted ambulance service	See Appendix A	4/1/2021	12/8/2025	
S9960	Ambulance Services	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	See Appendix A	4/1/2021	12/8/2025	
S9961	Ambulance Services	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	See Appendix A	4/1/2021	12/8/2025	
T2001	Ambulance Services	Nonemergency transportation; patient attendant/escort	See Appendix A	4/1/2021	12/8/2025	
T2002	Ambulance Services	Nonemergency transportation; per diem	See Appendix A	4/1/2021	12/8/2025	
T2003	Ambulance Services	Nonemergency transportation; encounter/trip	See Appendix A	4/1/2021	12/8/2025	
T2004	Ambulance Services	Nonemergency transport; commercial carrier, multipass	See Appendix A	4/1/2021	12/8/2025	
T2005	Ambulance Services	Nonemergency transportation; stretcher van	See Appendix A	4/1/2021	12/8/2025	
T2007	Ambulance Services	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	See Appendix A	4/1/2021	12/8/2025	
97151	Applied Behavior Analysis	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	See Appendix A	4/1/2021	12/8/2025	
97152	Applied Behavior Analysis	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97153	Applied Behavior Analysis	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97154	Applied Behavior Analysis	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97155	Applied Behavior Analysis	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97156	Applied Behavior Analysis	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97157	Applied Behavior Analysis	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97158	Applied Behavior Analysis	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
99366	Applied Behavior Analysis	Team Conference with Patient By Healthcare Professional	See Appendix A	1/29/2025	12/8/2025	
H0012	Behavioral Health Services	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient) (Residential Withdrawal Management)	See Appendix A	9/1/2025	12/8/2025	
H0015	Behavioral Health Services	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	See Appendix A	9/1/2025	12/8/2025	
H0016	Behavioral Health Services	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) (OP withdrawal management)	See Appendix A	9/1/2025	12/8/2025	
H0031	Behavioral Health Services	Mental health assessment, by nonphysician (Residential Withdrawal Management)	See Appendix A	9/1/2025	12/8/2025	
H0035	Behavioral Health Services	Mental health partial hospitalization, treatment, less than 24 hours	See Appendix A	9/1/2025	12/8/2025	
H0037	Behavioral Health Services	Community psychiatric supportive treatment program, per diem (MH residential)	See Appendix A	9/1/2025	12/8/2025	

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H0050	Behavioral Health Services	Alcohol and/or drug services, brief intervention, per 15 minutes (OP Withdrawal management)	See Appendix A	9/1/2025	12/8/2025	
H2035	Behavioral Health Services	Alcohol and/or other drug treatment program, per hour (SUD residential treatment)	See Appendix A	9/1/2025	12/8/2025	
H2040	Behavioral Health Services	Coordinated specialty care, team-based, for first episode psychosis, per month	See Appendix A	9/1/2025	12/8/2025	
H2041	Behavioral Health Services	Coordinated specialty care, team-based, for first episode psychosis, per encounter	See Appendix A	9/1/2025	12/8/2025	
S0201	Behavioral Health Services	Partial hospitalization services, less than 24 hours, per diem (SUD)	See Appendix A	9/1/2025	12/8/2025	
S9445	Behavioral Health Services	Patient education, not otherwise classified, nonphysician provider, individual, per session (Withdrawal management)	See Appendix A	9/1/2025	12/8/2025	
S9480	Behavioral Health Services	Intensive outpatient psychiatric services, per diem	See Appendix A	9/1/2025	12/8/2025	
S9484	Behavioral Health Services	Crisis intervention mental health services, per hour	See Appendix A	9/1/2025	12/8/2025	
S9485	Behavioral Health Services	Crisis intervention mental health services, per diem	See Appendix A	9/1/2025	12/8/2025	
T1007	Behavioral Health Services	Alcohol and/or substance abuse services, treatment plan development and/or modification (Residential withdrawal management)	See Appendix A	9/1/2025	12/8/2025	
T1025	Children's Services	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical,physical, mental and psychosocial impairments; PPECC services, Per Diem	See Appendix A	8/18/2023	12/8/2025	
T1026	Children's Services	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical,physical, mental and psychosocial impairments; PPECC Services, Hourly procedure Code	See Appendix A	8/18/2023	12/8/2025	
11920	Cosmetic Procedures	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
11921	Cosmetic Procedures	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	See Appendix A	4/1/2021	12/8/2025	
11922	Cosmetic Procedures	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
11950	Cosmetic Procedures	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	See Appendix A	4/1/2021	12/8/2025	
11951	Cosmetic Procedures	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	See Appendix A	4/1/2021	12/8/2025	
11952	Cosmetic Procedures	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	See Appendix A	4/1/2021	12/8/2025	
11954	Cosmetic Procedures	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	See Appendix A	4/1/2021	12/8/2025	
15777	Cosmetic Procedures	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15780	Cosmetic Procedures	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	See Appendix A	4/1/2021	12/8/2025	
15781	Cosmetic Procedures	Dermabrasion of skin of part of face	See Appendix A	4/1/2021	12/8/2025	
15782	Cosmetic Procedures	Dermabrasion; regional, other than face	See Appendix A	4/1/2021	12/8/2025	
15783	Cosmetic Procedures	Dermabrasion; superficial, any site (eg, tattoo removal)	See Appendix A	4/1/2021	12/8/2025	
15788	Cosmetic Procedures	Chemical peel of outer layer of skin of face	See Appendix A	4/1/2021	12/8/2025	
15789	Cosmetic Procedures	Chemical peel of deep layer of skin of face	See Appendix A	4/1/2021	12/8/2025	
15792	Cosmetic Procedures	Chemical peel, nonfacial; epidermal	See Appendix A	4/1/2021	12/8/2025	
15793	Cosmetic Procedures	Chemical peel, nonfacial; dermal	See Appendix A	4/1/2021	12/8/2025	
15819	Cosmetic Procedures	Removal of extra skin of neck	See Appendix A	4/1/2021	12/8/2025	12/31/2024 - Retro Terminated by HHSC
15820	Cosmetic Procedures	Blepharoplasty, lower eyelid;	See Appendix A	4/1/2021	12/8/2025	
15821	Cosmetic Procedures	Blepharoplasty, lower eyelid; with extensive herniated fat pad	See Appendix A	4/1/2021	12/8/2025	
15822	Cosmetic Procedures	Blepharoplasty, upper eyelid;	See Appendix A	4/1/2021	12/8/2025	
15823	Cosmetic Procedures	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	See Appendix A	4/1/2021	12/8/2025	
15826	Cosmetic Procedures	Incision, stretching, and suture of skin between eyebrows	See Appendix A	4/1/2021	12/8/2025	
15828	Cosmetic Procedures	Removal of wrinkles and extra skin of cheeks, chin, and neck	See Appendix A	4/1/2021	12/8/2025	
15876	Cosmetic Procedures	Suction assisted lipectomy; head and neck	See Appendix A	4/1/2021	12/8/2025	

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17360	Cosmetic Procedures	Chemical treatment of acne	See Appendix A	4/1/2021	12/8/2025	
17380	Cosmetic Procedures	Hair removal by electrolysis, each 30 minutes	See Appendix A	4/1/2021	12/8/2025	
17999	Cosmetic Procedures	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	See Appendix A	4/1/2021	12/8/2025	
19300	Cosmetic Procedures	Mastectomy for gynecomastia	See Appendix A	4/1/2021	12/8/2025	
19301	Cosmetic Procedures	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	See Appendix A	4/1/2021	12/8/2025	
19302	Cosmetic Procedures	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	See Appendix A	4/1/2021	12/8/2025	
19303	Cosmetic Procedures	Mastectomy, simple, complete	See Appendix A	4/1/2021	12/8/2025	
19305	Cosmetic Procedures	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	See Appendix A	4/1/2021	12/8/2025	
19306	Cosmetic Procedures	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	See Appendix A	4/1/2021	12/8/2025	
19307	Cosmetic Procedures	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	See Appendix A	4/1/2021	12/8/2025	
19316	Cosmetic Procedures	Repair for sagging of the breast	See Appendix A	4/1/2021	12/8/2025	
19318	Cosmetic Procedures	Breast reduction	See Appendix A	4/1/2021	12/8/2025	
19325	Cosmetic Procedures	Breast augmentation with implant	See Appendix A	4/1/2021	12/8/2025	
19328	Cosmetic Procedures	Removal of intact breast implant	See Appendix A	4/1/2021	12/8/2025	
19330	Cosmetic Procedures	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	See Appendix A	4/1/2021	12/8/2025	
19340	Cosmetic Procedures	Insertion of breast implant on same day of mastectomy (ie, immediate)	See Appendix A	4/1/2021	12/8/2025	
19342	Cosmetic Procedures	Insertion or replacement of breast implant on separate day from mastectomy	See Appendix A	4/1/2021	12/8/2025	
19350	Cosmetic Procedures	Nipple/areola reconstruction	See Appendix A	4/1/2021	12/8/2025	
19355	Cosmetic Procedures	Correction of inverted nipples	See Appendix A	4/1/2021	12/8/2025	
19357	Cosmetic Procedures	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	See Appendix A	4/1/2021	12/8/2025	
19361	Cosmetic Procedures	Breast reconstruction; with latissimus dorsi flap	See Appendix A	4/1/2021	12/8/2025	
19364	Cosmetic Procedures	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	See Appendix A	4/1/2021	12/8/2025	
19367	Cosmetic Procedures	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	See Appendix A	4/1/2021	12/8/2025	
19368	Cosmetic Procedures	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	See Appendix A	4/1/2021	12/8/2025	
19369	Cosmetic Procedures	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	See Appendix A	4/1/2021	12/8/2025	
19370	Cosmetic Procedures	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	See Appendix A	4/1/2021	12/8/2025	
19371	Cosmetic Procedures	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	See Appendix A	4/1/2021	12/8/2025	
19380	Cosmetic Procedures	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	See Appendix A	4/1/2021	12/8/2025	
19396	Cosmetic Procedures	Preparation of moulage for custom breast implant	See Appendix A	4/1/2021	12/8/2025	
19499	Cosmetic Procedures	Unlisted procedure, breast	See Appendix A	4/1/2021	12/8/2025	
21280	Cosmetic Procedures	REVISION OF EYELID	See Appendix A	4/1/2021	12/8/2025	
21282	Cosmetic Procedures	REVISION OF EYELID	See Appendix A	4/1/2021	12/8/2025	
30120	Cosmetic Procedures	REVISION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30400	Cosmetic Procedures	RECONSTRUCTION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30410	Cosmetic Procedures	RECONSTRUCTION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30420	Cosmetic Procedures	RECONSTRUCTION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30430	Cosmetic Procedures	REVISION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30435	Cosmetic Procedures	REVISION OF NOSE	See Appendix A	4/1/2021	12/8/2025	

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30450	Cosmetic Procedures	REVISION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30460	Cosmetic Procedures	REVISION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30462	Cosmetic Procedures	REVISION OF NOSE	See Appendix A	4/1/2021	12/8/2025	
30620	Cosmetic Procedures	INTRANASAL RECONSTRUCTION	See Appendix A	4/1/2021	12/8/2025	
36466	Cosmetic Procedures	NJX NONCMPND SCLRSNT MLT VN	See Appendix A	4/1/2021	12/8/2025	
36468	Cosmetic Procedures	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	See Appendix A	4/1/2021	12/8/2025	
36470	Cosmetic Procedures	NJX SCLRSNT 1 INCMPTNT VEIN	See Appendix A	4/1/2021	12/8/2025	
36471	Cosmetic Procedures	NJX NONCMPND SCLRSNT MLT VN	See Appendix A	4/1/2021	12/8/2025	
36473	Cosmetic Procedures	ENDOVENOUS MCHNCHEM 1ST VEIN	See Appendix A	4/1/2021	12/8/2025	
36474	Cosmetic Procedures	ENDOVENOUS MCHNCHEM ADD-ON	See Appendix A	4/1/2021	12/8/2025	
36475	Cosmetic Procedures	ENDOVENOUS RF 1ST VEIN	See Appendix A	4/1/2021	12/8/2025	
36476	Cosmetic Procedures	Destruction of subsequent incompetent veins of arm or leg using radiofrequency and imaging guidance	See Appendix A	4/1/2021	12/8/2025	
36478	Cosmetic Procedures	Laser destruction of incompetent vein of arm or leg using imaging guidance	See Appendix A	4/1/2021	12/8/2025	
36479	Cosmetic Procedures	Laser destruction of incompetent veins of arm or leg using imaging guidance, subsequent	See Appendix A	4/1/2021	12/8/2025	
37619	Cosmetic Procedures	Tying of inferior vena cava	See Appendix A	4/1/2021	12/8/2025	
37650	Cosmetic Procedures	Tying of upper leg vein	See Appendix A	4/1/2021	12/8/2025	
37660	Cosmetic Procedures	Tying of groin vein	See Appendix A	4/1/2021	12/8/2025	
37700	Cosmetic Procedures	Tying and division of long leg vein	See Appendix A	4/1/2021	12/8/2025	
37718	Cosmetic Procedures	Tying, incision, and stripping of short leg vein	See Appendix A	4/1/2021	12/8/2025	
37722	Cosmetic Procedures	Tying, incision, and stripping of long leg vein	See Appendix A	4/1/2021	12/8/2025	
37735	Cosmetic Procedures	Tying, incision, and stripping of leg veins with removal of ulcer and skin graft and/or interruption of lowe	See Appendix A	4/1/2021	12/8/2025	
37765	Cosmetic Procedures	Removal of varicose veins of arm or leg, 10-20 incisions	See Appendix A	4/1/2021	12/8/2025	
37766	Cosmetic Procedures	Removal of varicose veins of arm or leg, more than 20 incisions	See Appendix A	4/1/2021	12/8/2025	
37780	Cosmetic Procedures	Tying and division of short leg vein	See Appendix A	4/1/2021	12/8/2025	
37785	Cosmetic Procedures	Tying, incision, and/or removal of varicose vein clusters of leg	See Appendix A	4/1/2021	12/8/2025	
43644	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	See Appendix A	4/1/2021	12/8/2025	
43645	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	See Appendix A	4/1/2021	12/8/2025	
43659	Cosmetic Procedures	LAPAROSCOPE PROC STOM	See Appendix A	4/1/2021	12/8/2025	
43770	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	See Appendix A	4/1/2021	12/8/2025	
43771	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	See Appendix A	4/1/2021	12/8/2025	
43772	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	See Appendix A	4/1/2021	12/8/2025	
43773	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	See Appendix A	4/1/2021	12/8/2025	
43774	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	See Appendix A	4/1/2021	12/8/2025	
43775	Cosmetic Procedures	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	See Appendix A	4/1/2021	12/8/2025	
43842	Cosmetic Procedures	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	See Appendix A	4/1/2021	12/8/2025	
43843	Cosmetic Procedures	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	See Appendix A	4/1/2021	12/8/2025	

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43845	Cosmetic Procedures	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	See Appendix A	4/1/2021	12/8/2025	
43846	Cosmetic Procedures	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	See Appendix A	4/1/2021	12/8/2025	
43847	Cosmetic Procedures	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	See Appendix A	4/1/2021	12/8/2025	
43848	Cosmetic Procedures	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device	See Appendix A	4/1/2021	12/8/2025	
43886	Cosmetic Procedures	Gastric restrictive procedure, open; revision of subcutaneous port component only	See Appendix A	4/1/2021	12/8/2025	
43887	Cosmetic Procedures	Gastric restrictive procedure, open; removal of subcutaneous port component only	See Appendix A	4/1/2021	12/8/2025	
43888	Cosmetic Procedures	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	See Appendix A	4/1/2021	12/8/2025	
43999	Cosmetic Procedures	Unlisted procedure, stomach	See Appendix A	4/1/2021	12/8/2025	
49185	Cosmetic Procedures	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	See Appendix A	4/1/2021	12/8/2025	
54150	Cosmetic Procedures	Circumcision, using clamp or other device with regional dorsal penile or ring block	See Appendix A	4/1/2021	12/8/2025	
54161	Cosmetic Procedures	Circumcision by surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	See Appendix A	4/1/2021	12/8/2025	
54162	Cosmetic Procedures	Lysis or excision of penile post-circumcision adhesions	See Appendix A	4/1/2021	12/8/2025	
54163	Cosmetic Procedures	Repair of incomplete circumcision	See Appendix A	4/1/2021	12/8/2025	
59830	Cosmetic Procedures	Treatment of miscarriage from infection	See Appendix A	4/1/2021	12/8/2025	
59840	Cosmetic Procedures	Induced abortion by dilation and scraping of uterine	See Appendix A	4/1/2021	12/8/2025	
59841	Cosmetic Procedures	Induced abortion by dilation	See Appendix A	4/1/2021	12/8/2025	
59850	Cosmetic Procedures	Induced abortion by amniotic fluid injection	See Appendix A	4/1/2021	12/8/2025	
59851	Cosmetic Procedures	Induced abortion by injection into amniotic fluid with dilation and removal of pregnancy contents	See Appendix A	4/1/2021	12/8/2025	
59852	Cosmetic Procedures	Induced abortion by injection into amniotic fluid	See Appendix A	4/1/2021	12/8/2025	
59855	Cosmetic Procedures	Induced abortion by insertion of vaginal suppository	See Appendix A	4/1/2021	12/8/2025	
59856	Cosmetic Procedures	Induced abortion by insertion of vaginal suppository with dilation and removal of pregnancy contents	See Appendix A	4/1/2021	12/8/2025	
59857	Cosmetic Procedures	Induced abortion by insertion of vaginal suppository with incision of uterus	See Appendix A	4/1/2021	12/8/2025	
67900	Cosmetic Procedures	Repair of brow paralysis	See Appendix A	4/1/2021	12/8/2025	
67901	Cosmetic Procedures	Repair of upper eyelid muscle to correct drooping or paralysis using external material	See Appendix A	4/1/2021	12/8/2025	
67902	Cosmetic Procedures	Repair of upper eyelid muscle to correct drooping or paralysis using internal tissues	See Appendix A	4/1/2021	12/8/2025	
67903	Cosmetic Procedures	Shortening or advancement of upper eyelid muscle to correct drooping or paralysis	See Appendix A	4/1/2021	12/8/2025	
67904	Cosmetic Procedures	Repair of tendon of upper eyelid	See Appendix A	4/1/2021	12/8/2025	
67906	Cosmetic Procedures	Suspension of upper eyelid muscle to correct drooping or paralysis	See Appendix A	4/1/2021	12/8/2025	
67908	Cosmetic Procedures	Removal of tissue, muscle, and membrane to correct eyelid drooping or paralysis	See Appendix A	4/1/2021	12/8/2025	
67909	Cosmetic Procedures	Revision of surgery to correct drooping or paralyzed upper eyelid	See Appendix A	4/1/2021	12/8/2025	
67911	Cosmetic Procedures	Correction of widely-opened upper eyelid	See Appendix A	4/1/2021	12/8/2025	
67912	Cosmetic Procedures	Restoration of eyelid blinking function with implant	See Appendix A	4/1/2021	12/8/2025	
67914	Cosmetic Procedures	Suture repair of turning-outward upper or lower eyelid defect	See Appendix A	4/1/2021	12/8/2025	
67915	Cosmetic Procedures	Repair of turning-outward defect of upper or lower eyelid using heat	See Appendix A	4/1/2021	12/8/2025	
67916	Cosmetic Procedures	Repair of turning-outward eyelid defect	See Appendix A	4/1/2021	12/8/2025	
67917	Cosmetic Procedures	Extensive repair of turning-outward eyelid defect	See Appendix A	4/1/2021	12/8/2025	
69300	Cosmetic Procedures	Repair of protruding ear	See Appendix A	4/1/2021	12/8/2025	
M0076	Cosmetic Procedures	Prolotherapy	See Appendix A	4/1/2021	12/8/2025	

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S2066	Cosmetic Procedures	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	See Appendix A	4/1/2021	12/8/2025	
S2067	Cosmetic Procedures	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	See Appendix A	4/1/2021	12/8/2025	
S2068	Cosmetic Procedures	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	See Appendix A	4/1/2021	12/8/2025	
S2083	Cosmetic Procedures	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	See Appendix A	4/1/2021	12/8/2025	
11900	Dental / Oral Maxillofacial / Craniofacial	Injection, intralesional; up to and including 7 lesions	See Appendix A	4/1/2021	12/8/2025	
11901	Dental / Oral Maxillofacial / Craniofacial	Injection, intralesional; more than 7 lesions	See Appendix A	4/1/2021	12/8/2025	
15786	Dental / Oral Maxillofacial / Craniofacial	Scraping of skin growth	See Appendix A	4/1/2021	12/8/2025	
15787	Dental / Oral Maxillofacial / Craniofacial	Scraping of multiple skin growths	See Appendix A	4/1/2021	12/8/2025	
20900	Dental / Oral Maxillofacial / Craniofacial	Bone graft, any donor area; minor or small (eg, dowel or button)	See Appendix A	4/1/2021	12/8/2025	
20902	Dental / Oral Maxillofacial / Craniofacial	Bone graft, any donor area; major or large	See Appendix A	4/1/2021	12/8/2025	
20910	Dental / Oral Maxillofacial / Craniofacial	Cartilage graft; costochondral	See Appendix A	4/1/2021	12/8/2025	
20912	Dental / Oral Maxillofacial / Craniofacial	Cartilage graft; nasal septum	See Appendix A	4/1/2021	12/8/2025	
20920	Dental / Oral Maxillofacial / Craniofacial	Fascia lata graft; by stripper	See Appendix A	4/1/2021	12/8/2025	
20922	Dental / Oral Maxillofacial / Craniofacial	Fascia lata graft; by incision and area exposure, complex or sheet	See Appendix A	4/1/2021	12/8/2025	
20969	Dental / Oral Maxillofacial / Craniofacial	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	See Appendix A	4/1/2021	12/8/2025	
20970	Dental / Oral Maxillofacial / Craniofacial	Free osteocutaneous flap with microvascular anastomosis; iliac crest	See Appendix A	4/1/2021	12/8/2025	
20972	Dental / Oral Maxillofacial / Craniofacial	Free osteocutaneous flap with microvascular anastomosis; metatarsal	See Appendix A	4/1/2021	12/8/2025	
20973	Dental / Oral Maxillofacial / Craniofacial	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	See Appendix A	4/1/2021	12/8/2025	
21010	Dental / Oral Maxillofacial / Craniofacial	Arthrotomy, temporomandibular joint	See Appendix A	4/1/2021	12/8/2025	
21025	Dental / Oral Maxillofacial / Craniofacial	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	See Appendix A	4/1/2021	12/8/2025	
21030	Dental / Oral Maxillofacial / Craniofacial	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	See Appendix A	4/1/2021	12/8/2025	
21031	Dental / Oral Maxillofacial / Craniofacial	Excision of torus mandibularis	See Appendix A	4/1/2021	12/8/2025	

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21032	Dental / Oral Maxillofacial / Craniofacial	Excision of maxillary torus palatinus	See Appendix A	4/1/2021	12/8/2025	
21040	Dental / Oral Maxillofacial / Craniofacial	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	See Appendix A	4/1/2021	12/8/2025	
21045	Dental / Oral Maxillofacial / Craniofacial	Excision of malignant tumor of mandible; radical resection	See Appendix A	4/1/2021	12/8/2025	
21047	Dental / Oral Maxillofacial / Craniofacial	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	See Appendix A	4/1/2021	12/8/2025	
21049	Dental / Oral Maxillofacial / Craniofacial	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	See Appendix A	4/1/2021	12/8/2025	
21050	Dental / Oral Maxillofacial / Craniofacial	Condylectomy, temporomandibular joint	See Appendix A	4/1/2021	12/8/2025	
21060	Dental / Oral Maxillofacial / Craniofacial	Meniscectomy, partial or complete, temporomandibular joint	See Appendix A	4/1/2021	12/8/2025	
21073	Dental / Oral Maxillofacial / Craniofacial	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service	See Appendix A	4/1/2021	12/8/2025	
21076	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; surgical obturator prosthesis	See Appendix A	4/1/2021	12/8/2025	
21077	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; orbital prosthesis	See Appendix A	4/1/2021	12/8/2025	
21079	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; interim obturator prosthesis	See Appendix A	4/1/2021	12/8/2025	
21080	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; definitive obturator prosthesis	See Appendix A	4/1/2021	12/8/2025	
21081	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; mandibular resection prosthesis	See Appendix A	4/1/2021	12/8/2025	
21082	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; palatal augmentation prosthesis	See Appendix A	4/1/2021	12/8/2025	
21083	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; palatal lift prosthesis	See Appendix A	4/1/2021	12/8/2025	
21084	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; speech aid prosthesis	See Appendix A	4/1/2021	12/8/2025	
21085	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; oral surgical splint	See Appendix A	4/1/2021	12/8/2025	
21086	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; auricular prosthesis	See Appendix A	4/1/2021	12/8/2025	
21087	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; nasal prosthesis	See Appendix A	4/1/2021	12/8/2025	
21088	Dental / Oral Maxillofacial / Craniofacial	Impression and custom preparation; facial prosthesis	See Appendix A	4/1/2021	12/8/2025	
21089	Dental / Oral Maxillofacial / Craniofacial	Unlisted maxillofacial prosthetic procedure	See Appendix A	4/1/2021	12/8/2025	
21100	Dental / Oral Maxillofacial / Craniofacial	Application of halo type appliance for maxillofacial fixation, includes removal	See Appendix A	4/1/2021	12/8/2025	
21110	Dental / Oral Maxillofacial / Craniofacial	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	See Appendix A	4/1/2021	12/8/2025	

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21120	Dental / Oral Maxillofacial / Craniofacial	Genioplasty; augmentation (autograft, allograft, prosthetic material)	See Appendix A	4/1/2021	12/8/2025	
21121	Dental / Oral Maxillofacial / Craniofacial	Genioplasty; sliding osteotomy, single piece	See Appendix A	4/1/2021	12/8/2025	
21122	Dental / Oral Maxillofacial / Craniofacial	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	See Appendix A	4/1/2021	12/8/2025	
21123	Dental / Oral Maxillofacial / Craniofacial	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21125	Dental / Oral Maxillofacial / Craniofacial	Augmentation, mandibular body or angle; prosthetic material	See Appendix A	4/1/2021	12/8/2025	
21127	Dental / Oral Maxillofacial / Craniofacial	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	See Appendix A	4/1/2021	12/8/2025	
21137	Dental / Oral Maxillofacial / Craniofacial	Reduction forehead; contouring only	See Appendix A	4/1/2021	12/8/2025	
21138	Dental / Oral Maxillofacial / Craniofacial	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	See Appendix A	4/1/2021	12/8/2025	
21139	Dental / Oral Maxillofacial / Craniofacial	Reduction forehead; contouring and setback of anterior frontal sinus wall	See Appendix A	4/1/2021	12/8/2025	
21141	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	See Appendix A	4/1/2021	12/8/2025	
21142	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	See Appendix A	4/1/2021	12/8/2025	
21143	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	See Appendix A	4/1/2021	12/8/2025	
21145	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21146	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	See Appendix A	4/1/2021	12/8/2025	
21147	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	See Appendix A	4/1/2021	12/8/2025	
21150	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	See Appendix A	4/1/2021	12/8/2025	
21151	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21154	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	See Appendix A	4/1/2021	12/8/2025	
21155	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	See Appendix A	4/1/2021	12/8/2025	
21159	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	See Appendix A	4/1/2021	12/8/2025	
21160	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21172	Dental / Oral Maxillofacial / Craniofacial	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	

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21175	Dental / Oral Maxillofacial / Craniofacial	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21179	Dental / Oral Maxillofacial / Craniofacial	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	See Appendix A	4/1/2021	12/8/2025	
21180	Dental / Oral Maxillofacial / Craniofacial	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	See Appendix A	4/1/2021	12/8/2025	
21181	Dental / Oral Maxillofacial / Craniofacial	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	See Appendix A	4/1/2021	12/8/2025	
21182	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	See Appendix A	4/1/2021	12/8/2025	
21183	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	See Appendix A	4/1/2021	12/8/2025	
21184	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	See Appendix A	4/1/2021	12/8/2025	
21188	Dental / Oral Maxillofacial / Craniofacial	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21193	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	See Appendix A	4/1/2021	12/8/2025	
21194	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
21195	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	See Appendix A	4/1/2021	12/8/2025	
21196	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	See Appendix A	4/1/2021	12/8/2025	
21198	Dental / Oral Maxillofacial / Craniofacial	Osteotomy, mandible, segmental;	See Appendix A	4/1/2021	12/8/2025	
21199	Dental / Oral Maxillofacial / Craniofacial	Osteotomy, mandible, segmental; with genioglossus advancement	See Appendix A	4/1/2021	12/8/2025	
21206	Dental / Oral Maxillofacial / Craniofacial	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	See Appendix A	4/1/2021	12/8/2025	
21208	Dental / Oral Maxillofacial / Craniofacial	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	See Appendix A	4/1/2021	12/8/2025	
21209	Dental / Oral Maxillofacial / Craniofacial	Osteoplasty, facial bones; reduction	See Appendix A	4/1/2021	12/8/2025	
21210	Dental / Oral Maxillofacial / Craniofacial	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
21215	Dental / Oral Maxillofacial / Craniofacial	Graft, bone; mandible (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
21230	Dental / Oral Maxillofacial / Craniofacial	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
21235	Dental / Oral Maxillofacial / Craniofacial	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
21240	Dental / Oral Maxillofacial / Craniofacial	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
21242	Dental / Oral Maxillofacial / Craniofacial	Arthroplasty, temporomandibular joint, with allograft	See Appendix A	4/1/2021	12/8/2025	
21243	Dental / Oral Maxillofacial / Craniofacial	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	See Appendix A	4/1/2021	12/8/2025	
21244	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	See Appendix A	4/1/2021	12/8/2025	
21247	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	See Appendix A	4/1/2021	12/8/2025	
21255	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	See Appendix A	4/1/2021	12/8/2025	
21256	Dental / Oral Maxillofacial / Craniofacial	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	See Appendix A	4/1/2021	12/8/2025	
21260	Dental / Oral Maxillofacial / Craniofacial	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	See Appendix A	4/1/2021	12/8/2025	
21261	Dental / Oral Maxillofacial / Craniofacial	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	See Appendix A	4/1/2021	12/8/2025	
21263	Dental / Oral Maxillofacial / Craniofacial	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	See Appendix A	4/1/2021	12/8/2025	
21267	Dental / Oral Maxillofacial / Craniofacial	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	See Appendix A	4/1/2021	12/8/2025	
21268	Dental / Oral Maxillofacial / Craniofacial	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	See Appendix A	4/1/2021	12/8/2025	
21270	Dental / Oral Maxillofacial / Craniofacial	Malar augmentation, prosthetic material	See Appendix A	4/1/2021	12/8/2025	
21275	Dental / Oral Maxillofacial / Craniofacial	Secondary revision of orbitocraniofacial reconstruction	See Appendix A	4/1/2021	12/8/2025	
21295	Dental / Oral Maxillofacial / Craniofacial	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	See Appendix A	4/1/2021	12/8/2025	
21296	Dental / Oral Maxillofacial / Craniofacial	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	See Appendix A	4/1/2021	12/8/2025	
21299	Dental / Oral Maxillofacial / Craniofacial	Unlisted craniofacial and maxillofacial procedure	See Appendix A	4/1/2021	12/8/2025	
29800	Dental / Oral Maxillofacial / Craniofacial	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy	See Appendix A	4/1/2021	12/8/2025	
29804	Dental / Oral Maxillofacial / Craniofacial	Arthroscopy, temporomandibular joint, surgical	See Appendix A	4/1/2021	12/8/2025	
30220	Dental / Oral Maxillofacial / Craniofacial	Insertion, nasal septal prosthesis (button)	See Appendix A	4/1/2021	12/8/2025	
40840	Dental / Oral Maxillofacial / Craniofacial	Vestibuloplasty; anterior	See Appendix A	4/1/2021	12/8/2025	
40842	Dental / Oral Maxillofacial / Craniofacial	Vestibuloplasty; posterior, unilateral	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
40843	Dental / Oral Maxillofacial / Craniofacial	Vestibuloplasty; posterior, bilateral	See Appendix A	4/1/2021	12/8/2025	
40844	Dental / Oral Maxillofacial / Craniofacial	Vestibuloplasty; entire arch	See Appendix A	4/1/2021	12/8/2025	
40845	Dental / Oral Maxillofacial / Craniofacial	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	See Appendix A	4/1/2021	12/8/2025	
40899	Dental / Oral Maxillofacial / Craniofacial	Unlisted procedure, vestibule of mouth	See Appendix A	4/1/2021	12/8/2025	
41830	Dental / Oral Maxillofacial / Craniofacial	Alveolectomy, including curettage of osteitis or sequestrectomy	See Appendix A	4/1/2021	12/8/2025	
41870	Dental / Oral Maxillofacial / Craniofacial	Periodontal mucosal grafting	See Appendix A	4/1/2021	12/8/2025	
41899	Dental / Oral Maxillofacial / Craniofacial	DENTAL SURGERY PROCEDURE	See Appendix A	4/1/2021	12/8/2025	8/31/2024
67950	Dental / Oral Maxillofacial / Craniofacial	Canthoplasty (reconstruction of canthus)	See Appendix A	4/1/2021	12/8/2025	
00170	Dental / Oral Maxillofacial / Craniofacial	ANESTH PROCEDURE ON MOUTH	See Appendix A	4/1/2021	12/8/2025	
G0330	Dental / Oral Maxillofacial / Craniofacial	Facility services dental rehab	See Appendix A	9/15/2024	12/8/2025	
A9900	Durable Medical Equipment	Dme Sup/Access/Srv-Compon/Oth Hcpcs	See Appendix A	4/1/2024	12/8/2025	
E0149	Durable Medical Equipment	Walker, heavy-duty, wheeled, rigid or folding, any type	See Appendix A	4/1/2021	12/8/2025	
E0168	Durable Medical Equipment	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0170	Durable Medical Equipment	Commode chair with integrated seat lift mechanism, electric, any type	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0171	Durable Medical Equipment	Commode chair with integrated seat lift mechanism, nonelectric, any type	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0181	Durable Medical Equipment	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	See Appendix A	4/1/2021	12/8/2025	
E0184	Durable Medical Equipment	Dry pressure mattress	See Appendix A	4/1/2021	12/8/2025	
E0185	Durable Medical Equipment	Gel or gel-like pressure pad for mattress, standard mattress length and width	See Appendix A	4/1/2021	12/8/2025	
E0186	Durable Medical Equipment	Air pressure mattress	See Appendix A	4/1/2021	12/8/2025	
E0187	Durable Medical Equipment	Water pressure mattress	See Appendix A	4/1/2021	12/8/2025	
E0193	Durable Medical Equipment	Powered air flotation bed (low air loss therapy)	See Appendix A	4/1/2021	12/8/2025	
E0194	Durable Medical Equipment	Air fluidized bed	See Appendix A	4/1/2021	12/8/2025	
E0196	Durable Medical Equipment	Gel pressure mattress	See Appendix A	4/1/2021	12/8/2025	
E0197	Durable Medical Equipment	Air pressure pad for mattress, standard mattress length and width	See Appendix A	4/1/2021	12/8/2025	
E0198	Durable Medical Equipment	Water pressure pad for mattress, standard mattress length and width	See Appendix A	4/1/2021	12/8/2025	
E0199	Durable Medical Equipment	Dry pressure pad for mattress, standard mattress length and width	See Appendix A	4/1/2021	12/8/2025	
E0200	Durable Medical Equipment	Heat lamp, without stand (table model), includes bulb, or infrared element	See Appendix A	4/1/2021	12/8/2025	
E0202	Durable Medical Equipment	Phototherapy (bilirubin) light with photometer	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0203	Durable Medical Equipment	Therapeutic lightbox, minimum 10,000 lux, table top model	See Appendix A	4/1/2021	12/8/2025	
E0205	Durable Medical Equipment	Heat lamp, with stand, includes bulb, or infrared element	See Appendix A	4/1/2021	12/8/2025	
E0217	Durable Medical Equipment	Water circulating heat pad with pump	See Appendix A	4/1/2021	12/8/2025	
E0231	Durable Medical Equipment	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	See Appendix A	4/1/2021	12/8/2025	
E0232	Durable Medical Equipment	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	See Appendix A	4/1/2021	12/8/2025	

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E0250	Durable Medical Equipment	Hospital bed, fixed height, with any type side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0251	Durable Medical Equipment	Hospital bed, fixed height, with any type side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0255	Durable Medical Equipment	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0256	Durable Medical Equipment	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0260	Durable Medical Equipment	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0261	Durable Medical Equipment	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0265	Durable Medical Equipment	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0266	Durable Medical Equipment	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0270	Durable Medical Equipment	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0276	Durable Medical Equipment	Bed pan, fracture, metal or plastic	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0277	Durable Medical Equipment	Powered pressure-reducing air mattress	See Appendix A	4/1/2021	12/8/2025	
E0280	Durable Medical Equipment	Bed cradle, any type	See Appendix A	4/1/2021	12/8/2025	
E0290	Durable Medical Equipment	Hospital bed, fixed height, without side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0291	Durable Medical Equipment	Hospital bed, fixed height, without side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0292	Durable Medical Equipment	Hospital bed, variable height, hi-lo, without side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0293	Durable Medical Equipment	Hospital bed, variable height, hi-lo, without side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0294	Durable Medical Equipment	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0295	Durable Medical Equipment	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0296	Durable Medical Equipment	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0297	Durable Medical Equipment	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0300	Durable Medical Equipment	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	See Appendix A	4/1/2021	12/8/2025	
E0301	Durable Medical Equipment	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0302	Durable Medical Equipment	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	See Appendix A	4/1/2021	12/8/2025	
E0303	Durable Medical Equipment	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0304	Durable Medical Equipment	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	See Appendix A	4/1/2021	12/8/2025	
E0310	Durable Medical Equipment	Bedside rails, full-length	See Appendix A	4/1/2021	12/8/2025	
E0316	Durable Medical Equipment	Safety enclosure frame/canopy for use with hospital bed, any type	See Appendix A	4/1/2021	12/8/2025	
E0325	Durable Medical Equipment	Urinal; male, jug-type, any material	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0326	Durable Medical Equipment	Urinal; female, jug-type, any material	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E0328	Durable Medical Equipment	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	See Appendix A	4/1/2021	12/8/2025	
E0329	Durable Medical Equipment	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	See Appendix A	4/1/2021	12/8/2025	
E0371	Durable Medical Equipment	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	See Appendix A	4/1/2021	12/8/2025	
E0372	Durable Medical Equipment	Powered air overlay for mattress, standard mattress length and width	See Appendix A	4/1/2021	12/8/2025	
E0373	Durable Medical Equipment	Nonpowered advanced pressure reducing mattress	See Appendix A	4/1/2021	12/8/2025	
E0424	Durable Medical Equipment	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
E0425	Durable Medical Equipment	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	
E0430	Durable Medical Equipment	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	
E0431	Durable Medical Equipment	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	
E0433	Durable Medical Equipment	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	See Appendix A	4/1/2021	12/8/2025	
E0434	Durable Medical Equipment	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	
E0435	Durable Medical Equipment	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	See Appendix A	4/1/2021	12/8/2025	
E0439	Durable Medical Equipment	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	See Appendix A	4/1/2021	12/8/2025	
E0440	Durable Medical Equipment	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	
E0441	Durable Medical Equipment	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	See Appendix A	4/1/2021	12/8/2025	
E0442	Durable Medical Equipment	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	See Appendix A	4/1/2021	12/8/2025	
E0443	Durable Medical Equipment	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	See Appendix A	4/1/2021	12/8/2025	
E0444	Durable Medical Equipment	Portable oxygen contents, liquid, 1 month's supply = 1 unit	See Appendix A	4/1/2021	12/8/2025	
E0445	Durable Medical Equipment	Oximeter device for measuring blood oxygen levels noninvasively	See Appendix A	4/1/2021	12/8/2025	
E0446	Durable Medical Equipment	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	See Appendix A	4/1/2021	12/8/2025	
E0447	Durable Medical Equipment	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	See Appendix A	4/1/2021	12/8/2025	
E0462	Durable Medical Equipment	Rocking bed, with or without side rails	See Appendix A	4/1/2021	12/8/2025	
E0465	Durable Medical Equipment	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	See Appendix A	4/1/2021	12/8/2025	
E0466	Durable Medical Equipment	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	See Appendix A	4/1/2021	12/8/2025	
E0467	Durable Medical Equipment	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	See Appendix A	4/1/2021	12/8/2025	
E0468	Durable Medical Equipment	Dual-Function Home Ventilator	See Appendix A	7/28/2025	12/8/2025	
E0470	Durable Medical Equipment	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	See Appendix A	4/1/2021	12/8/2025	
E0471	Durable Medical Equipment	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	See Appendix A	4/1/2021	12/8/2025	
E0472	Durable Medical Equipment	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	See Appendix A	4/1/2021	12/8/2025	
E0480	Durable Medical Equipment	Percussor, electric or pneumatic, home model	See Appendix A	4/1/2021	12/8/2025	
E0481	Durable Medical Equipment	Intrapulmonary percussive ventilation system and related accessories	See Appendix A	4/1/2021	12/8/2025	
E0482	Durable Medical Equipment	Cough stimulating device, alternating positive and negative airway pressure	See Appendix A	4/1/2021	12/8/2025	
E0483	Durable Medical Equipment	High frequency chest wall oscillation system, includes all accessories and supplies, each	See Appendix A	4/1/2021	12/8/2025	
E0484	Durable Medical Equipment	Oscillatory positive expiratory pressure device, nonelectric, any type, each	See Appendix A	4/1/2021	12/8/2025	

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E0486	Durable Medical Equipment	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	See Appendix A	4/1/2021	12/8/2025	
E0500	Durable Medical Equipment	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	See Appendix A	4/1/2021	12/8/2025	
E0550	Durable Medical Equipment	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	See Appendix A	4/1/2021	12/8/2025	
E0561	Durable Medical Equipment	Humidifier, nonheated, used with positive airway pressure device	See Appendix A	4/1/2021	12/8/2025	
E0562	Durable Medical Equipment	Humidifier, heated, used with positive airway pressure device	See Appendix A	4/1/2021	12/8/2025	
E0565	Durable Medical Equipment	Compressor, air power source for equipment which is not self-contained or cylinder driven	See Appendix A	4/1/2021	12/8/2025	
E0574	Durable Medical Equipment	Ultrasonic/electronic aerosol generator with small volume nebulizer	See Appendix A	4/1/2021	12/8/2025	
E0575	Durable Medical Equipment	Nebulizer, ultrasonic, large volume	See Appendix A	4/1/2021	12/8/2025	
E0580	Durable Medical Equipment	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	See Appendix A	4/1/2021	12/8/2025	
E0585	Durable Medical Equipment	Nebulizer, with compressor and heater	See Appendix A	4/1/2021	12/8/2025	
E0600	Durable Medical Equipment	Respiratory suction pump, home model, portable or stationary, electric	See Appendix A	4/1/2021	12/8/2025	
E0601	Durable Medical Equipment	Continuous positive airway pressure (CPAP) device	See Appendix A	4/1/2021	12/8/2025	
E0618	Durable Medical Equipment	Apnea monitor, without recording feature	See Appendix A	4/1/2021	12/8/2025	
E0619	Durable Medical Equipment	Apnea monitor, with recording feature	See Appendix A	4/1/2021	12/8/2025	
E0627	Durable Medical Equipment	Seat lift mechanism, electric, any type	See Appendix A	4/1/2021	12/8/2025	
E0629	Durable Medical Equipment	Seat lift mechanism, nonelectric, any type	See Appendix A	4/1/2021	12/8/2025	
E0630	Durable Medical Equipment	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	See Appendix A	4/1/2021	12/8/2025	
E0635	Durable Medical Equipment	Patient lift, electric, with seat or sling	See Appendix A	4/1/2021	12/8/2025	
E0636	Durable Medical Equipment	Multipositional patient support system, with integrated lift, patient accessible controls	See Appendix A	4/1/2021	12/8/2025	
E0637	Durable Medical Equipment	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	See Appendix A	4/1/2021	12/8/2025	
E0638	Durable Medical Equipment	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	See Appendix A	4/1/2021	12/8/2025	
E0639	Durable Medical Equipment	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	See Appendix A	4/1/2021	12/8/2025	
E0640	Durable Medical Equipment	Patient lift, fixed system, includes all components/accessories	See Appendix A	4/1/2021	12/8/2025	
E0641	Durable Medical Equipment	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	See Appendix A	4/1/2021	12/8/2025	
E0642	Durable Medical Equipment	Standing frame/table system, mobile (dynamic stander), any size including pediatric	See Appendix A	4/1/2021	12/8/2025	
E0650	Durable Medical Equipment	Pneumatic compressor, nonsegmental home model	See Appendix A	4/1/2021	12/8/2025	
E0651	Durable Medical Equipment	Pneumatic compressor, segmental home model without calibrated gradient pressure	See Appendix A	4/1/2021	12/8/2025	
E0652	Durable Medical Equipment	Pneumatic compressor, segmental home model with calibrated gradient pressure	See Appendix A	4/1/2021	12/8/2025	
E0656	Durable Medical Equipment	Segmental pneumatic appliance for use with pneumatic compressor, trunk	See Appendix A	4/1/2021	12/8/2025	
E0667	Durable Medical Equipment	Segmental pneumatic appliance for use with pneumatic compressor, full leg	See Appendix A	4/1/2021	12/8/2025	
E0668	Durable Medical Equipment	Segmental pneumatic appliance for use with pneumatic compressor, full arm	See Appendix A	4/1/2021	12/8/2025	
E0670	Durable Medical Equipment	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	See Appendix A	4/1/2021	12/8/2025	
E0671	Durable Medical Equipment	Segmental gradient pressure pneumatic appliance, full leg	See Appendix A	4/1/2021	12/8/2025	
E0673	Durable Medical Equipment	Segmental gradient pressure pneumatic appliance, half leg	See Appendix A	4/1/2021	12/8/2025	
E0675	Durable Medical Equipment	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	See Appendix A	4/1/2021	12/8/2025	
E0676	Durable Medical Equipment	Intermittent limb compression device (includes all accessories), not otherwise specified	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
E0691	Durable Medical Equipment	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	See Appendix A	4/1/2021	12/8/2025	
E0692	Durable Medical Equipment	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	See Appendix A	4/1/2021	12/8/2025	
E0693	Durable Medical Equipment	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	See Appendix A	4/1/2021	12/8/2025	
E0694	Durable Medical Equipment	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	See Appendix A	4/1/2021	12/8/2025	
E0700	Durable Medical Equipment	Safety equipment, device or accessory, any type	See Appendix A	4/1/2021	12/8/2025	
E0720	Durable Medical Equipment	Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation	See Appendix A	4/1/2021	12/8/2025	
E0730	Durable Medical Equipment	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	See Appendix A	4/1/2021	12/8/2025	
E0731	Durable Medical Equipment	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	See Appendix A	4/1/2021	12/8/2025	
E0740	Durable Medical Equipment	Nonimplanted pelvic floor electrical stimulator, complete system	See Appendix A	4/1/2021	12/8/2025	
E0745	Durable Medical Equipment	Neuromuscular stimulator, electronic shock unit	See Appendix A	4/1/2021	12/8/2025	
E0747	Durable Medical Equipment	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	See Appendix A	4/1/2021	12/8/2025	
E0748	Durable Medical Equipment	Osteogenesis stimulator, electrical, noninvasive, spinal applications	See Appendix A	4/1/2021	12/8/2025	
E0749	Durable Medical Equipment	Osteogenesis stimulator, electrical, surgically implanted	See Appendix A	4/1/2021	12/8/2025	
E0760	Durable Medical Equipment	Osteogenesis stimulator, low intensity ultrasound, noninvasive	See Appendix A	4/1/2021	12/8/2025	
E0761	Durable Medical Equipment	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	See Appendix A	4/1/2021	12/8/2025	
E0762	Durable Medical Equipment	Transcutaneous electrical joint stimulation device system, includes all accessories	See Appendix A	4/1/2021	12/8/2025	
E0764	Durable Medical Equipment	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	See Appendix A	4/1/2021	12/8/2025	
E0766	Durable Medical Equipment	Electrical stimulation device used for cancer treatment, includes all accessories, any type	See Appendix A	4/1/2021	12/8/2025	
E0769	Durable Medical Equipment	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	See Appendix A	4/1/2021	12/8/2025	
E0770	Durable Medical Equipment	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
E0779	Durable Medical Equipment	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	See Appendix A	4/1/2021	12/8/2025	
E0780	Durable Medical Equipment	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	See Appendix A	4/1/2021	12/8/2025	
E0781	Durable Medical Equipment	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	See Appendix A	4/1/2021	12/8/2025	
E0782	Durable Medical Equipment	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	See Appendix A	4/1/2021	12/8/2025	
E0783	Durable Medical Equipment	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	See Appendix A	4/1/2021	12/8/2025	
E0784	Durable Medical Equipment	External ambulatory infusion pump, insulin	See Appendix A	4/1/2021	12/8/2025	
E0785	Durable Medical Equipment	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	See Appendix A	4/1/2021	12/8/2025	
E0786	Durable Medical Equipment	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	See Appendix A	4/1/2021	12/8/2025	
E0787	Durable Medical Equipment	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	See Appendix A	4/1/2021	12/8/2025	
E0791	Durable Medical Equipment	Parenteral infusion pump, stationary, single, or multichannel	See Appendix A	4/1/2021	12/8/2025	
E0840	Durable Medical Equipment	Traction frame, attached to headboard, cervical traction	See Appendix A	4/1/2021	12/8/2025	
E0910	Durable Medical Equipment	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
E0911	Durable Medical Equipment	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	See Appendix A	4/1/2021	12/8/2025	
E0912	Durable Medical Equipment	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	See Appendix A	4/1/2021	12/8/2025	
E0920	Durable Medical Equipment	Fracture frame, attached to bed, includes weights	See Appendix A	4/1/2021	12/8/2025	
E0935	Durable Medical Equipment	Continuous passive motion exercise device for use on knee only	See Appendix A	4/1/2021	12/8/2025	
E0940	Durable Medical Equipment	Trapeze bar, freestanding, complete with grab bar	See Appendix A	4/1/2021	12/8/2025	
E0942	Durable Medical Equipment	Cervical head harness/halter	See Appendix A	4/1/2021	12/8/2025	
E0946	Durable Medical Equipment	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, four-poster)	See Appendix A	4/1/2021	12/8/2025	
E0947	Durable Medical Equipment	Fracture frame, attachments for complex pelvic traction	See Appendix A	4/1/2021	12/8/2025	
E0948	Durable Medical Equipment	Fracture frame, attachments for complex cervical traction	See Appendix A	4/1/2021	12/8/2025	
E0953	Durable Medical Equipment	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	See Appendix A	4/1/2021	12/8/2025	
E0954	Durable Medical Equipment	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	See Appendix A	4/1/2021	12/8/2025	
E0955	Durable Medical Equipment	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	See Appendix A	4/1/2021	12/8/2025	
E0956	Durable Medical Equipment	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	See Appendix A	4/1/2021	12/8/2025	
E0957	Durable Medical Equipment	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	See Appendix A	4/1/2021	12/8/2025	
E0958	Durable Medical Equipment	Manual wheelchair accessory, one-arm drive attachment, each	See Appendix A	4/1/2021	12/8/2025	
E0959	Durable Medical Equipment	Manual wheelchair accessory, adapter for amputee, each	See Appendix A	4/1/2021	12/8/2025	
E0960	Durable Medical Equipment	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E0961	Durable Medical Equipment	Manual wheelchair accessory, wheel lock brake extension (handle), each	See Appendix A	4/1/2021	12/8/2025	
E0967	Durable Medical Equipment	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E0968	Durable Medical Equipment	Commode seat, wheelchair	See Appendix A	4/1/2021	12/8/2025	
E0969	Durable Medical Equipment	Narrowing device, wheelchair	See Appendix A	4/1/2021	12/8/2025	
E0970	Durable Medical Equipment	No. 2 footplates, except for elevating legrest	See Appendix A	4/1/2021	12/8/2025	
E0974	Durable Medical Equipment	Manual wheelchair accessory, antirollback device, each	See Appendix A	4/1/2021	12/8/2025	
E0978	Durable Medical Equipment	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	See Appendix A	4/1/2021	12/8/2025	
E0980	Durable Medical Equipment	Safety vest, wheelchair	See Appendix A	4/1/2021	12/8/2025	
E0981	Durable Medical Equipment	Wheelchair accessory, seat upholstery, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E0982	Durable Medical Equipment	Wheelchair accessory, back upholstery, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E0983	Durable Medical Equipment	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	See Appendix A	4/1/2021	12/8/2025	
E0984	Durable Medical Equipment	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	See Appendix A	4/1/2021	12/8/2025	
E0985	Durable Medical Equipment	Wheelchair accessory, seat lift mechanism	See Appendix A	4/1/2021	12/8/2025	
E0986	Durable Medical Equipment	Manual wheelchair accessory, push-rim activated power assist system	See Appendix A	4/1/2021	12/8/2025	
E0988	Durable Medical Equipment	Manual wheelchair accessory, lever-activated, wheel drive, pair	See Appendix A	4/1/2021	12/8/2025	
E0990	Durable Medical Equipment	Wheelchair accessory, elevating legrest, complete assembly, each	See Appendix A	4/1/2021	12/8/2025	
E0992	Durable Medical Equipment	Manual wheelchair accessory, solid seat insert	See Appendix A	4/1/2021	12/8/2025	
E0994	Durable Medical Equipment	Armrest, each	See Appendix A	4/1/2021	12/8/2025	
E0995	Durable Medical Equipment	Wheelchair accessory, calf rest/pad, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E1002	Durable Medical Equipment	Wheelchair accessory, power seating system, tilt only	See Appendix A	4/1/2021	12/8/2025	
E1003	Durable Medical Equipment	Wheelchair accessory, power seating system, recline only, without shear reduction	See Appendix A	4/1/2021	12/8/2025	
E1004	Durable Medical Equipment	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	See Appendix A	4/1/2021	12/8/2025	

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E1005	Durable Medical Equipment	Wheelchair accessory, power seating system, recline only, with power shear reduction	See Appendix A	4/1/2021	12/8/2025	
E1006	Durable Medical Equipment	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	See Appendix A	4/1/2021	12/8/2025	
E1007	Durable Medical Equipment	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	See Appendix A	4/1/2021	12/8/2025	
E1008	Durable Medical Equipment	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	See Appendix A	4/1/2021	12/8/2025	
E1009	Durable Medical Equipment	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	See Appendix A	4/1/2021	12/8/2025	
E1010	Durable Medical Equipment	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	See Appendix A	4/1/2021	12/8/2025	
E1011	Durable Medical Equipment	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	See Appendix A	4/1/2021	12/8/2025	
E1012	Durable Medical Equipment	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	See Appendix A	4/1/2021	12/8/2025	
E1014	Durable Medical Equipment	Reclining back, addition to pediatric size wheelchair	See Appendix A	4/1/2021	12/8/2025	
E1015	Durable Medical Equipment	Shock absorber for manual wheelchair, each	See Appendix A	4/1/2021	12/8/2025	
E1016	Durable Medical Equipment	Shock absorber for power wheelchair, each	See Appendix A	4/1/2021	12/8/2025	
E1017	Durable Medical Equipment	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	See Appendix A	4/1/2021	12/8/2025	
E1018	Durable Medical Equipment	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	See Appendix A	4/1/2021	12/8/2025	
E1020	Durable Medical Equipment	Residual limb support system for wheelchair, any type	See Appendix A	4/1/2021	12/8/2025	
E1028	Durable Medical Equipment	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	See Appendix A	4/1/2021	12/8/2025	
E1029	Durable Medical Equipment	Wheelchair accessory, ventilator tray, fixed	See Appendix A	4/1/2021	12/8/2025	
E1030	Durable Medical Equipment	Wheelchair accessory, ventilator tray, gimbaled	See Appendix A	4/1/2021	12/8/2025	
E1035	Durable Medical Equipment	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	See Appendix A	4/1/2021	12/8/2025	
E1036	Durable Medical Equipment	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	See Appendix A	4/1/2021	12/8/2025	
E1037	Durable Medical Equipment	Transport chair, pediatric size	See Appendix A	4/1/2021	12/8/2025	
E1050	Durable Medical Equipment	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1060	Durable Medical Equipment	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1070	Durable Medical Equipment	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	See Appendix A	4/1/2021	12/8/2025	
E1083	Durable Medical Equipment	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	See Appendix A	4/1/2021	12/8/2025	
E1084	Durable Medical Equipment	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1085	Durable Medical Equipment	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	See Appendix A	4/1/2021	12/8/2025	
E1086	Durable Medical Equipment	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	See Appendix A	4/1/2021	12/8/2025	
E1087	Durable Medical Equipment	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1090	Durable Medical Equipment	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	See Appendix A	4/1/2021	12/8/2025	
E1100	Durable Medical Equipment	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1110	Durable Medical Equipment	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	See Appendix A	4/1/2021	12/8/2025	
E1150	Durable Medical Equipment	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1161	Durable Medical Equipment	Manual adult size wheelchair, includes tilt in space	See Appendix A	4/1/2021	12/8/2025	

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E1170	Durable Medical Equipment	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1171	Durable Medical Equipment	Amputee wheelchair, fixed full-length arms, without footrests or legrest	See Appendix A	4/1/2021	12/8/2025	
E1172	Durable Medical Equipment	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	See Appendix A	4/1/2021	12/8/2025	
E1180	Durable Medical Equipment	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	See Appendix A	4/1/2021	12/8/2025	
E1190	Durable Medical Equipment	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1195	Durable Medical Equipment	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1200	Durable Medical Equipment	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	See Appendix A	4/1/2021	12/8/2025	
E1220	Durable Medical Equipment	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	See Appendix A	4/1/2021	12/8/2025	
E1221	Durable Medical Equipment	Wheelchair with fixed arm, footrests	See Appendix A	4/1/2021	12/8/2025	
E1222	Durable Medical Equipment	Wheelchair with fixed arm, elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1223	Durable Medical Equipment	Wheelchair with detachable arms, footrests	See Appendix A	4/1/2021	12/8/2025	
E1224	Durable Medical Equipment	Wheelchair with detachable arms, elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1225	Durable Medical Equipment	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	See Appendix A	4/1/2021	12/8/2025	
E1226	Durable Medical Equipment	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	See Appendix A	4/1/2021	12/8/2025	
E1227	Durable Medical Equipment	Special height arms for wheelchair	See Appendix A	4/1/2021	12/8/2025	
E1229	Durable Medical Equipment	Wheelchair, pediatric size, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
E1230	Durable Medical Equipment	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	See Appendix A	4/1/2021	12/8/2025	
E1231	Durable Medical Equipment	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	See Appendix A	4/1/2021	12/8/2025	
E1232	Durable Medical Equipment	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	See Appendix A	4/1/2021	12/8/2025	
E1233	Durable Medical Equipment	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	See Appendix A	4/1/2021	12/8/2025	
E1234	Durable Medical Equipment	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	See Appendix A	4/1/2021	12/8/2025	
E1235	Durable Medical Equipment	Wheelchair, pediatric size, rigid, adjustable, with seating system	See Appendix A	4/1/2021	12/8/2025	
E1236	Durable Medical Equipment	Wheelchair, pediatric size, folding, adjustable, with seating system	See Appendix A	4/1/2021	12/8/2025	
E1237	Durable Medical Equipment	Wheelchair, pediatric size, rigid, adjustable, without seating system	See Appendix A	4/1/2021	12/8/2025	
E1238	Durable Medical Equipment	Wheelchair, pediatric size, folding, adjustable, without seating system	See Appendix A	4/1/2021	12/8/2025	
E1239	Durable Medical Equipment	Power wheelchair, pediatric size, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
E1250	Durable Medical Equipment	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	See Appendix A	4/1/2021	12/8/2025	
E1270	Durable Medical Equipment	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	See Appendix A	4/1/2021	12/8/2025	
E1285	Durable Medical Equipment	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	See Appendix A	4/1/2021	12/8/2025	
E1295	Durable Medical Equipment	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	See Appendix A	4/1/2021	12/8/2025	
E1296	Durable Medical Equipment	Special wheelchair seat height from floor	See Appendix A	4/1/2021	12/8/2025	
E1297	Durable Medical Equipment	Special wheelchair seat depth, by upholstery	See Appendix A	4/1/2021	12/8/2025	
E1298	Durable Medical Equipment	Special wheelchair seat depth and/or width, by construction	See Appendix A	4/1/2021	12/8/2025	
E1310	Durable Medical Equipment	Whirlpool, nonportable (built-in type)	See Appendix A	4/1/2021	12/8/2025	
E1353	Durable Medical Equipment	Regulator	See Appendix A	4/1/2021	12/8/2025	
E1355	Durable Medical Equipment	Stand/rack	See Appendix A	4/1/2021	12/8/2025	
E1372	Durable Medical Equipment	Immersion external heater for nebulizer	See Appendix A	4/1/2021	12/8/2025	
E1390	Durable Medical Equipment	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	See Appendix A	4/1/2021	12/8/2025	
E1399	Durable Medical Equipment	Durable medical equipment, miscellaneous	See Appendix A	4/1/2021	12/8/2025	
E1500	Durable Medical Equipment	Centrifuge, for dialysis	See Appendix A	4/1/2021	12/8/2025	

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E1510	Durable Medical Equipment	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	See Appendix A	4/1/2021	12/8/2025	
E1520	Durable Medical Equipment	Heparin infusion pump for hemodialysis	See Appendix A	4/1/2021	12/8/2025	
E1530	Durable Medical Equipment	Air bubble detector for hemodialysis, each, replacement	See Appendix A	4/1/2021	12/8/2025	
E1540	Durable Medical Equipment	Pressure alarm for hemodialysis, each, replacement	See Appendix A	4/1/2021	12/8/2025	
E1550	Durable Medical Equipment	Bath conductivity meter for hemodialysis, each	See Appendix A	4/1/2021	12/8/2025	
E1560	Durable Medical Equipment	Blood leak detector for hemodialysis, each, replacement	See Appendix A	4/1/2021	12/8/2025	
E1570	Durable Medical Equipment	Adjustable chair, for ESRD patients	See Appendix A	4/1/2021	12/8/2025	
E1575	Durable Medical Equipment	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	See Appendix A	4/1/2021	12/8/2025	
E1580	Durable Medical Equipment	Unipuncture control system for hemodialysis	See Appendix A	4/1/2021	12/8/2025	
E1590	Durable Medical Equipment	Hemodialysis machine	See Appendix A	4/1/2021	12/8/2025	
E1592	Durable Medical Equipment	Automatic intermittent peritoneal dialysis system	See Appendix A	4/1/2021	12/8/2025	
E1594	Durable Medical Equipment	Cycler dialysis machine for peritoneal dialysis	See Appendix A	4/1/2021	12/8/2025	
E1600	Durable Medical Equipment	Delivery and/or installation charges for hemodialysis equipment	See Appendix A	4/1/2021	12/8/2025	
E1610	Durable Medical Equipment	Reverse osmosis water purification system, for hemodialysis	See Appendix A	4/1/2021	12/8/2025	
E1615	Durable Medical Equipment	Deionizer water purification system, for hemodialysis	See Appendix A	4/1/2021	12/8/2025	
E1620	Durable Medical Equipment	Blood pump for hemodialysis, replacement	See Appendix A	4/1/2021	12/8/2025	
E1625	Durable Medical Equipment	Water softening system, for hemodialysis	See Appendix A	4/1/2021	12/8/2025	
E1630	Durable Medical Equipment	Reciprocating peritoneal dialysis system	See Appendix A	4/1/2021	12/8/2025	
E1632	Durable Medical Equipment	Wearable artificial kidney, each	See Appendix A	4/1/2021	12/8/2025	
E1634	Durable Medical Equipment	Peritoneal dialysis clamps, each	See Appendix A	4/1/2021	12/8/2025	
E1635	Durable Medical Equipment	Compact (portable) travel hemodialyzer system	See Appendix A	4/1/2021	12/8/2025	
E1636	Durable Medical Equipment	Sorbent cartridges, for hemodialysis, per 10	See Appendix A	4/1/2021	12/8/2025	
E1637	Durable Medical Equipment	Hemostats, each	See Appendix A	4/1/2021	12/8/2025	1/28/2025
E1639	Durable Medical Equipment	Scale, each	See Appendix A	4/1/2021	12/8/2025	
E1699	Durable Medical Equipment	Dialysis equipment, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
E1700	Durable Medical Equipment	Jaw motion rehabilitation system	See Appendix A	4/1/2021	12/8/2025	
E1800	Durable Medical Equipment	Dynamic adjustable elbow extension/flexion device, includes soft interface material	See Appendix A	4/1/2021	12/8/2025	
E1803	Durable Medical Equipment	Dynamic adjustable elbow extension only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1804	Durable Medical Equipment	Dynamic adjustable elbow flexion only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1807	Durable Medical Equipment	Dynamic adjustable wrist extension only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1808	Durable Medical Equipment	Dynamic adjustable wrist flexion only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1810	Durable Medical Equipment	Dynamic adjustable knee extension/flexion device, includes soft interface material	See Appendix A	4/1/2021	12/8/2025	
E1813	Durable Medical Equipment	Dynamic adjustable knee extension only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1814	Durable Medical Equipment	Dynamic adjustable knee flexion only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1822	Durable Medical Equipment	Dynamic adjustable ankle extension only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1823	Durable Medical Equipment	Dynamic adjustable ankle flexion only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1826	Durable Medical Equipment	Dynamic adjustable finger extension only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1827	Durable Medical Equipment	Dynamic adjustable finger flexion only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1828	Durable Medical Equipment	Dynamic adjustable toe extension only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E1829	Durable Medical Equipment	Dynamic adjustable toe flexion only device, includes soft interface material	See Appendix A	3/19/2025	12/8/2025	
E2102	Durable Medical Equipment	Adjunctive, Non-Implantable Continuous Glucose Monitor (CGM) or receiver	See Appendix A	1/1/2023	12/8/2025	
E2103	Durable Medical Equipment	Non-Adjunctive, Non-implantable Continuous Glucose Monitor (CGM) or receiver	See Appendix A	1/1/2023	12/8/2025	
E2201	Durable Medical Equipment	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
E2202	Durable Medical Equipment	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	See Appendix A	4/1/2021	12/8/2025	
E2203	Durable Medical Equipment	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	See Appendix A	4/1/2021	12/8/2025	
E2204	Durable Medical Equipment	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	See Appendix A	4/1/2021	12/8/2025	
E2205	Durable Medical Equipment	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2206	Durable Medical Equipment	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2207	Durable Medical Equipment	Wheelchair accessory, crutch and cane holder, each	See Appendix A	4/1/2021	12/8/2025	
E2208	Durable Medical Equipment	Wheelchair accessory, cylinder tank carrier, each	See Appendix A	4/1/2021	12/8/2025	
E2209	Durable Medical Equipment	Accessory, arm trough, with or without hand support, each	See Appendix A	4/1/2021	12/8/2025	
E2210	Durable Medical Equipment	Wheelchair accessory, bearings, any type, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2211	Durable Medical Equipment	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2212	Durable Medical Equipment	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2213	Durable Medical Equipment	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2214	Durable Medical Equipment	Manual wheelchair accessory, pneumatic caster tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2215	Durable Medical Equipment	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2216	Durable Medical Equipment	Manual wheelchair accessory, foam filled propulsion tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2217	Durable Medical Equipment	Manual wheelchair accessory, foam filled caster tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2218	Durable Medical Equipment	Manual wheelchair accessory, foam propulsion tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2219	Durable Medical Equipment	Manual wheelchair accessory, foam caster tire, any size, each	See Appendix A	4/1/2021	12/8/2025	
E2220	Durable Medical Equipment	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2221	Durable Medical Equipment	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2222	Durable Medical Equipment	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2224	Durable Medical Equipment	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2225	Durable Medical Equipment	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2226	Durable Medical Equipment	Manual wheelchair accessory, caster fork, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2227	Durable Medical Equipment	Manual wheelchair accessory, gear reduction drive wheel, each	See Appendix A	4/1/2021	12/8/2025	
E2228	Durable Medical Equipment	Manual wheelchair accessory, wheel braking system and lock, complete, each	See Appendix A	4/1/2021	12/8/2025	
E2231	Durable Medical Equipment	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2291	Durable Medical Equipment	Back, planar, for pediatric size wheelchair including fixed attaching hardware	See Appendix A	4/1/2021	12/8/2025	
E2292	Durable Medical Equipment	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	See Appendix A	4/1/2021	12/8/2025	
E2293	Durable Medical Equipment	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	See Appendix A	4/1/2021	12/8/2025	
E2294	Durable Medical Equipment	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	See Appendix A	4/1/2021	12/8/2025	
E2295	Durable Medical Equipment	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	See Appendix A	4/1/2021	12/8/2025	
E2298	Durable Medical Equipment	COMPLEX REHAB PWR WC ACC PWR SEAT EL SYS ANY TYP	See Appendix A	5/30/2024	12/8/2025	
E2300	Durable Medical Equipment	Wheelchair accessory, power seat elevation system, any type	See Appendix A	4/1/2021	12/8/2025	
E2301	Durable Medical Equipment	Wheelchair accessory, power standing system, any type	See Appendix A	4/1/2021	12/8/2025	
E2310	Durable Medical Equipment	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
E2311	Durable Medical Equipment	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2312	Durable Medical Equipment	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2313	Durable Medical Equipment	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	See Appendix A	4/1/2021	12/8/2025	
E2321	Durable Medical Equipment	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2322	Durable Medical Equipment	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2323	Durable Medical Equipment	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	See Appendix A	4/1/2021	12/8/2025	
E2324	Durable Medical Equipment	Power wheelchair accessory, chin cup for chin control interface	See Appendix A	4/1/2021	12/8/2025	
E2325	Durable Medical Equipment	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2326	Durable Medical Equipment	Power wheelchair accessory, breath tube kit for sip and puff interface	See Appendix A	4/1/2021	12/8/2025	
E2327	Durable Medical Equipment	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2328	Durable Medical Equipment	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2329	Durable Medical Equipment	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2330	Durable Medical Equipment	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2331	Durable Medical Equipment	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2340	Durable Medical Equipment	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	See Appendix A	4/1/2021	12/8/2025	
E2341	Durable Medical Equipment	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	See Appendix A	4/1/2021	12/8/2025	
E2342	Durable Medical Equipment	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	See Appendix A	4/1/2021	12/8/2025	
E2343	Durable Medical Equipment	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	See Appendix A	4/1/2021	12/8/2025	
E2351	Durable Medical Equipment	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	See Appendix A	4/1/2021	12/8/2025	
E2358	Durable Medical Equipment	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	See Appendix A	4/1/2021	12/8/2025	
E2359	Durable Medical Equipment	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	See Appendix A	4/1/2021	12/8/2025	
E2360	Durable Medical Equipment	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	See Appendix A	4/1/2021	12/8/2025	
E2361	Durable Medical Equipment	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	See Appendix A	4/1/2021	12/8/2025	
E2362	Durable Medical Equipment	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	See Appendix A	4/1/2021	12/8/2025	
E2363	Durable Medical Equipment	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	See Appendix A	4/1/2021	12/8/2025	
E2364	Durable Medical Equipment	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	See Appendix A	4/1/2021	12/8/2025	
E2365	Durable Medical Equipment	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
E2366	Durable Medical Equipment	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	See Appendix A	4/1/2021	12/8/2025	
E2367	Durable Medical Equipment	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	See Appendix A	4/1/2021	12/8/2025	
E2368	Durable Medical Equipment	Power wheelchair component, drive wheel motor, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2369	Durable Medical Equipment	Power wheelchair component, drive wheel gear box, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2370	Durable Medical Equipment	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2371	Durable Medical Equipment	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	See Appendix A	4/1/2021	12/8/2025	
E2372	Durable Medical Equipment	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	See Appendix A	4/1/2021	12/8/2025	
E2373	Durable Medical Equipment	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2374	Durable Medical Equipment	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2375	Durable Medical Equipment	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2376	Durable Medical Equipment	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2377	Durable Medical Equipment	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	See Appendix A	4/1/2021	12/8/2025	
E2378	Durable Medical Equipment	Power wheelchair component, actuator, replacement only	See Appendix A	4/1/2021	12/8/2025	
E2381	Durable Medical Equipment	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2382	Durable Medical Equipment	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2383	Durable Medical Equipment	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2384	Durable Medical Equipment	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2385	Durable Medical Equipment	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2386	Durable Medical Equipment	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2387	Durable Medical Equipment	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2388	Durable Medical Equipment	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2389	Durable Medical Equipment	Power wheelchair accessory, foam caster tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2390	Durable Medical Equipment	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2391	Durable Medical Equipment	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2392	Durable Medical Equipment	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2394	Durable Medical Equipment	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2395	Durable Medical Equipment	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2396	Durable Medical Equipment	Power wheelchair accessory, caster fork, any size, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
E2397	Durable Medical Equipment	Power wheelchair accessory, lithium-based battery, each	See Appendix A	4/1/2021	12/8/2025	
E2398	Durable Medical Equipment	Wheelchair accessory, dynamic positioning hardware for back	See Appendix A	4/1/2021	12/8/2025	
E2402	Durable Medical Equipment	Negative pressure wound therapy electrical pump, stationary or portable	See Appendix A	4/1/2021	12/8/2025	

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E2500	Durable Medical Equipment	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	See Appendix A	4/1/2021	12/8/2025	
E2502	Durable Medical Equipment	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	See Appendix A	4/1/2021	12/8/2025	
E2504	Durable Medical Equipment	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	See Appendix A	4/1/2021	12/8/2025	
E2506	Durable Medical Equipment	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	See Appendix A	4/1/2021	12/8/2025	
E2508	Durable Medical Equipment	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	See Appendix A	4/1/2021	12/8/2025	
E2510	Durable Medical Equipment	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	See Appendix A	4/1/2021	12/8/2025	
E2511	Durable Medical Equipment	Speech generating software program, for personal computer or personal digital assistant	See Appendix A	4/1/2021	12/8/2025	
E2512	Durable Medical Equipment	Accessory for speech generating device, mounting system	See Appendix A	4/1/2021	12/8/2025	
E2599	Durable Medical Equipment	Accessory for speech generating device, not otherwise classified	See Appendix A	4/1/2021	12/8/2025	
E2601	Durable Medical Equipment	General use wheelchair seat cushion, width less than 22 in, any depth	See Appendix A	4/1/2021	12/8/2025	
E2602	Durable Medical Equipment	General use wheelchair seat cushion, width 22 in or greater, any depth	See Appendix A	4/1/2021	12/8/2025	
E2603	Durable Medical Equipment	Skin protection wheelchair seat cushion, width less than 22 in, any depth	See Appendix A	4/1/2021	12/8/2025	
E2604	Durable Medical Equipment	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	See Appendix A	4/1/2021	12/8/2025	
E2605	Durable Medical Equipment	Positioning wheelchair seat cushion, width less than 22 in, any depth	See Appendix A	4/1/2021	12/8/2025	
E2606	Durable Medical Equipment	Positioning wheelchair seat cushion, width 22 in or greater, any depth	See Appendix A	4/1/2021	12/8/2025	
E2607	Durable Medical Equipment	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	See Appendix A	4/1/2021	12/8/2025	
E2608	Durable Medical Equipment	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	See Appendix A	4/1/2021	12/8/2025	
E2609	Durable Medical Equipment	Custom fabricated wheelchair seat cushion, any size	See Appendix A	4/1/2021	12/8/2025	
E2610	Durable Medical Equipment	Wheelchair seat cushion, powered	See Appendix A	4/1/2021	12/8/2025	
E2611	Durable Medical Equipment	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2612	Durable Medical Equipment	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2613	Durable Medical Equipment	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2614	Durable Medical Equipment	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2615	Durable Medical Equipment	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2616	Durable Medical Equipment	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2617	Durable Medical Equipment	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2619	Durable Medical Equipment	Replacement cover for wheelchair seat cushion or back cushion, each	See Appendix A	4/1/2021	12/8/2025	
E2620	Durable Medical Equipment	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2621	Durable Medical Equipment	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	See Appendix A	4/1/2021	12/8/2025	
E2622	Durable Medical Equipment	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	See Appendix A	4/1/2021	12/8/2025	
E2623	Durable Medical Equipment	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	See Appendix A	4/1/2021	12/8/2025	

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E2624	Durable Medical Equipment	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	See Appendix A	4/1/2021	12/8/2025	
E2625	Durable Medical Equipment	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	See Appendix A	4/1/2021	12/8/2025	
E2626	Durable Medical Equipment	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	See Appendix A	4/1/2021	12/8/2025	
E2627	Durable Medical Equipment	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	See Appendix A	4/1/2021	12/8/2025	
E2628	Durable Medical Equipment	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	See Appendix A	4/1/2021	12/8/2025	
E2629	Durable Medical Equipment	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	See Appendix A	4/1/2021	12/8/2025	
E2630	Durable Medical Equipment	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	See Appendix A	4/1/2021	12/8/2025	
E2631	Durable Medical Equipment	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	See Appendix A	4/1/2021	12/8/2025	
E2632	Durable Medical Equipment	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	See Appendix A	4/1/2021	12/8/2025	
E2633	Durable Medical Equipment	Wheelchair accessory, addition to mobile arm support, supinator	See Appendix A	4/1/2021	12/8/2025	
E8000	Durable Medical Equipment	Gait trainer, pediatric size, posterior support, includes all accessories and components	See Appendix A	4/1/2021	12/8/2025	
E8001	Durable Medical Equipment	Gait trainer, pediatric size, upright support, includes all accessories and components	See Appendix A	4/1/2021	12/8/2025	
K0002	Durable Medical Equipment	Standard hemi (low seat) wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0003	Durable Medical Equipment	Lightweight wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0004	Durable Medical Equipment	High strength, lightweight wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0005	Durable Medical Equipment	Ultralightweight wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0006	Durable Medical Equipment	Heavy-duty wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0007	Durable Medical Equipment	Extra heavy-duty wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0008	Durable Medical Equipment	Custom manual wheelchair/base	See Appendix A	4/1/2021	12/8/2025	
K0009	Durable Medical Equipment	Other manual wheelchair/base	See Appendix A	4/1/2021	12/8/2025	
K0010	Durable Medical Equipment	Standard-weight frame motorized/power wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0011	Durable Medical Equipment	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	See Appendix A	4/1/2021	12/8/2025	
K0012	Durable Medical Equipment	Lightweight portable motorized/power wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0013	Durable Medical Equipment	Custom motorized/power wheelchair base	See Appendix A	4/1/2021	12/8/2025	
K0014	Durable Medical Equipment	Other motorized/power wheelchair base	See Appendix A	4/1/2021	12/8/2025	
K0015	Durable Medical Equipment	Detachable, nonadjustable height armrest, each	See Appendix A	4/1/2021	12/8/2025	
K0017	Durable Medical Equipment	Detachable, adjustable height armrest, base, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0020	Durable Medical Equipment	Fixed, adjustable height armrest, pair	See Appendix A	4/1/2021	12/8/2025	
K0037	Durable Medical Equipment	High mount flip-up footrest, each	See Appendix A	4/1/2021	12/8/2025	
K0039	Durable Medical Equipment	Leg strap, H style, each	See Appendix A	4/1/2021	12/8/2025	
K0040	Durable Medical Equipment	Adjustable angle footplate, each	See Appendix A	4/1/2021	12/8/2025	
K0041	Durable Medical Equipment	Large size footplate, each	See Appendix A	4/1/2021	12/8/2025	
K0042	Durable Medical Equipment	Standard size footplate, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0043	Durable Medical Equipment	Footrest, lower extension tube, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0044	Durable Medical Equipment	Footrest, upper hanger bracket, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0045	Durable Medical Equipment	Footrest, complete assembly, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0046	Durable Medical Equipment	Elevating legrest, lower extension tube, replacement only, each	See Appendix A	4/1/2021	12/8/2025	

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K0047	Durable Medical Equipment	Elevating legrest, upper hanger bracket, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0050	Durable Medical Equipment	Ratchet assembly, replacement only	See Appendix A	4/1/2021	12/8/2025	
K0051	Durable Medical Equipment	Cam release assembly, footrest or legrest, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0053	Durable Medical Equipment	Elevating footrests, articulating (telescoping), each	See Appendix A	4/1/2021	12/8/2025	
K0056	Durable Medical Equipment	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	See Appendix A	4/1/2021	12/8/2025	
K0071	Durable Medical Equipment	Front caster assembly, complete, with pneumatic tire, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0072	Durable Medical Equipment	Front caster assembly, complete, with semipneumatic tire, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
K0073	Durable Medical Equipment	Caster pin lock, each	See Appendix A	4/1/2021	12/8/2025	
K0098	Durable Medical Equipment	Drive belt for power wheelchair, replacement only	See Appendix A	4/1/2021	12/8/2025	
K0108	Durable Medical Equipment	Wheelchair component or accessory, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
K0455	Durable Medical Equipment	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	See Appendix A	4/1/2021	12/8/2025	
K0462	Durable Medical Equipment	Temporary replacement for patient-owned equipment being repaired, any type	See Appendix A	4/1/2021	12/8/2025	
K0606	Durable Medical Equipment	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	See Appendix A	4/1/2021	12/8/2025	
K0608	Durable Medical Equipment	Replacement garment for use with automated external defibrillator, each	See Appendix A	4/1/2021	12/8/2025	
K0669	Durable Medical Equipment	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	See Appendix A	4/1/2021	12/8/2025	
K0730	Durable Medical Equipment	Controlled dose inhalation drug delivery system	See Appendix A	4/1/2021	12/8/2025	
K0733	Durable Medical Equipment	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	See Appendix A	4/1/2021	12/8/2025	
K0738	Durable Medical Equipment	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	See Appendix A	4/1/2021	12/8/2025	
K0739	Durable Medical Equipment	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	See Appendix A	4/1/2021	12/8/2025	
K0800	Durable Medical Equipment	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0801	Durable Medical Equipment	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0802	Durable Medical Equipment	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0806	Durable Medical Equipment	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0807	Durable Medical Equipment	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0808	Durable Medical Equipment	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0812	Durable Medical Equipment	Power operated vehicle, not otherwise classified	See Appendix A	4/1/2021	12/8/2025	
K0813	Durable Medical Equipment	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0814	Durable Medical Equipment	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0815	Durable Medical Equipment	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0816	Durable Medical Equipment	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0820	Durable Medical Equipment	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0821	Durable Medical Equipment	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0822	Durable Medical Equipment	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	

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K0823	Durable Medical Equipment	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0824	Durable Medical Equipment	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0825	Durable Medical Equipment	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0826	Durable Medical Equipment	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0827	Durable Medical Equipment	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0828	Durable Medical Equipment	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	See Appendix A	4/1/2021	12/8/2025	
K0829	Durable Medical Equipment	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	See Appendix A	4/1/2021	12/8/2025	
K0830	Durable Medical Equipment	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0831	Durable Medical Equipment	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0835	Durable Medical Equipment	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0836	Durable Medical Equipment	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0837	Durable Medical Equipment	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0838	Durable Medical Equipment	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0839	Durable Medical Equipment	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0840	Durable Medical Equipment	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	See Appendix A	4/1/2021	12/8/2025	
K0841	Durable Medical Equipment	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0842	Durable Medical Equipment	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0843	Durable Medical Equipment	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0848	Durable Medical Equipment	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0849	Durable Medical Equipment	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0850	Durable Medical Equipment	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0851	Durable Medical Equipment	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0852	Durable Medical Equipment	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0853	Durable Medical Equipment	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	

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K0854	Durable Medical Equipment	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	See Appendix A	4/1/2021	12/8/2025	
K0855	Durable Medical Equipment	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	See Appendix A	4/1/2021	12/8/2025	
K0856	Durable Medical Equipment	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0857	Durable Medical Equipment	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0858	Durable Medical Equipment	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0859	Durable Medical Equipment	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0860	Durable Medical Equipment	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0861	Durable Medical Equipment	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0862	Durable Medical Equipment	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0863	Durable Medical Equipment	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0864	Durable Medical Equipment	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	See Appendix A	4/1/2021	12/8/2025	
K0868	Durable Medical Equipment	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0869	Durable Medical Equipment	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0870	Durable Medical Equipment	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0871	Durable Medical Equipment	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0877	Durable Medical Equipment	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0878	Durable Medical Equipment	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0879	Durable Medical Equipment	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0880	Durable Medical Equipment	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	See Appendix A	4/1/2021	12/8/2025	
K0884	Durable Medical Equipment	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0885	Durable Medical Equipment	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	See Appendix A	4/1/2021	12/8/2025	
K0886	Durable Medical Equipment	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	See Appendix A	4/1/2021	12/8/2025	
K0890	Durable Medical Equipment	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	See Appendix A	4/1/2021	12/8/2025	

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K0891	Durable Medical Equipment	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	See Appendix A	4/1/2021	12/8/2025	
K0898	Durable Medical Equipment	Power wheelchair, not otherwise classified	See Appendix A	4/1/2021	12/8/2025	
K0899	Durable Medical Equipment	Power mobility device, not coded by DME PDAC or does not meet criteria	See Appendix A	4/1/2021	12/8/2025	
K0900	Durable Medical Equipment	Customized durable medical equipment, other than wheelchair	See Appendix A	4/1/2021	12/8/2025	
K1001	Durable Medical Equipment	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	See Appendix A	4/1/2021	12/8/2025	
K1002	Durable Medical Equipment	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	See Appendix A	4/1/2021	12/8/2025	
K1003	Durable Medical Equipment	Whirlpool tub, walk in, portable	See Appendix A	4/1/2021	12/8/2025	
K1004	Durable Medical Equipment	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	See Appendix A	4/1/2021	12/8/2025	
K1007	Durable Medical Equipment	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	See Appendix A	4/1/2021	12/8/2025	
K1009	Durable Medical Equipment	Speech volume modulation system, any type, including all components and accessories	See Appendix A	4/1/2021	12/8/2025	
K1014	Durable Medical Equipment	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	See Appendix A	4/1/2021	12/8/2025	
K1016	Durable Medical Equipment	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	See Appendix A	4/1/2021	12/8/2025	
K1018	Durable Medical Equipment	External upper limb tremor stimulator of the peripheral nerves of the wrist	See Appendix A	4/1/2021	12/8/2025	
K1020	Durable Medical Equipment	Noninvasive vagus nerve stimulator	See Appendix A	4/1/2021	12/8/2025	
K1022	Durable Medical Equipment	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	See Appendix A	4/1/2021	12/8/2025	
K1023	Durable Medical Equipment	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	See Appendix A	4/1/2021	12/8/2025	
K1027	Durable Medical Equipment	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	See Appendix A	4/1/2021	12/8/2025	
L0452	Durable Medical Equipment	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0480	Durable Medical Equipment	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0482	Durable Medical Equipment	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0484	Durable Medical Equipment	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	See Appendix A	4/1/2021	12/8/2025	

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L0486	Durable Medical Equipment	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0622	Durable Medical Equipment	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0631	Durable Medical Equipment	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	See Appendix A	4/1/2021	12/8/2025	
L0632	Durable Medical Equipment	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0637	Durable Medical Equipment	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	See Appendix A	4/1/2021	12/8/2025	
L0640	Durable Medical Equipment	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L0648	Durable Medical Equipment	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	See Appendix A	4/1/2021	12/8/2025	
L0650	Durable Medical Equipment	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	See Appendix A	4/1/2021	12/8/2025	
L0700	Durable Medical Equipment	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	See Appendix A	4/1/2021	12/8/2025	
L0710	Durable Medical Equipment	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	See Appendix A	4/1/2021	12/8/2025	
L0999	Durable Medical Equipment	Addition to spinal orthosis, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L1000	Durable Medical Equipment	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	See Appendix A	4/1/2021	12/8/2025	
L1005	Durable Medical Equipment	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	See Appendix A	4/1/2021	12/8/2025	
L1110	Durable Medical Equipment	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	See Appendix A	4/1/2021	12/8/2025	

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L1320	Durable Medical Equipment	THORACIC PC ORTHOSIS STERNAL COMP CUSTOM FAB	See Appendix A	5/30/2024	12/8/2025	
L1499	Durable Medical Equipment	Spinal orthosis, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L1640	Durable Medical Equipment	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1680	Durable Medical Equipment	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1685	Durable Medical Equipment	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1690	Durable Medical Equipment	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	See Appendix A	4/1/2021	12/8/2025	
L1700	Durable Medical Equipment	Legg Perthes orthosis, (Toronto type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1710	Durable Medical Equipment	Legg Perthes orthosis, (Newington type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1720	Durable Medical Equipment	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1730	Durable Medical Equipment	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1755	Durable Medical Equipment	Legg Perthes orthosis, (Patten bottom type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1832	Durable Medical Equipment	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	See Appendix A	4/1/2021	12/8/2025	
L1834	Durable Medical Equipment	Knee orthosis (KO), without knee joint, rigid, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1840	Durable Medical Equipment	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1843	Durable Medical Equipment	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	See Appendix A	4/1/2021	12/8/2025	
L1844	Durable Medical Equipment	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1845	Durable Medical Equipment	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	See Appendix A	4/1/2021	12/8/2025	
L1846	Durable Medical Equipment	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1852	Durable Medical Equipment	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf **Notice-- if member is 20 years of age or younger no prior authorization is required. If member is 21 years of age or older a prior authorization is required. **	See Appendix A	4/1/2021 Addendum: 04/01/2024	12/8/2025	
L1860	Durable Medical Equipment	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	See Appendix A	4/1/2021	12/8/2025	
L1900	Durable Medical Equipment	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1904	Durable Medical Equipment	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1907	Durable Medical Equipment	Ankle Orthos Supramalleolar Custom	See Appendix A	2/17/2025	12/8/2025	
L1920	Durable Medical Equipment	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	See Appendix A	4/1/2021	12/8/2025	

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L1940	Durable Medical Equipment	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1945	Durable Medical Equipment	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1950	Durable Medical Equipment	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1960	Durable Medical Equipment	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1970	Durable Medical Equipment	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1980	Durable Medical Equipment	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L1990	Durable Medical Equipment	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2000	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2005	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2006	Durable Medical Equipment	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2010	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2020	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2030	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2034	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2036	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2037	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2038	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2050	Durable Medical Equipment	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2060	Durable Medical Equipment	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2080	Durable Medical Equipment	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2090	Durable Medical Equipment	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2106	Durable Medical Equipment	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2108	Durable Medical Equipment	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2126	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L2128	Durable Medical Equipment	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	See Appendix A	4/1/2021	12/8/2025	

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L2221	Durable Medical Equipment	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	See Appendix A	8/1/2026	5/26/2026	
L2999	Durable Medical Equipment	Lower extremity orthoses, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L3000	Durable Medical Equipment	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	See Appendix A	4/1/2021	12/8/2025	
L3001	Durable Medical Equipment	Foot, insert, removable, molded to patient model, Spenco, each	See Appendix A	4/1/2021	12/8/2025	
L3002	Durable Medical Equipment	Foot insert, removable, molded to patient model, Plastazote or equal, each	See Appendix A	4/1/2021	12/8/2025	
L3003	Durable Medical Equipment	Foot insert, removable, molded to patient model, silicone gel, each	See Appendix A	4/1/2021	12/8/2025	
L3010	Durable Medical Equipment	Foot insert, removable, molded to patient model, longitudinal arch support, each	See Appendix A	4/1/2021	12/8/2025	
L3020	Durable Medical Equipment	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	See Appendix A	4/1/2021	12/8/2025	
L3030	Durable Medical Equipment	Foot insert, removable, formed to patient foot, each	See Appendix A	4/1/2021	12/8/2025	
L3150	Durable Medical Equipment	Foot, abduction rotation bar, without shoes	See Appendix A	4/1/2021	12/8/2025	
L3660	Durable Medical Equipment	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	See Appendix A	4/1/2021	12/8/2025	
L3670	Durable Medical Equipment	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	See Appendix A	4/1/2021	12/8/2025	
L3761	Durable Medical Equipment	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	See Appendix A	4/1/2021	12/8/2025	
L3891	Durable Medical Equipment	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	See Appendix A	4/1/2021	12/8/2025	
L3999	Durable Medical Equipment	Upper limb orthosis, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L4631	Durable Medical Equipment	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L5000	Durable Medical Equipment	Partial foot, shoe insert with longitudinal arch, toe filler	See Appendix A	4/1/2021	12/8/2025	
L5010	Durable Medical Equipment	Partial foot, molded socket, ankle height, with toe filler	See Appendix A	4/1/2021	12/8/2025	
L5020	Durable Medical Equipment	Partial foot, molded socket, tibial tubercle height, with toe filler	See Appendix A	4/1/2021	12/8/2025	
L5050	Durable Medical Equipment	Ankle, Symes, molded socket, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5060	Durable Medical Equipment	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	See Appendix A	4/1/2021	12/8/2025	
L5100	Durable Medical Equipment	Below knee (BK), molded socket, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5105	Durable Medical Equipment	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5150	Durable Medical Equipment	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5160	Durable Medical Equipment	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5200	Durable Medical Equipment	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5210	Durable Medical Equipment	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	See Appendix A	4/1/2021	12/8/2025	
L5220	Durable Medical Equipment	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	See Appendix A	4/1/2021	12/8/2025	
L5230	Durable Medical Equipment	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5250	Durable Medical Equipment	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5270	Durable Medical Equipment	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5280	Durable Medical Equipment	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5301	Durable Medical Equipment	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	See Appendix A	4/1/2021	12/8/2025	

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L5312	Durable Medical Equipment	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	See Appendix A	4/1/2021	12/8/2025	
L5321	Durable Medical Equipment	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	See Appendix A	4/1/2021	12/8/2025	
L5331	Durable Medical Equipment	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5341	Durable Medical Equipment	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5400	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	See Appendix A	4/1/2021	12/8/2025	
L5410	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	See Appendix A	4/1/2021	12/8/2025	
L5420	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	See Appendix A	4/1/2021	12/8/2025	
L5430	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	See Appendix A	4/1/2021	12/8/2025	
L5450	Durable Medical Equipment	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	See Appendix A	4/1/2021	12/8/2025	
L5460	Durable Medical Equipment	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	See Appendix A	4/1/2021	12/8/2025	
L5500	Durable Medical Equipment	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	See Appendix A	4/1/2021	12/8/2025	
L5505	Durable Medical Equipment	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	See Appendix A	4/1/2021	12/8/2025	
L5510	Durable Medical Equipment	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	See Appendix A	4/1/2021	12/8/2025	
L5520	Durable Medical Equipment	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	See Appendix A	4/1/2021	12/8/2025	
L5530	Durable Medical Equipment	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	See Appendix A	4/1/2021	12/8/2025	
L5535	Durable Medical Equipment	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	See Appendix A	4/1/2021	12/8/2025	
L5540	Durable Medical Equipment	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	See Appendix A	4/1/2021	12/8/2025	
L5560	Durable Medical Equipment	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	See Appendix A	4/1/2021	12/8/2025	
L5570	Durable Medical Equipment	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	See Appendix A	4/1/2021	12/8/2025	
L5580	Durable Medical Equipment	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	See Appendix A	4/1/2021	12/8/2025	
L5585	Durable Medical Equipment	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	See Appendix A	4/1/2021	12/8/2025	
L5590	Durable Medical Equipment	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	See Appendix A	4/1/2021	12/8/2025	
L5595	Durable Medical Equipment	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	See Appendix A	4/1/2021	12/8/2025	

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L5600	Durable Medical Equipment	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L5610	Durable Medical Equipment	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	See Appendix A	4/1/2021	12/8/2025	
L5611	Durable Medical Equipment	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5613	Durable Medical Equipment	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5614	Durable Medical Equipment	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5616	Durable Medical Equipment	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5617	Durable Medical Equipment	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	See Appendix A	4/1/2021	12/8/2025	
L5618	Durable Medical Equipment	Addition to lower extremity, test socket, Symes	See Appendix A	4/1/2021	12/8/2025	
L5620	Durable Medical Equipment	Addition to lower extremity, test socket, below knee (BK)	See Appendix A	4/1/2021	12/8/2025	
L5622	Durable Medical Equipment	Addition to lower extremity, test socket, knee disarticulation	See Appendix A	4/1/2021	12/8/2025	
L5624	Durable Medical Equipment	Addition to lower extremity, test socket, above knee (AK)	See Appendix A	4/1/2021	12/8/2025	
L5626	Durable Medical Equipment	Addition to lower extremity, test socket, hip disarticulation	See Appendix A	4/1/2021	12/8/2025	
L5628	Durable Medical Equipment	Addition to lower extremity, test socket, hemipelvectomy	See Appendix A	4/1/2021	12/8/2025	
L5629	Durable Medical Equipment	Addition to lower extremity, below knee, acrylic socket	See Appendix A	4/1/2021	12/8/2025	
L5630	Durable Medical Equipment	Addition to lower extremity, Symes type, expandable wall socket	See Appendix A	4/1/2021	12/8/2025	
L5631	Durable Medical Equipment	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	See Appendix A	4/1/2021	12/8/2025	
L5632	Durable Medical Equipment	Addition to lower extremity, Symes type, PTB brim design socket	See Appendix A	4/1/2021	12/8/2025	
L5634	Durable Medical Equipment	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	See Appendix A	4/1/2021	12/8/2025	
L5636	Durable Medical Equipment	Addition to lower extremity, Symes type, medial opening socket	See Appendix A	4/1/2021	12/8/2025	
L5637	Durable Medical Equipment	Addition to lower extremity, below knee (BK), total contact	See Appendix A	4/1/2021	12/8/2025	
L5638	Durable Medical Equipment	Addition to lower extremity, below knee (BK), leather socket	See Appendix A	4/1/2021	12/8/2025	
L5639	Durable Medical Equipment	Addition to lower extremity, below knee (BK), wood socket	See Appendix A	4/1/2021	12/8/2025	
L5640	Durable Medical Equipment	Addition to lower extremity, knee disarticulation, leather socket	See Appendix A	4/1/2021	12/8/2025	
L5642	Durable Medical Equipment	Addition to lower extremity, above knee (AK), leather socket	See Appendix A	4/1/2021	12/8/2025	
L5643	Durable Medical Equipment	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	See Appendix A	4/1/2021	12/8/2025	
L5644	Durable Medical Equipment	Addition to lower extremity, above knee (AK), wood socket	See Appendix A	4/1/2021	12/8/2025	
L5645	Durable Medical Equipment	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	See Appendix A	4/1/2021	12/8/2025	
L5646	Durable Medical Equipment	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	See Appendix A	4/1/2021	12/8/2025	
L5647	Durable Medical Equipment	Addition to lower extremity, below knee (BK), suction socket	See Appendix A	4/1/2021	12/8/2025	
L5648	Durable Medical Equipment	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	See Appendix A	4/1/2021	12/8/2025	
L5649	Durable Medical Equipment	Addition to lower extremity, ischial containment/narrow M-L socket	See Appendix A	4/1/2021	12/8/2025	
L5650	Durable Medical Equipment	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	See Appendix A	4/1/2021	12/8/2025	
L5651	Durable Medical Equipment	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	See Appendix A	4/1/2021	12/8/2025	
L5652	Durable Medical Equipment	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	See Appendix A	4/1/2021	12/8/2025	
L5653	Durable Medical Equipment	Addition to lower extremity, knee disarticulation, expandable wall socket	See Appendix A	4/1/2021	12/8/2025	
L5654	Durable Medical Equipment	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	See Appendix A	4/1/2021	12/8/2025	
L5655	Durable Medical Equipment	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	See Appendix A	4/1/2021	12/8/2025	
L5656	Durable Medical Equipment	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	See Appendix A	4/1/2021	12/8/2025	

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L5658	Durable Medical Equipment	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	See Appendix A	4/1/2021	12/8/2025	
L5661	Durable Medical Equipment	Addition to lower extremity, socket insert, multidurometer Symes	See Appendix A	4/1/2021	12/8/2025	
L5665	Durable Medical Equipment	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	See Appendix A	4/1/2021	12/8/2025	
L5666	Durable Medical Equipment	Addition to lower extremity, below knee (BK), cuff suspension	See Appendix A	4/1/2021	12/8/2025	
L5668	Durable Medical Equipment	Addition to lower extremity, below knee (BK), molded distal cushion	See Appendix A	4/1/2021	12/8/2025	
L5670	Durable Medical Equipment	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	See Appendix A	4/1/2021	12/8/2025	
L5671	Durable Medical Equipment	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	See Appendix A	4/1/2021	12/8/2025	
L5672	Durable Medical Equipment	Addition to lower extremity, below knee (BK), removable medial brim suspension	See Appendix A	4/1/2021	12/8/2025	
L5673	Durable Medical Equipment	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	See Appendix A	4/1/2021	12/8/2025	
L5676	Durable Medical Equipment	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	See Appendix A	4/1/2021	12/8/2025	
L5677	Durable Medical Equipment	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	See Appendix A	4/1/2021	12/8/2025	
L5678	Durable Medical Equipment	Additions to lower extremity, below knee (BK), joint covers, pair	See Appendix A	4/1/2021	12/8/2025	
L5679	Durable Medical Equipment	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	See Appendix A	4/1/2021	12/8/2025	
L5680	Durable Medical Equipment	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	See Appendix A	4/1/2021	12/8/2025	
L5681	Durable Medical Equipment	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	See Appendix A	4/1/2021	12/8/2025	
L5682	Durable Medical Equipment	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	See Appendix A	4/1/2021	12/8/2025	
L5683	Durable Medical Equipment	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	See Appendix A	4/1/2021	12/8/2025	
L5684	Durable Medical Equipment	Addition to lower extremity, below knee, fork strap	See Appendix A	4/1/2021	12/8/2025	
L5685	Durable Medical Equipment	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	See Appendix A	4/1/2021	12/8/2025	
L5686	Durable Medical Equipment	Addition to lower extremity, below knee (BK), back check (extension control)	See Appendix A	4/1/2021	12/8/2025	
L5688	Durable Medical Equipment	Addition to lower extremity, below knee (BK), waist belt, webbing	See Appendix A	4/1/2021	12/8/2025	
L5690	Durable Medical Equipment	Addition to lower extremity, below knee (BK), waist belt, padded and lined	See Appendix A	4/1/2021	12/8/2025	
L5692	Durable Medical Equipment	Addition to lower extremity, above knee (AK), pelvic control belt, light	See Appendix A	4/1/2021	12/8/2025	
L5694	Durable Medical Equipment	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	See Appendix A	4/1/2021	12/8/2025	
L5695	Durable Medical Equipment	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	See Appendix A	4/1/2021	12/8/2025	
L5696	Durable Medical Equipment	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	See Appendix A	4/1/2021	12/8/2025	
L5697	Durable Medical Equipment	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	See Appendix A	4/1/2021	12/8/2025	
L5698	Durable Medical Equipment	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	See Appendix A	4/1/2021	12/8/2025	
L5699	Durable Medical Equipment	All lower extremity prostheses, shoulder harness	See Appendix A	4/1/2021	12/8/2025	
L5700	Durable Medical Equipment	Replacement, socket, below knee (BK), molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L5701	Durable Medical Equipment	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L5702	Durable Medical Equipment	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	See Appendix A	4/1/2021	12/8/2025	

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L5703	Durable Medical Equipment	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	See Appendix A	4/1/2021	12/8/2025	
L5704	Durable Medical Equipment	Custom shaped protective cover, below knee (BK)	See Appendix A	4/1/2021	12/8/2025	
L5705	Durable Medical Equipment	Custom shaped protective cover, above knee (AK)	See Appendix A	4/1/2021	12/8/2025	
L5706	Durable Medical Equipment	Custom shaped protective cover, knee disarticulation	See Appendix A	4/1/2021	12/8/2025	
L5707	Durable Medical Equipment	Custom shaped protective cover, hip disarticulation	See Appendix A	4/1/2021	12/8/2025	
L5710	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, manual lock	See Appendix A	4/1/2021	12/8/2025	
L5711	Durable Medical Equipment	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	See Appendix A	4/1/2021	12/8/2025	
L5712	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	See Appendix A	4/1/2021	12/8/2025	
L5714	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5716	Durable Medical Equipment	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	See Appendix A	4/1/2021	12/8/2025	
L5718	Durable Medical Equipment	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	See Appendix A	4/1/2021	12/8/2025	
L5722	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	See Appendix A	4/1/2021	12/8/2025	
L5724	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5726	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5728	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	See Appendix A	4/1/2021	12/8/2025	
L5780	Durable Medical Equipment	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5781	Durable Medical Equipment	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	See Appendix A	4/1/2021	12/8/2025	
L5782	Durable Medical Equipment	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	See Appendix A	4/1/2021	12/8/2025	
L5785	Durable Medical Equipment	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L5790	Durable Medical Equipment	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L5795	Durable Medical Equipment	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L5810	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, manual lock	See Appendix A	4/1/2021	12/8/2025	
L5811	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	See Appendix A	4/1/2021	12/8/2025	
L5812	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	See Appendix A	4/1/2021	12/8/2025	
L5814	Durable Medical Equipment	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	See Appendix A	4/1/2021	12/8/2025	
L5816	Durable Medical Equipment	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	See Appendix A	4/1/2021	12/8/2025	
L5818	Durable Medical Equipment	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	See Appendix A	4/1/2021	12/8/2025	
L5822	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	See Appendix A	4/1/2021	12/8/2025	
L5824	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5826	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	See Appendix A	4/1/2021	12/8/2025	
L5828	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	See Appendix A	4/1/2021	12/8/2025	
L5830	Durable Medical Equipment	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5840	Durable Medical Equipment	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	See Appendix A	4/1/2021	12/8/2025	
L5845	Durable Medical Equipment	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	See Appendix A	4/1/2021	12/8/2025	
L5848	Durable Medical Equipment	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
L5850	Durable Medical Equipment	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	See Appendix A	4/1/2021	12/8/2025	
L5855	Durable Medical Equipment	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	See Appendix A	4/1/2021	12/8/2025	
L5856	Durable Medical Equipment	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	See Appendix A	4/1/2021	12/8/2025	
L5857	Durable Medical Equipment	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	See Appendix A	4/1/2021	12/8/2025	
L5858	Durable Medical Equipment	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	See Appendix A	4/1/2021	12/8/2025	
L5859	Durable Medical Equipment	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	See Appendix A	4/1/2021	12/8/2025	
L5910	Durable Medical Equipment	Addition, endoskeletal system, below knee (BK), alignable system	See Appendix A	4/1/2021	12/8/2025	
L5920	Durable Medical Equipment	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	See Appendix A	4/1/2021	12/8/2025	
L5925	Durable Medical Equipment	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	See Appendix A	4/1/2021	12/8/2025	
L5930	Durable Medical Equipment	Addition, endoskeletal system, high activity knee control frame	See Appendix A	4/1/2021	12/8/2025	
L5940	Durable Medical Equipment	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L5950	Durable Medical Equipment	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L5960	Durable Medical Equipment	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L5961	Durable Medical Equipment	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	See Appendix A	4/1/2021	12/8/2025	
L5962	Durable Medical Equipment	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	See Appendix A	4/1/2021	12/8/2025	
L5964	Durable Medical Equipment	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	See Appendix A	4/1/2021	12/8/2025	
L5966	Durable Medical Equipment	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	See Appendix A	4/1/2021	12/8/2025	
L5968	Durable Medical Equipment	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	See Appendix A	4/1/2021	12/8/2025	
L5969	Durable Medical Equipment	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	See Appendix A	4/1/2021	12/8/2025	
L5970	Durable Medical Equipment	All lower extremity prostheses, foot, external keel, SACH foot	See Appendix A	4/1/2021	12/8/2025	
L5971	Durable Medical Equipment	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	See Appendix A	4/1/2021	12/8/2025	
L5972	Durable Medical Equipment	All lower extremity prostheses, foot, flexible keel	See Appendix A	4/1/2021	12/8/2025	
L5973	Durable Medical Equipment	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	See Appendix A	4/1/2021	12/8/2025	
L5974	Durable Medical Equipment	All lower extremity prostheses, foot, single axis ankle/foot	See Appendix A	4/1/2021	12/8/2025	
L5975	Durable Medical Equipment	All lower extremity prostheses, combination single axis ankle and flexible keel foot	See Appendix A	4/1/2021	12/8/2025	
L5976	Durable Medical Equipment	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	See Appendix A	4/1/2021	12/8/2025	
L5978	Durable Medical Equipment	All lower extremity prostheses, foot, multiaxial ankle/foot	See Appendix A	4/1/2021	12/8/2025	
L5979	Durable Medical Equipment	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	See Appendix A	4/1/2021	12/8/2025	
L5980	Durable Medical Equipment	All lower extremity prostheses, flex-foot system	See Appendix A	4/1/2021	12/8/2025	
L5981	Durable Medical Equipment	All lower extremity prostheses, flex-walk system or equal	See Appendix A	4/1/2021	12/8/2025	
L5982	Durable Medical Equipment	All exoskeletal lower extremity prostheses, axial rotation unit	See Appendix A	4/1/2021	12/8/2025	
L5984	Durable Medical Equipment	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	See Appendix A	4/1/2021	12/8/2025	
L5985	Durable Medical Equipment	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	See Appendix A	4/1/2021	12/8/2025	
L5986	Durable Medical Equipment	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	See Appendix A	4/1/2021	12/8/2025	
L5987	Durable Medical Equipment	All lower extremity prostheses, shank foot system with vertical loading pylon	See Appendix A	4/1/2021	12/8/2025	
L5988	Durable Medical Equipment	Addition to lower limb prosthesis, vertical shock reducing pylon feature	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
L5990	Durable Medical Equipment	Addition to lower extremity prosthesis, user adjustable heel height	See Appendix A	4/1/2021	12/8/2025	
L5999	Durable Medical Equipment	Lower extremity prosthesis, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L6000	Durable Medical Equipment	Partial hand, thumb remaining	See Appendix A	4/1/2021	12/8/2025	
L6010	Durable Medical Equipment	Partial hand, little and/or ring finger remaining	See Appendix A	4/1/2021	12/8/2025	
L6020	Durable Medical Equipment	Partial hand, no finger remaining	See Appendix A	4/1/2021	12/8/2025	
L6026	Durable Medical Equipment	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	See Appendix A	4/1/2021	12/8/2025	
L6028	Durable Medical Equipment	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts	See Appendix A	6/15/2025	12/8/2025	
L6029	Durable Medical Equipment	Upper extremity addition, test socket/interface, partial hand including fingers	See Appendix A	6/15/2025	12/8/2025	
L6030	Durable Medical Equipment	Upper extremity addition, external frame, partial hand including fingers	See Appendix A	6/15/2025	12/8/2025	
L6031	Durable Medical Equipment	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	See Appendix A	6/15/2025	12/8/2025	
L6032	Durable Medical Equipment	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	See Appendix A	6/15/2025	12/8/2025	
L6033	Durable Medical Equipment	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	See Appendix A	6/15/2025	12/8/2025	
L6037	Durable Medical Equipment	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	See Appendix A	6/15/2025	12/8/2025	
L6050	Durable Medical Equipment	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	See Appendix A	4/1/2021	12/8/2025	
L6055	Durable Medical Equipment	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	See Appendix A	4/1/2021	12/8/2025	
L6100	Durable Medical Equipment	Below elbow, molded socket, flexible elbow hinge, triceps pad	See Appendix A	4/1/2021	12/8/2025	
L6110	Durable Medical Equipment	Below elbow, molded socket (Muenster or Northwestern suspension types)	See Appendix A	4/1/2021	12/8/2025	
L6120	Durable Medical Equipment	Below elbow, molded double wall split socket, step-up hinges, half cuff	See Appendix A	4/1/2021	12/8/2025	
L6130	Durable Medical Equipment	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	See Appendix A	4/1/2021	12/8/2025	
L6200	Durable Medical Equipment	Elbow disarticulation, molded socket, outside locking hinge, forearm	See Appendix A	4/1/2021	12/8/2025	
L6205	Durable Medical Equipment	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	See Appendix A	4/1/2021	12/8/2025	
L6250	Durable Medical Equipment	Above elbow, molded double wall socket, internal locking elbow, forearm	See Appendix A	4/1/2021	12/8/2025	
L6300	Durable Medical Equipment	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	See Appendix A	4/1/2021	12/8/2025	
L6310	Durable Medical Equipment	Shoulder disarticulation, passive restoration (complete prosthesis)	See Appendix A	4/1/2021	12/8/2025	
L6320	Durable Medical Equipment	Shoulder disarticulation, passive restoration (shoulder cap only)	See Appendix A	4/1/2021	12/8/2025	
L6350	Durable Medical Equipment	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	See Appendix A	4/1/2021	12/8/2025	
L6360	Durable Medical Equipment	Interscapular thoracic, passive restoration (complete prosthesis)	See Appendix A	4/1/2021	12/8/2025	
L6370	Durable Medical Equipment	Interscapular thoracic, passive restoration (shoulder cap only)	See Appendix A	4/1/2021	12/8/2025	
L6380	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	See Appendix A	4/1/2021	12/8/2025	
L6382	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	See Appendix A	4/1/2021	12/8/2025	
L6384	Durable Medical Equipment	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	See Appendix A	4/1/2021	12/8/2025	
L6386	Durable Medical Equipment	Immediate postsurgical or early fitting, each additional cast change and realignment	See Appendix A	4/1/2021	12/8/2025	
L6388	Durable Medical Equipment	Immediate postsurgical or early fitting, application of rigid dressing only	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
L6400	Durable Medical Equipment	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	See Appendix A	4/1/2021	12/8/2025	
L6450	Durable Medical Equipment	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	See Appendix A	4/1/2021	12/8/2025	
L6500	Durable Medical Equipment	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	See Appendix A	4/1/2021	12/8/2025	
L6550	Durable Medical Equipment	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	See Appendix A	4/1/2021	12/8/2025	
L6570	Durable Medical Equipment	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	See Appendix A	4/1/2021	12/8/2025	
L6580	Durable Medical Equipment	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L6582	Durable Medical Equipment	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	See Appendix A	4/1/2021	12/8/2025	
L6584	Durable Medical Equipment	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L6586	Durable Medical Equipment	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	See Appendix A	4/1/2021	12/8/2025	
L6588	Durable Medical Equipment	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L6590	Durable Medical Equipment	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	See Appendix A	4/1/2021	12/8/2025	
L6600	Durable Medical Equipment	Upper extremity additions, polycentric hinge, pair	See Appendix A	4/1/2021	12/8/2025	
L6605	Durable Medical Equipment	Upper extremity additions, single pivot hinge, pair	See Appendix A	4/1/2021	12/8/2025	
L6610	Durable Medical Equipment	Upper extremity additions, flexible metal hinge, pair	See Appendix A	4/1/2021	12/8/2025	
L6611	Durable Medical Equipment	Addition to upper extremity prosthesis, external powered, additional switch, any type	See Appendix A	4/1/2021	12/8/2025	
L6615	Durable Medical Equipment	Upper extremity addition, disconnect locking wrist unit	See Appendix A	4/1/2021	12/8/2025	
L6616	Durable Medical Equipment	Upper extremity addition, additional disconnect insert for locking wrist unit, each	See Appendix A	4/1/2021	12/8/2025	
L6620	Durable Medical Equipment	Upper extremity addition, flexion/extension wrist unit, with or without friction	See Appendix A	4/1/2021	12/8/2025	
L6621	Durable Medical Equipment	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	See Appendix A	4/1/2021	12/8/2025	
L6623	Durable Medical Equipment	Upper extremity addition, spring assisted rotational wrist unit with latch release	See Appendix A	4/1/2021	12/8/2025	
L6624	Durable Medical Equipment	Upper extremity addition, flexion/extension and rotation wrist unit	See Appendix A	4/1/2021	12/8/2025	
L6625	Durable Medical Equipment	Upper extremity addition, rotation wrist unit with cable lock	See Appendix A	4/1/2021	12/8/2025	
L6628	Durable Medical Equipment	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	See Appendix A	4/1/2021	12/8/2025	
L6629	Durable Medical Equipment	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	See Appendix A	4/1/2021	12/8/2025	
L6630	Durable Medical Equipment	Upper extremity addition, stainless steel, any wrist	See Appendix A	4/1/2021	12/8/2025	
L6632	Durable Medical Equipment	Upper extremity addition, latex suspension sleeve, each	See Appendix A	4/1/2021	12/8/2025	
L6635	Durable Medical Equipment	Upper extremity addition, lift assist for elbow	See Appendix A	4/1/2021	12/8/2025	
L6637	Durable Medical Equipment	Upper extremity addition, nudge control elbow lock	See Appendix A	4/1/2021	12/8/2025	
L6638	Durable Medical Equipment	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	See Appendix A	4/1/2021	12/8/2025	

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L6640	Durable Medical Equipment	Upper extremity additions, shoulder abduction joint, pair	See Appendix A	4/1/2021	12/8/2025	
L6641	Durable Medical Equipment	Upper extremity addition, excursion amplifier, pulley type	See Appendix A	4/1/2021	12/8/2025	
L6642	Durable Medical Equipment	Upper extremity addition, excursion amplifier, lever type	See Appendix A	4/1/2021	12/8/2025	
L6645	Durable Medical Equipment	Upper extremity addition, shoulder flexion-abduction joint, each	See Appendix A	4/1/2021	12/8/2025	
L6646	Durable Medical Equipment	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	See Appendix A	4/1/2021	12/8/2025	
L6647	Durable Medical Equipment	Upper extremity addition, shoulder lock mechanism, body powered actuator	See Appendix A	4/1/2021	12/8/2025	
L6648	Durable Medical Equipment	Upper extremity addition, shoulder lock mechanism, external powered actuator	See Appendix A	4/1/2021	12/8/2025	
L6650	Durable Medical Equipment	Upper extremity addition, shoulder universal joint, each	See Appendix A	4/1/2021	12/8/2025	
L6655	Durable Medical Equipment	Upper extremity addition, standard control cable, extra	See Appendix A	4/1/2021	12/8/2025	
L6660	Durable Medical Equipment	Upper extremity addition, heavy-duty control cable	See Appendix A	4/1/2021	12/8/2025	
L6665	Durable Medical Equipment	Upper extremity addition, Teflon, or equal, cable lining	See Appendix A	4/1/2021	12/8/2025	
L6670	Durable Medical Equipment	Upper extremity addition, hook to hand, cable adapter	See Appendix A	4/1/2021	12/8/2025	
L6672	Durable Medical Equipment	Upper extremity addition, harness, chest or shoulder, saddle type	See Appendix A	4/1/2021	12/8/2025	
L6675	Durable Medical Equipment	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	See Appendix A	4/1/2021	12/8/2025	
L6676	Durable Medical Equipment	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	See Appendix A	4/1/2021	12/8/2025	
L6677	Durable Medical Equipment	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	See Appendix A	4/1/2021	12/8/2025	
L6680	Durable Medical Equipment	Upper extremity addition, test socket, wrist disarticulation or below elbow	See Appendix A	4/1/2021	12/8/2025	
L6682	Durable Medical Equipment	Upper extremity addition, test socket, elbow disarticulation or above elbow	See Appendix A	4/1/2021	12/8/2025	
L6684	Durable Medical Equipment	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	See Appendix A	4/1/2021	12/8/2025	
L6686	Durable Medical Equipment	Upper extremity addition, suction socket	See Appendix A	4/1/2021	12/8/2025	
L6687	Durable Medical Equipment	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	See Appendix A	4/1/2021	12/8/2025	
L6688	Durable Medical Equipment	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	See Appendix A	4/1/2021	12/8/2025	
L6689	Durable Medical Equipment	Upper extremity addition, frame type socket, shoulder disarticulation	See Appendix A	4/1/2021	12/8/2025	
L6690	Durable Medical Equipment	Upper extremity addition, frame type socket, interscapular-thoracic	See Appendix A	4/1/2021	12/8/2025	
L6691	Durable Medical Equipment	Upper extremity addition, removable insert, each	See Appendix A	4/1/2021	12/8/2025	
L6692	Durable Medical Equipment	Upper extremity addition, silicone gel insert or equal, each	See Appendix A	4/1/2021	12/8/2025	
L6693	Durable Medical Equipment	Upper extremity addition, locking elbow, forearm counterbalance	See Appendix A	4/1/2021	12/8/2025	
L6694	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	See Appendix A	4/1/2021	12/8/2025	
L6695	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	See Appendix A	4/1/2021	12/8/2025	
L6696	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	See Appendix A	4/1/2021	12/8/2025	
L6697	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	See Appendix A	4/1/2021	12/8/2025	
L6698	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	See Appendix A	4/1/2021	12/8/2025	
L6703	Durable Medical Equipment	Terminal device, passive hand/mitt, any material, any size	See Appendix A	4/1/2021	12/8/2025	
L6704	Durable Medical Equipment	Terminal device, sport/recreational/work attachment, any material, any size	See Appendix A	4/1/2021	12/8/2025	
L6706	Durable Medical Equipment	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	See Appendix A	4/1/2021	12/8/2025	

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L6707	Durable Medical Equipment	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	See Appendix A	4/1/2021	12/8/2025	
L6708	Durable Medical Equipment	Terminal device, hand, mechanical, voluntary opening, any material, any size	See Appendix A	4/1/2021	12/8/2025	
L6709	Durable Medical Equipment	Terminal device, hand, mechanical, voluntary closing, any material, any size	See Appendix A	4/1/2021	12/8/2025	
L6711	Durable Medical Equipment	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	See Appendix A	4/1/2021	12/8/2025	
L6712	Durable Medical Equipment	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	See Appendix A	4/1/2021	12/8/2025	
L6713	Durable Medical Equipment	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	See Appendix A	4/1/2021	12/8/2025	
L6714	Durable Medical Equipment	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	See Appendix A	4/1/2021	12/8/2025	
L6715	Durable Medical Equipment	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	See Appendix A	4/1/2021	12/8/2025	
L6721	Durable Medical Equipment	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	See Appendix A	4/1/2021	12/8/2025	
L6722	Durable Medical Equipment	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	See Appendix A	4/1/2021	12/8/2025	
L6805	Durable Medical Equipment	Addition to terminal device, modifier wrist unit	See Appendix A	4/1/2021	12/8/2025	
L6810	Durable Medical Equipment	Addition to terminal device, precision pinch device	See Appendix A	4/1/2021	12/8/2025	
L6880	Durable Medical Equipment	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	See Appendix A	4/1/2021	12/8/2025	
L6881	Durable Medical Equipment	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	See Appendix A	4/1/2021	12/8/2025	
L6882	Durable Medical Equipment	Microprocessor control feature, addition to upper limb prosthetic terminal device	See Appendix A	4/1/2021	12/8/2025	
L6883	Durable Medical Equipment	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	See Appendix A	4/1/2021	12/8/2025	
L6884	Durable Medical Equipment	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	See Appendix A	4/1/2021	12/8/2025	
L6885	Durable Medical Equipment	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	See Appendix A	4/1/2021	12/8/2025	
L6890	Durable Medical Equipment	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	See Appendix A	4/1/2021	12/8/2025	
L6895	Durable Medical Equipment	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L6900	Durable Medical Equipment	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	See Appendix A	4/1/2021	12/8/2025	
L6905	Durable Medical Equipment	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	See Appendix A	4/1/2021	12/8/2025	
L6910	Durable Medical Equipment	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	See Appendix A	4/1/2021	12/8/2025	
L6915	Durable Medical Equipment	Hand restoration (shading and measurements included), replacement glove for above	See Appendix A	4/1/2021	12/8/2025	
L6920	Durable Medical Equipment	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6925	Durable Medical Equipment	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6930	Durable Medical Equipment	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6935	Durable Medical Equipment	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	See Appendix A	4/1/2021	12/8/2025	

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L6940	Durable Medical Equipment	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6945	Durable Medical Equipment	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6950	Durable Medical Equipment	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6955	Durable Medical Equipment	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6960	Durable Medical Equipment	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6965	Durable Medical Equipment	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6970	Durable Medical Equipment	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L6975	Durable Medical Equipment	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	See Appendix A	4/1/2021	12/8/2025	
L7007	Durable Medical Equipment	Electric hand, switch or myoelectric controlled, adult	See Appendix A	4/1/2021	12/8/2025	
L7008	Durable Medical Equipment	Electric hand, switch or myoelectric, controlled, pediatric	See Appendix A	4/1/2021	12/8/2025	
L7009	Durable Medical Equipment	Electric hook, switch or myoelectric controlled, adult	See Appendix A	4/1/2021	12/8/2025	
L7040	Durable Medical Equipment	Prehensile actuator, switch controlled	See Appendix A	4/1/2021	12/8/2025	
L7045	Durable Medical Equipment	Electric hook, switch or myoelectric controlled, pediatric	See Appendix A	4/1/2021	12/8/2025	
L7170	Durable Medical Equipment	Electronic elbow, Hosmer or equal, switch controlled	See Appendix A	4/1/2021	12/8/2025	
L7180	Durable Medical Equipment	Electronic elbow, microprocessor sequential control of elbow and terminal device	See Appendix A	4/1/2021	12/8/2025	
L7181	Durable Medical Equipment	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	See Appendix A	4/1/2021	12/8/2025	
L7185	Durable Medical Equipment	Electronic elbow, adolescent, Variety Village or equal, switch controlled	See Appendix A	4/1/2021	12/8/2025	
L7186	Durable Medical Equipment	Electronic elbow, child, Variety Village or equal, switch controlled	See Appendix A	4/1/2021	12/8/2025	
L7190	Durable Medical Equipment	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	See Appendix A	4/1/2021	12/8/2025	
L7191	Durable Medical Equipment	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	See Appendix A	4/1/2021	12/8/2025	
L7259	Durable Medical Equipment	Electronic wrist rotator, any type	See Appendix A	4/1/2021	12/8/2025	
L7400	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L7401	Durable Medical Equipment	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L7402	Durable Medical Equipment	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	See Appendix A	4/1/2021	12/8/2025	
L7403	Durable Medical Equipment	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	See Appendix A	4/1/2021	12/8/2025	
L7404	Durable Medical Equipment	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	See Appendix A	4/1/2021	12/8/2025	

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L7405	Durable Medical Equipment	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	See Appendix A	4/1/2021	12/8/2025	
L7499	Durable Medical Equipment	Upper extremity prosthesis, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L7510	Durable Medical Equipment	Repair of prosthetic device, repair or replace minor parts	See Appendix A	4/1/2021	12/8/2025	
L7520	Durable Medical Equipment	Repair prosthetic device, labor component, per 15 minutes	See Appendix A	4/1/2021	12/8/2025	
L7600	Durable Medical Equipment	Prosthetic donning sleeve, any material, each	See Appendix A	4/1/2021	12/8/2025	
L7700	Durable Medical Equipment	Gasket or seal, for use with prosthetic socket insert, any type, each	See Appendix A	4/1/2021	12/8/2025	
L7900	Durable Medical Equipment	Male vacuum erection system	See Appendix A	4/1/2021	12/8/2025	
L7902	Durable Medical Equipment	Tension ring, for vacuum erection device, any type, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
L8033	Durable Medical Equipment	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	See Appendix A	4/1/2021	12/8/2025	
L8035	Durable Medical Equipment	Custom breast prosthesis, post mastectomy, molded to patient model	See Appendix A	4/1/2021	12/8/2025	
L8039	Durable Medical Equipment	Breast prosthesis, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
L8400	Durable Medical Equipment	Prosthetic sheath, below knee, each	See Appendix A	4/1/2021	12/8/2025	
L8417	Durable Medical Equipment	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	See Appendix A	4/1/2021	12/8/2025	
L8420	Durable Medical Equipment	Prosthetic sock, multiple ply, below knee (BK), each	See Appendix A	4/1/2021	12/8/2025	
L8430	Durable Medical Equipment	Prosthetic sock, multiple ply, above knee (AK), each	See Appendix A	4/1/2021	12/8/2025	
L8460	Durable Medical Equipment	Prosthetic shrinker, above knee (AK), each	See Appendix A	4/1/2021	12/8/2025	
L8470	Durable Medical Equipment	Prosthetic sock, single ply, fitting, below knee (BK), each	See Appendix A	4/1/2021	12/8/2025	
L8480	Durable Medical Equipment	Prosthetic sock, single ply, fitting, above knee (AK), each	See Appendix A	4/1/2021	12/8/2025	
L8499	Durable Medical Equipment	Unlisted procedure for miscellaneous prosthetic services	See Appendix A	4/1/2021	12/8/2025	
L8501	Durable Medical Equipment	Tracheostomy speaking valve	See Appendix A	4/1/2021	12/8/2025	
L8507	Durable Medical Equipment	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	See Appendix A	4/1/2021	12/8/2025	
L8509	Durable Medical Equipment	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	See Appendix A	4/1/2021	12/8/2025	
L8510	Durable Medical Equipment	Voice amplifier	See Appendix A	4/1/2021	12/8/2025	
L8600	Durable Medical Equipment	Implantable breast prosthesis, silicone or equal	See Appendix A	4/1/2021	12/8/2025	
L8608	Durable Medical Equipment	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	See Appendix A	4/1/2021	12/8/2025	
L8679	Durable Medical Equipment	Implantable neurostimulator, pulse generator, any type	See Appendix A	4/1/2021	12/8/2025	
L8680	Durable Medical Equipment	Implantable neurostimulator electrode, each	See Appendix A	4/1/2021	12/8/2025	
L8681	Durable Medical Equipment	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	See Appendix A	4/1/2021	12/8/2025	
L8682	Durable Medical Equipment	Implantable neurostimulator radiofrequency receiver	See Appendix A	4/1/2021	12/8/2025	
L8683	Durable Medical Equipment	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	See Appendix A	4/1/2021	12/8/2025	
L8684	Durable Medical Equipment	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	See Appendix A	4/1/2021	12/8/2025	
L8685	Durable Medical Equipment	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	See Appendix A	4/1/2021	12/8/2025	
L8686	Durable Medical Equipment	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	See Appendix A	4/1/2021	12/8/2025	
L8687	Durable Medical Equipment	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	See Appendix A	4/1/2021	12/8/2025	
L8688	Durable Medical Equipment	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	See Appendix A	4/1/2021	12/8/2025	
L8689	Durable Medical Equipment	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	See Appendix A	4/1/2021	12/8/2025	
L8695	Durable Medical Equipment	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	See Appendix A	4/1/2021	12/8/2025	
L8698	Durable Medical Equipment	Miscellaneous component, supply or accessory for use with total artificial heart system	See Appendix A	4/1/2021	12/8/2025	
L8699	Durable Medical Equipment	Prosthetic implant, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	

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L8701	Durable Medical Equipment	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
L8702	Durable Medical Equipment	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	See Appendix A	4/1/2021	12/8/2025	
Q0507	Durable Medical Equipment	Miscellaneous supply or accessory for use with an external ventricular assist device	See Appendix A	4/1/2021	12/8/2025	
Q0508	Durable Medical Equipment	Miscellaneous supply or accessory for use with an implanted ventricular assist device	See Appendix A	4/1/2021	12/8/2025	
Q0509	Durable Medical Equipment	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	See Appendix A	4/1/2021	12/8/2025	
S1034	Durable Medical Equipment	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	See Appendix A	4/1/2021	12/8/2025	
S1035	Durable Medical Equipment	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	See Appendix A	4/1/2021	12/8/2025	
S1036	Durable Medical Equipment	Transmitter; external, for use with artificial pancreas device system	See Appendix A	4/1/2021	12/8/2025	
S1037	Durable Medical Equipment	Receiver (monitor); external, for use with artificial pancreas device system	See Appendix A	4/1/2021	12/8/2025	
S1040	Durable Medical Equipment	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	See Appendix A	4/1/2021	12/8/2025	
S5036	Durable Medical Equipment	Home infusion therapy, repair of infusion device (e.g., pump repair)	See Appendix A	4/1/2021	12/8/2025	
S8186	Durable Medical Equipment	Swivel adaptor	See Appendix A	4/1/2021	12/8/2025	
S8415	Durable Medical Equipment	Supplies for home delivery of infant	See Appendix A	4/1/2021	12/8/2025	
T2028	Durable Medical Equipment	Specialized supply, not otherwise specified, waiver	See Appendix A	4/1/2021	12/8/2025	
T2101	Durable Medical Equipment	Human breast milk processing, storage and distribution only	See Appendix A	4/1/2021	12/8/2025	6/30/2025
T5999	Durable Medical Equipment	Supply, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
V2799	Durable Medical Equipment	Vision item or service, miscellaneous	See Appendix A	4/1/2021	12/8/2025	
69710	Hearing Aid Services	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	See Appendix A	4/1/2021	12/8/2025	
69711	Hearing Aid Services	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	See Appendix A	4/1/2021	12/8/2025	
69714	Hearing Aid Services	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	See Appendix A	4/1/2021	12/8/2025	
69715	Hearing Aid Services	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	See Appendix A	4/1/2021	12/8/2025	
69717	Hearing Aid Services	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	See Appendix A	4/1/2021	12/8/2025	
69718	Hearing Aid Services	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	See Appendix A	4/1/2021	12/8/2025	
69930	Hearing Aid Services	Cochlear device implantation, with or without mastoidectomy	See Appendix A	4/1/2021	12/8/2025	
69949	Hearing Aid Services	Unlisted procedure, inner ear	See Appendix A	4/1/2021	12/8/2025	
92601	Hearing Aid Services	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	See Appendix A	4/1/2021	12/8/2025	
92602	Hearing Aid Services	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	See Appendix A	4/1/2021	12/8/2025	
92626	Hearing Aid Services	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); One auditory rehabilitation evaluation and 12 visits per 180 day period may be reimbursed without prior authorization. Additional visits during a six rolling month period for clients who are 12 months of age through 20 years of age require prior authorization.	See Appendix A	4/1/2021	12/8/2025	1/28/2025

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92627	Hearing Aid Services	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	1/28/2025
92630	Hearing Aid Services	Auditory rehabilitation; prelingual hearing loss	See Appendix A	4/1/2021	12/8/2025	
92633	Hearing Aid Services	Auditory rehabilitation; postlingual hearing loss	See Appendix A	4/1/2021	12/8/2025	
92640	Hearing Aid Services	Diagnostic analysis with programming of auditory brainstem implant, per hour	See Appendix A	4/1/2021	12/8/2025	
L7367	Hearing Aid Services	Lithium ion battery, rechargeable, replacement	See Appendix A	4/1/2021	12/8/2025	
L7368	Hearing Aid Services	Lithium ion battery charger, replacement only	See Appendix A	4/1/2021	12/8/2025	
L8614	Hearing Aid Services	Cochlear device, includes all internal and external components	See Appendix A	4/1/2021	12/8/2025	
L8615	Hearing Aid Services	Headset/headpiece for use with cochlear implant device, replacement	See Appendix A	4/1/2021	12/8/2025	
L8616	Hearing Aid Services	Microphone for use with cochlear implant device, replacement	See Appendix A	4/1/2021	12/8/2025	
L8617	Hearing Aid Services	Transmitting coil for use with cochlear implant device, replacement	See Appendix A	4/1/2021	12/8/2025	
L8618	Hearing Aid Services	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	See Appendix A	4/1/2021	12/8/2025	
L8619	Hearing Aid Services	Cochlear implant, external speech processor and controller, integrated system, replacement	See Appendix A	4/1/2021	12/8/2025	
L8621	Hearing Aid Services	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	See Appendix A	4/1/2021	12/8/2025	
L8622	Hearing Aid Services	Alkaline battery for use with cochlear implant device, any size, replacement, each	See Appendix A	4/1/2021	12/8/2025	
L8623	Hearing Aid Services	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	See Appendix A	4/1/2021	12/8/2025	
L8624	Hearing Aid Services	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	See Appendix A	4/1/2021	12/8/2025	
L8625	Hearing Aid Services	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
L8627	Hearing Aid Services	Cochlear implant, external speech processor, component, replacement	See Appendix A	4/1/2021	12/8/2025	
L8628	Hearing Aid Services	Cochlear implant, external controller component, replacement	See Appendix A	4/1/2021	12/8/2025	
L8629	Hearing Aid Services	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	See Appendix A	4/1/2021	12/8/2025	
L8690	Hearing Aid Services	Auditory osseointegrated device, includes all internal and external components	See Appendix A	4/1/2021	12/8/2025	
L8691	Hearing Aid Services	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
L8692	Hearing Aid Services	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	See Appendix A	4/1/2021	12/8/2025	
L8693	Hearing Aid Services	Auditory osseointegrated device abutment, any length, replacement only	See Appendix A	4/1/2021	12/8/2025	
L8694	Hearing Aid Services	Auditory osseointegrated device, transducer/actuator, replacement only, each	See Appendix A	4/1/2021	12/8/2025	
S2230	Hearing Aid Services	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	See Appendix A	4/1/2021	12/8/2025	
S2235	Hearing Aid Services	Implantation of auditory brain stem implant	See Appendix A	4/1/2021	12/8/2025	
V5014	Hearing Aid Services	Repair/modification of a hearing aid	See Appendix A	4/1/2021	12/8/2025	
V5030	Hearing Aid Services	Hearing aid, monaural, body worn, air conduction	See Appendix A	4/1/2021	12/8/2025	
V5040	Hearing Aid Services	Hearing aid, monaural, body worn, bone conduction	See Appendix A	4/1/2021	12/8/2025	
V5050	Hearing Aid Services	Hearing aid, monaural, in the ear	See Appendix A	4/1/2021	12/8/2025	
V5060	Hearing Aid Services	Hearing aid, monaural, behind the ear	See Appendix A	4/1/2021	12/8/2025	
V5070	Hearing Aid Services	Glasses, air conduction	See Appendix A	4/1/2021	12/8/2025	
V5080	Hearing Aid Services	Glasses, bone conduction	See Appendix A	4/1/2021	12/8/2025	
V5100	Hearing Aid Services	Hearing aid, bilateral, body worn	See Appendix A	4/1/2021	12/8/2025	
V5120	Hearing Aid Services	Binaural, body	See Appendix A	4/1/2021	12/8/2025	
V5130	Hearing Aid Services	Binaural, in the ear	See Appendix A	4/1/2021	12/8/2025	

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V5140	Hearing Aid Services	Binaural, behind the ear	See Appendix A	4/1/2021	12/8/2025	
V5150	Hearing Aid Services	Binaural, glasses	See Appendix A	4/1/2021	12/8/2025	
V5171	Hearing Aid Services	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	See Appendix A	4/1/2021	12/8/2025	
V5172	Hearing Aid Services	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	See Appendix A	4/1/2021	12/8/2025	
V5181	Hearing Aid Services	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	See Appendix A	4/1/2021	12/8/2025	
V5190	Hearing Aid Services	Hearing aid, contralateral routing, monaural, glasses	See Appendix A	4/1/2021	12/8/2025	
V5211	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, ITE/ITE	See Appendix A	4/1/2021	12/8/2025	
V5212	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, ITE/ITC	See Appendix A	4/1/2021	12/8/2025	
V5213	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, ITE/BTE	See Appendix A	4/1/2021	12/8/2025	
V5214	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, ITC/ITC	See Appendix A	4/1/2021	12/8/2025	
V5215	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, ITC/BTE	See Appendix A	4/1/2021	12/8/2025	
V5221	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, BTE/BTE	See Appendix A	4/1/2021	12/8/2025	
V5230	Hearing Aid Services	Hearing aid, contralateral routing system, binaural, glasses	See Appendix A	4/1/2021	12/8/2025	
V5242	Hearing Aid Services	Hearing aid, analog, monaural, CIC (completely in the ear canal)	See Appendix A	4/1/2021	12/8/2025	
V5243	Hearing Aid Services	Hearing aid, analog, monaural, ITC (in the canal)	See Appendix A	4/1/2021	12/8/2025	
V5244	Hearing Aid Services	Hearing aid, digitally programmable analog, monaural, CIC	See Appendix A	4/1/2021	12/8/2025	
V5245	Hearing Aid Services	Hearing aid, digitally programmable, analog, monaural, ITC	See Appendix A	4/1/2021	12/8/2025	
V5246	Hearing Aid Services	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	See Appendix A	4/1/2021	12/8/2025	
V5247	Hearing Aid Services	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	See Appendix A	4/1/2021	12/8/2025	
V5248	Hearing Aid Services	Hearing aid, analog, binaural, CIC	See Appendix A	4/1/2021	12/8/2025	
V5249	Hearing Aid Services	Hearing aid, analog, binaural, ITC	See Appendix A	4/1/2021	12/8/2025	
V5250	Hearing Aid Services	Hearing aid, digitally programmable analog, binaural, CIC	See Appendix A	4/1/2021	12/8/2025	
V5251	Hearing Aid Services	Hearing aid, digitally programmable analog, binaural, ITC	See Appendix A	4/1/2021	12/8/2025	
V5252	Hearing Aid Services	Hearing aid, digitally programmable, binaural, ITE	See Appendix A	4/1/2021	12/8/2025	
V5253	Hearing Aid Services	Hearing aid, digitally programmable, binaural, BTE	See Appendix A	4/1/2021	12/8/2025	
V5254	Hearing Aid Services	Hearing aid, digital, monaural, CIC	See Appendix A	4/1/2021	12/8/2025	
V5255	Hearing Aid Services	Hearing aid, digital, monaural, ITC	See Appendix A	4/1/2021	12/8/2025	
V5256	Hearing Aid Services	Hearing aid, digital, monaural, ITE	See Appendix A	4/1/2021	12/8/2025	
V5257	Hearing Aid Services	Hearing aid, digital, monaural, BTE	See Appendix A	4/1/2021	12/8/2025	
V5258	Hearing Aid Services	Hearing aid, digital, binaural, CIC	See Appendix A	4/1/2021	12/8/2025	
V5259	Hearing Aid Services	Hearing aid, digital, binaural, ITC	See Appendix A	4/1/2021	12/8/2025	
V5260	Hearing Aid Services	Hearing aid, digital, binaural, ITE	See Appendix A	4/1/2021	12/8/2025	
V5261	Hearing Aid Services	Hearing aid, digital, binaural, BTE **Limitation Notice--For ages 20 years old or less; 1 device per ear every 5 years does not require prior authorization for PAR Providers; for ages 21 years old or older prior authorization is required. **	See Appendix A	4/1/2021 Addendum: 04/01/2024	12/8/2025	
V5262	Hearing Aid Services	Hearing aid, disposable, any type, monaural	See Appendix A	4/1/2021	12/8/2025	
V5263	Hearing Aid Services	Hearing aid, disposable, any type, binaural	See Appendix A	4/1/2021	12/8/2025	
V5267	Hearing Aid Services	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
V5268	Hearing Aid Services	Assistive listening device, telephone amplifier, any type	See Appendix A	4/1/2021	12/8/2025	
V5269	Hearing Aid Services	Assistive listening device, alerting, any type	See Appendix A	4/1/2021	12/8/2025	
V5270	Hearing Aid Services	Assistive listening device, television amplifier, any type	See Appendix A	4/1/2021	12/8/2025	
V5271	Hearing Aid Services	Assistive listening device, television caption decoder	See Appendix A	4/1/2021	12/8/2025	
V5272	Hearing Aid Services	Assistive listening device, TDD	See Appendix A	4/1/2021	12/8/2025	
V5273	Hearing Aid Services	Assistive listening device, for use with cochlear implant	See Appendix A	4/1/2021	12/8/2025	

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V5274	Hearing Aid Services	Assistive listening device, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
V5281	Hearing Aid Services	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	See Appendix A	4/1/2021	12/8/2025	
V5282	Hearing Aid Services	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	See Appendix A	4/1/2021	12/8/2025	
V5283	Hearing Aid Services	Assistive listening device, personal FM/DM neck, loop induction receiver	See Appendix A	4/1/2021	12/8/2025	
V5284	Hearing Aid Services	Assistive listening device, personal FM/DM, ear level receiver	See Appendix A	4/1/2021	12/8/2025	
V5285	Hearing Aid Services	Assistive listening device, personal FM/DM, direct audio input receiver	See Appendix A	4/1/2021	12/8/2025	
V5286	Hearing Aid Services	Assistive listening device, personal blue tooth FM/DM receiver	See Appendix A	4/1/2021	12/8/2025	
V5287	Hearing Aid Services	Assistive listening device, personal FM/DM receiver, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
V5288	Hearing Aid Services	Assistive listening device, personal FM/DM transmitter assistive listening device	See Appendix A	4/1/2021	12/8/2025	
V5289	Hearing Aid Services	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	See Appendix A	4/1/2021	12/8/2025	
V5290	Hearing Aid Services	Assistive listening device, transmitter microphone, any type	See Appendix A	4/1/2021	12/8/2025	
V5298	Hearing Aid Services	Hearing aid, not otherwise classified	See Appendix A	4/1/2021	12/8/2025	
V5299	Hearing Aid Services	Hearing service, miscellaneous	See Appendix A	4/1/2021	12/8/2025	
V5336	Hearing Aid Services	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	See Appendix A	4/1/2021	12/8/2025	
98960	Home Health Services	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	See Appendix A	4/1/2021	12/8/2025	
99304	Home Health Services	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99305	Home Health Services	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99306	Home Health Services	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	

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99307	Home Health Services	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99308	Home Health Services	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99309	Home Health Services	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99310	Home Health Services	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99315	Home Health Services	Nursing facility discharge day management; 30 minutes or less	See Appendix A	4/1/2021	12/8/2025	
99316	Home Health Services	Nursing facility discharge day management; more than 30 minutes	See Appendix A	4/1/2021	12/8/2025	
99318	Home Health Services	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	See Appendix A	4/1/2021	12/8/2025	
99379	Home Health Services	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	See Appendix A	4/1/2021	12/8/2025	

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99380	Home Health Services	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	See Appendix A	4/1/2021	12/8/2025	
99503	Home Health Services	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	See Appendix A	4/1/2021	12/8/2025	
99504	Home Health Services	Home visit for mechanical ventilation care	See Appendix A	4/1/2021	12/8/2025	
99601	Home Health Services	Home Infusion/Visit 2 HRS	See Appendix A	3/17/2023	12/8/2025	
G0156	Home Health Services	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0299	Home Health Services	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0300	Home Health Services	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
Q5004	Home Health Services	Hospice care provided in skilled nursing facility (SNF)	See Appendix A	4/1/2021	12/8/2025	
S5181	Home Health Services	Home health respiratory therapy, NOS, per diem	See Appendix A	4/1/2021	12/8/2025	
S9122	Home Health Services	Home health aide or certified nurse assistant, providing care in the home; per hour	See Appendix A	4/1/2021	12/8/2025	
S9123	Home Health Services	Home health nursing care; Registered Nurse; per hour	See Appendix A	3/17/2023	12/8/2025	
S9211	Home Health Services	Home Management Gestational Hypertension, Per Diem	See Appendix A	3/17/2023	12/8/2025	
S9212	Home Health Services	Home Management Postpartum Hypertension; Per Diem	See Appendix A	3/17/2023	12/8/2025	
S9351	Home Health Services	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services	See Appendix A	4/1/2021	12/8/2025	
S9373	Home Health Services	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care	See Appendix A	4/1/2021	12/8/2025	
S9441	Home Health Services	Asthma education, nonphysician provider, per session	See Appendix A	4/1/2021	12/8/2025	
T1000	Home Health Services	Private duty/independent nursing service(s), licensed, up to 15 minutes	See Appendix A	4/1/2021	12/8/2025	
T1021	Home Health Services	Home health aide or certified nurse assistant, per visit	See Appendix A	4/1/2021	12/8/2025	
T1030	Home Health Services	Nursing care, in the home, by registered nurse, per diem	See Appendix A	4/1/2021	12/8/2025	
T1031	Home Health Services	Nursing care, in the home, by licensed practical nurse, per diem	See Appendix A	4/1/2021	12/8/2025	
81162	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	See Appendix A	4/1/2021	12/8/2025	
81163	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81164	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	See Appendix A	4/1/2021	12/8/2025	
81165	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81166	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	See Appendix A	4/1/2021	12/8/2025	
81167	Lab Services – Genetic Testing	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	See Appendix A	4/1/2021	12/8/2025	
81200	Lab Services – Genetic Testing	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	See Appendix A	4/1/2021	12/8/2025	

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81201	Lab Services – Genetic Testing	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	See Appendix A	4/1/2021	12/8/2025	
81202	Lab Services – Genetic Testing	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	See Appendix A	4/1/2021	12/8/2025	
81203	Lab Services – Genetic Testing	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	
81204	Lab Services – Genetic Testing	AR GENE CHARAC ALLELES	See Appendix A	4/1/2021	12/8/2025	
81205	Lab Services – Genetic Testing	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	See Appendix A	4/1/2021	12/8/2025	
81206	Lab Services – Genetic Testing	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	See Appendix A	4/1/2021	12/8/2025	
81207	Lab Services – Genetic Testing	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	See Appendix A	4/1/2021	12/8/2025	
81209	Lab Services – Genetic Testing	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	See Appendix A	4/1/2021	12/8/2025	
81210	Lab Services – Genetic Testing	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	See Appendix A	4/1/2021	12/8/2025	
81212	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	See Appendix A	4/1/2021	12/8/2025	
81215	Lab Services – Genetic Testing	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	See Appendix A	4/1/2021	12/8/2025	
81216	Lab Services – Genetic Testing	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81217	Lab Services – Genetic Testing	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	See Appendix A	4/1/2021	12/8/2025	
81220	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81222	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81223	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81224	Lab Services – Genetic Testing	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81225	Lab Services – Genetic Testing	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	See Appendix A	4/1/2021	12/8/2025	
81226	Lab Services – Genetic Testing	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	See Appendix A	4/1/2021	12/8/2025	
81227	Lab Services – Genetic Testing	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	See Appendix A	4/1/2021	12/8/2025	
81229	Lab Services – Genetic Testing	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	See Appendix A	4/1/2021	12/8/2025	
81230	Lab Services – Genetic Testing	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	See Appendix A	4/1/2021	12/8/2025	

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81231	Lab Services – Genetic Testing	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	See Appendix A	4/1/2021	12/8/2025	
81233	Lab Services – Genetic Testing	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	See Appendix A	4/1/2021	12/8/2025	
81237	Lab Services – Genetic Testing	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	See Appendix A	4/1/2021	12/8/2025	
81240	Lab Services – Genetic Testing	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	See Appendix A	4/1/2021	12/8/2025	
81241	Lab Services – Genetic Testing	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	See Appendix A	4/1/2021	12/8/2025	
81242	Lab Services – Genetic Testing	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	See Appendix A	4/1/2021	12/8/2025	
81243	Lab Services – Genetic Testing	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81244	Lab Services – Genetic Testing	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81250	Lab Services – Genetic Testing	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	See Appendix A	4/1/2021	12/8/2025	
81251	Lab Services – Genetic Testing	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	See Appendix A	4/1/2021	12/8/2025	
81252	Lab Services – Genetic Testing	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	See Appendix A	4/1/2021	12/8/2025	
81254	Lab Services – Genetic Testing	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	See Appendix A	4/1/2021	12/8/2025	
81255	Lab Services – Genetic Testing	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	See Appendix A	4/1/2021	12/8/2025	
81256	Lab Services – Genetic Testing	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	See Appendix A	4/1/2021	12/8/2025	
81257	Lab Services – Genetic Testing	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	See Appendix A	4/1/2021	12/8/2025	5/30/2024
81260	Lab Services – Genetic Testing	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	See Appendix A	4/1/2021	12/8/2025	
81265	Lab Services – Genetic Testing	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	See Appendix A	4/1/2021	12/8/2025	
81266	Lab Services – Genetic Testing	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
81267	Lab Services – Genetic Testing	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	See Appendix A	4/1/2021	12/8/2025	
81270	Lab Services – Genetic Testing	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	See Appendix A	4/1/2021	12/8/2025	
81275	Lab Services – Genetic Testing	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	See Appendix A	4/1/2021	12/8/2025	
81279	Lab Services – Genetic Testing	JAK2 TARGETED SEQUENCE ANALYSIS	See Appendix A	1/29/2025	12/8/2025	

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81288	Lab Services – Genetic Testing	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	See Appendix A	4/1/2021	12/8/2025	
81290	Lab Services – Genetic Testing	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	See Appendix A	4/1/2021	12/8/2025	
81291	Lab Services – Genetic Testing	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	See Appendix A	4/1/2021	12/8/2025	
81292	Lab Services – Genetic Testing	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81293	Lab Services – Genetic Testing	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	See Appendix A	4/1/2021	12/8/2025	
81294	Lab Services – Genetic Testing	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	
81295	Lab Services – Genetic Testing	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81296	Lab Services – Genetic Testing	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	See Appendix A	4/1/2021	12/8/2025	
81297	Lab Services – Genetic Testing	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	
81298	Lab Services – Genetic Testing	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81299	Lab Services – Genetic Testing	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	See Appendix A	4/1/2021	12/8/2025	
81300	Lab Services – Genetic Testing	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	
81301	Lab Services – Genetic Testing	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	See Appendix A	4/1/2021	12/8/2025	
81302	Lab Services – Genetic Testing	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81304	Lab Services – Genetic Testing	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	
81305	Lab Services – Genetic Testing	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	See Appendix A	1/29/2025	12/8/2025	
81307	Lab Services – Genetic Testing	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	See Appendix A	1/29/2025	12/8/2025	
81311	Lab Services – Genetic Testing	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	See Appendix A	4/1/2021	12/8/2025	
81317	Lab Services – Genetic Testing	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81318	Lab Services – Genetic Testing	(postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	See Appendix A	4/1/2021	12/8/2025	
81319	Lab Services – Genetic Testing	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	See Appendix A	4/1/2021	12/8/2025	
81320	Lab Services – Genetic Testing	PLCG2 GENE ANALYSIS COMMON VARIANTS	See Appendix A	1/29/2025	12/8/2025	
81321	Lab Services – Genetic Testing	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81322	Lab Services – Genetic Testing	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	See Appendix A	4/1/2021	12/8/2025	
81327	Lab Services – Genetic Testing	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	See Appendix A	4/1/2021	12/8/2025	

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81330	Lab Services – Genetic Testing	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	See Appendix A	4/1/2021	12/8/2025	
81331	Lab Services – Genetic Testing	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	See Appendix A	4/1/2021	12/8/2025	
81332	Lab Services – Genetic Testing	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	See Appendix A	4/1/2021	12/8/2025	
81342	Lab Services – Genetic Testing	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	See Appendix A	4/1/2021	12/8/2025	
81345	Lab Services – Genetic Testing	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	See Appendix A	1/29/2025	12/8/2025	
81350	Lab Services – Genetic Testing	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	See Appendix A	4/1/2021	12/8/2025	
81355	Lab Services – Genetic Testing	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	See Appendix A	4/1/2021	12/8/2025	
81370	Lab Services – Genetic Testing	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	See Appendix A	4/1/2021	12/8/2025	
81372	Lab Services – Genetic Testing	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	See Appendix A	4/1/2021	12/8/2025	
81374	Lab Services – Genetic Testing	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	See Appendix A	4/1/2021	12/8/2025	
81376	Lab Services – Genetic Testing	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	See Appendix A	4/1/2021	12/8/2025	
81377	Lab Services – Genetic Testing	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	See Appendix A	4/1/2021	12/8/2025	
81378	Lab Services – Genetic Testing	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	See Appendix A	4/1/2021	12/8/2025	
81379	Lab Services – Genetic Testing	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	See Appendix A	4/1/2021	12/8/2025	
81381	Lab Services – Genetic Testing	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	See Appendix A	4/1/2021	12/8/2025	
81382	Lab Services – Genetic Testing	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	See Appendix A	4/1/2021	12/8/2025	
81383	Lab Services – Genetic Testing	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	See Appendix A	4/1/2021	12/8/2025	
81400	Lab Services – Genetic Testing	Molecular pathology procedure level 1	See Appendix A	4/1/2021	12/8/2025	
81401	Lab Services – Genetic Testing	Molecular pathology procedure level 2	See Appendix A	4/1/2021	12/8/2025	
81402	Lab Services – Genetic Testing	Molecular pathology procedure level 3	See Appendix A	4/1/2021	12/8/2025	
81403	Lab Services – Genetic Testing	Molecular pathology procedure level 4 genetic analysis	See Appendix A	4/1/2021	12/8/2025	
81404	Lab Services – Genetic Testing	Molecular pathology procedure level 5 genetic analysis	See Appendix A	4/1/2021	12/8/2025	
81405	Lab Services – Genetic Testing	Molecular pathology procedure level 6 genetic analysis	See Appendix A	4/1/2021	12/8/2025	
81406	Lab Services – Genetic Testing	Molecular pathology procedure level 7 genetic analysis	See Appendix A	4/1/2021	12/8/2025	
81407	Lab Services – Genetic Testing	Molecular pathology procedure level 8 genetic analysis	See Appendix A	4/1/2021	12/8/2025	
81408	Lab Services – Genetic Testing	Molecular pathology procedure level 9 genetic analysis	See Appendix A	4/1/2021	12/8/2025	
81415	Lab Services – Genetic Testing	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	See Appendix A	4/1/2021	12/8/2025	
81416	Lab Services – Genetic Testing	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
81425	Lab Services – Genetic Testing	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	See Appendix A	9/15/2024	12/8/2025	
81426	Lab Services – Genetic Testing	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	See Appendix A	9/15/2024	12/8/2025	

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81427	Lab Services – Genetic Testing	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	See Appendix A	9/15/2024	12/8/2025	
81430	Lab Services – Genetic Testing	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	See Appendix A	4/1/2021	12/8/2025	
81431	Lab Services – Genetic Testing	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	See Appendix A	4/1/2021	12/8/2025	
81432	Lab Services – Genetic Testing	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1,	See Appendix A	4/1/2021	12/8/2025	
81433	Lab Services – Genetic Testing	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	See Appendix A	4/1/2021	12/8/2025	12/31/2024 - Retro Terminated by HHSC
81435	Lab Services – Genetic Testing	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	See Appendix A	4/1/2021	12/8/2025	
81436	Lab Services – Genetic Testing	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK1	See Appendix A	4/1/2021	12/8/2025	12/31/2024 - Retro Terminated by HHSC
81443	Lab Services – Genetic Testing	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	See Appendix A	1/29/2025	12/8/2025	
81479	Lab Services – Genetic Testing	Unlisted molecular pathology procedure	See Appendix A	4/1/2021	12/8/2025	
81518	Lab Services – Genetic Testing	mRNA gene analysis of 11 genes in breast tumor tissue	See Appendix A	8/1/2026	5/26/2026	
81525	Lab Services – Genetic Testing	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	See Appendix A	4/1/2021	12/8/2025	
81595	Lab Services – Genetic Testing	Test for detecting genes associated with heart diseases	See Appendix A	8/1/2026	5/26/2026	
82233	Lab Services – Genetic Testing	Beta-amyloid; 1-40 (Abeta 40)	See Appendix A	4/22/2025	12/8/2025	
82234	Lab Services – Genetic Testing	Beta-amyloid; 1-42 (Abeta 42)	See Appendix A	4/22/2025	12/8/2025	
88271	Lab Services – Genetic Testing	Molecular cytogenetics; DNA probe, each (eg, FISH)	See Appendix A	4/1/2021	12/8/2025	
88272	Lab Services – Genetic Testing	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	See Appendix A	4/1/2021	12/8/2025	
88273	Lab Services – Genetic Testing	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	See Appendix A	4/1/2021	12/8/2025	
88274	Lab Services – Genetic Testing	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	See Appendix A	4/1/2021	12/8/2025	
88275	Lab Services – Genetic Testing	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	See Appendix A	4/1/2021	12/8/2025	
88299	Lab Services – Genetic Testing	CYTOGENETIC STUDY	See Appendix A	4/1/2021	12/8/2025	
0037U	Lab Services – Genetic Testing	DNA gene analysis of 324 genes in solid organ tumor tissue	See Appendix A	8/1/2026	5/26/2026	
0239U	Lab Services – Genetic Testing	Gene analysis of 311 or more genes associated with solid organ cancer in cell-free DNA, targeted sequence panel	See Appendix A	8/1/2026	5/26/2026	
0493U	Lab Services – Genetic Testing	Testing of donor-derived cell-free DNA, reported as percentage of donor-derived cell-free DNA to inform likelihood of organ rejection	See Appendix A	8/1/2026	5/26/2026	
0540U	Lab Services – Genetic Testing	DNA next-generation sequencing reported as a percentage of donor-derived cell-free DNA to determine probability of transplant rejection	See Appendix A	8/1/2026	5/26/2026	
C9157	Medical Injectables	Injection, tofersen, 1 mg	See Appendix A	4/1/2024	12/8/2025	

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C9166	Medical Injectables	Injection, Secukinumab Intravenous 1mg	See Appendix A	5/30/2024	12/8/2025	
C9169	Medical Injectables	Injection, nogapendekin Pmln 1mcg	See Appendix A	1/29/2025	12/8/2025	12/31/2024- Retro Terminated by HHSC
C9170	Medical Injectables	Injection, Tarlatamab-Dlle 1mg	See Appendix A	1/29/2025	12/8/2025	12/31/2024- Retro Terminated by HHSC
C9175	Medical Injectables	Injection, treosulfan, 50 mg (Gradfapex)	See Appendix A	9/1/2025	12/8/2025	1/27/2026
C9311	Medical Injectables	Injection Eplontersen (Wainua)	See Appendix A	11/1/2026	10/2/2026	
C9313	Medical Injectables	Injection, pivekimab sunirine-pvzy (Decnupaz)	See Appendix A	11/1/2026	10/2/2026	
J0013	Medical Injectables	Esketamine, nasal spray, 1 mg (Spravato)	See Appendix A	3/23/2026	12/8/2025	
J0129	Medical Injectables	Injection, abatacept, 10 mg	See Appendix A	4/1/2021	12/8/2025	
J0135	Medical Injectables	Injection, adalimumab, 20 mg	See Appendix A	4/1/2021	12/8/2025	12/31/2024 - Retro Terminated by HHSC
J0172	Medical Injectables	Injection, aducanumab-avwa, 2 mg	See Appendix A	4/1/2024	12/8/2025	2/25/2025
J0174	Medical Injectables	Lecanemab-irmb, for intravenous injection, 1 mg	See Appendix A	4/1/2024	12/8/2025	
J0175	Medical Injectables	Injection, donanemab-azbt, 2 mg (Kisunla)	See Appendix A	2/17/2025	12/8/2025	
J0180	Medical Injectables	Injection, agalsidase beta, 1 mg (Fabrazyme)	See Appendix A	3/15/2023	12/8/2025	
J0207	Medical Injectables	Injection, amifostine, 500 mg	See Appendix A	4/1/2021	12/8/2025	
J0217	Medical Injectables	Injection, velmanase alfa-tycv, 1 mg	See Appendix A	1/29/2025	12/8/2025	
J0218	Medical Injectables	Injection, olipudase alfa-rpcp, 1 mg	See Appendix A	4/1/2024	12/8/2025	
J0220	Medical Injectables	Injection, alglucosidase alfa, 10 mg, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
J0221	Medical Injectables	Injection, alglucosidase alfa, (Lumizyme), 10 mg	See Appendix A	4/1/2021	12/8/2025	
J0222	Medical Injectables	Injection, patisiran, 0.1 mg	See Appendix A	4/1/2021	12/8/2025	
J0225	Medical Injectables	Injection, vutrisiran, 1 mg (Amvuttra)	See Appendix A	3/15/2023	12/8/2025	
J0490	Medical Injectables	Injection, belimumab, 10 mg (Benlysta)	See Appendix A	3/15/2023	12/8/2025	
J0491	Medical Injectables	Injection, anifrolumab-fnia, 1 mg (Saphnelo)	See Appendix A	3/15/2023	12/8/2025	
J0517	Medical Injectables	Injection, benralizumab, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J0567	Medical Injectables	Injection, cerliponase alfa, 1 mg (Brineura)	See Appendix A	3/15/2023	12/8/2025	
J0584	Medical Injectables	Injection, burosumab-twza, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J0585	Medical Injectables	Injection, onabotulinumtoxina (Botox), 1 unit	See Appendix A	3/15/2023	12/8/2025	1/27/2026
J0586	Medical Injectables	Injection, abobotulinumtoxina (Dysport), 5 units	See Appendix A	3/15/2023	12/8/2025	1/27/2026
J0587	Medical Injectables	Injection, rimabotulinumtoxinb (Myobloc), 100 units	See Appendix A	3/15/2023	12/8/2025	1/27/2026
J0588	Medical Injectables	Injection, incobotulinumtoxin A (Xeomin), 1 unit	See Appendix A	3/15/2023	12/8/2025	1/27/2026
J0589	Medical Injectables	Injection -DaxibotulinumtoxinA-lanm (Daxxify Toxin Type A)	See Appendix A	3/19/2025	12/8/2025	1/27/2026
J0614	Medical Injectables	Injection, treosulfan, 50 mg (Gradfapex)	See Appendix A	1/27/2026	12/8/2025	
J0791	Medical Injectables	Injection, crizanlizumab-tmca, 5 mg	See Appendix A	4/1/2021	12/8/2025	
J0870	Medical Injectables	Injection, Imetelstat (Rytelo)	See Appendix A	2/17/2025	12/8/2025	
J0896	Medical Injectables	Injection, luspatercept-aamt, 0.25 mg	See Appendix A	4/1/2021	12/8/2025	
J1000	Medical Injectables	Injection, Depo-restadiol cypionate	See Appendix A	4/1/2024	12/8/2025	
J1071	Medical Injectables	Injection, testosterone cypionate	See Appendix A	4/1/2024	12/8/2025	
J1072	Medical Injectables	Injection, testosterone cypionate (azmiro), 1 mg; (Androderm)	See Appendix A	6/15/2025	12/8/2025	
J1203	Medical Injectables	Injection, cipaglucosidase alfa-atga, 5mg	See Appendix A	1/29/2025	12/8/2025	
J1299	Medical Injectables	Injection, eculizumab (Soliris), 2 mg	See Appendix A	6/15/2025	12/8/2025	
J1300	Medical Injectables	Injection, eculizumab (Soliris), 10 mg	See Appendix A	3/15/2023	12/8/2025	3/31/2025- Retro Terminated by HHSC
J1301	Medical Injectables	Injection, edaravone (Radicava)	See Appendix A	3/15/2023	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
J1303	Medical Injectables	Injection, ravulizumab-cwvz, 10 mg (Ultomiris)	See Appendix A	1/27/2026	12/8/2025	
J1304	Medical Injectables	INJECTION TOFERSEN	See Appendix A	5/30/2024	12/8/2025	
J1306	Medical Injectables	Injection, Inclisiran	See Appendix A	4/1/2024	12/8/2025	1/28/2025
J1322	Medical Injectables	Injection, elosulfase alfa, 1mg	See Appendix A	1/29/2025	12/8/2025	
J1323	Medical Injectables	Injection, Elranatamab-bcmm 1mg	See Appendix A	5/30/2024	12/8/2025	
J1380	Medical Injectables	Injection, estradiol valerate	See Appendix A	4/1/2024	12/8/2025	
J1411	Medical Injectables	Injection, Etranacogene Dezaparvovedc-drlb	See Appendix A	4/1/2024	12/8/2025	
J1412	Medical Injectables	Injection, aloctocogene roxaparvovec-rvox	See Appendix A	4/1/2024	12/8/2025	8/1/2026-retrodated per HHSC
J1413	Medical Injectables	Injection, Delandistrogene moxeparvovec-rokl	See Appendix A	4/1/2024	12/8/2025	
J1426	Medical Injectables	Injection, Casimersen 10mg	See Appendix A	4/1/2024	12/8/2025	
J1427	Medical Injectables	Injection, Viltolarsen	See Appendix A	4/1/2024	12/8/2025	
J1428	Medical Injectables	Injection, Eteplirsen (Exondys 51 sol), 100/2 mL	See Appendix A	3/15/2023	12/8/2025	
J1429	Medical Injectables	Injection, Golodirsen	See Appendix A	4/1/2024	12/8/2025	
J1458	Medical Injectables	injection, galsulfase, 1mg	See Appendix A	1/29/2025	12/8/2025	
J1459	Medical Injectables	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), (Privigen), 500 mg	See Appendix A	3/15/2023	12/8/2025	
J1460	Medical Injectables	Injection, Gamma globulin, intramuscular inj	See Appendix A	4/1/2024	12/8/2025	
J1551	Medical Injectables	Injection, Immune globulin inj	See Appendix A	4/1/2024	12/8/2025	
J1552	Medical Injectables	Injection, immune globulin, 500 mg (Atgam)	See Appendix A	3/19/2025	12/8/2025	
J1554	Medical Injectables	Injection, Immune globulin inj	See Appendix A	4/1/2024	12/8/2025	
J1555	Medical Injectables	Injection, Cuvitru	See Appendix A	4/1/2024	12/8/2025	
J1556	Medical Injectables	Injection, Immune globulin inj	See Appendix A	4/1/2024	12/8/2025	
J1557	Medical Injectables	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), (Gammaplex), 500 mg	See Appendix A	3/15/2023	12/8/2025	
J1558	Medical Injectables	Injection, Immune globulin inj	See Appendix A	4/1/2024	12/8/2025	
J1559	Medical Injectables	Injection, immune globulin (Hizentra), 100 mg SQ	See Appendix A	3/15/2023	12/8/2025	
J1561	Medical Injectables	Injection, immune globulin, non-lyophilized (e.g. liquid), (Gamunex-C/Gammaked), 500 mg	See Appendix A	3/15/2023	12/8/2025	
J1566	Medical Injectables	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified (E.G. Powder), 500 mg	See Appendix A	3/15/2023	12/8/2025	
J1568	Medical Injectables	Injection, immune globulin,, intravenous, non-lyophilized (e.g. liquid),(Octagam), 500 mg	See Appendix A	3/15/2023	12/8/2025	
J1569	Medical Injectables	Injection, immune globulin, non-lyophilized, (e.g. liquid), (Gammagard Liquid), 500 mg	See Appendix A	3/15/2023	12/8/2025	
J1572	Medical Injectables	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), (Flebogamma/Flebogamma Dif), 500 mg)	See Appendix A	3/15/2023	12/8/2025	
J1575	Medical Injectables	Injection, immune globulin/hyaluronidase (Hyqvia), 100 mg immune globulin	See Appendix A	3/15/2023	12/8/2025	
J1576	Medical Injectables	Injection, Immune globulin, non-lyophilized	See Appendix A	4/1/2024	12/8/2025	
J1599	Medical Injectables	Injection, IVIG non-lyophilized	See Appendix A	4/1/2024	12/8/2025	
J1632	Medical Injectables	Injection, brexanolone, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J1743	Medical Injectables	injection, idursulfase, 1mg	See Appendix A	1/29/2025	12/8/2025	
J1746	Medical Injectables	Injection, ibalizumab-uiyk, 10 mg	See Appendix A	4/1/2021	12/8/2025	
J1757	Medical Injectables	Injection, tividenofusp alfa-eknm (Avlayah)	See Appendix A	11/1/2026	10/2/2026	
J1786	Medical Injectables	Injection, imiglucerase, 10 units	See Appendix A	4/1/2024	12/8/2025	
J1809	Medical Injectables	Injection, fosdenopterin, 0.1 mg (Nulibry)	See Appendix A	1/27/2026	12/8/2025	
J1818	Medical Injectables	Injection, pegzilarginase-nbln (Loargys)	See Appendix A	11/1/2026	10/2/2026	
J1823	Medical Injectables	Injection, inebilizumab-cdon, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J1931	Medical Injectables	injection, laronidase, 0.1mg	See Appendix A	1/29/2025	12/8/2025	
J1950	Medical Injectables	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	See Appendix A	4/1/2024	12/8/2025	
J1951	Medical Injectables	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	See Appendix A	4/1/2024	12/8/2025	

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J2182	Medical Injectables	Injection, mepolizumab, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J2277	Medical Injectables	Injection, Motixafortide 0.25mg	See Appendix A	5/30/2024	12/8/2025	1/28/2025
J2326	Medical Injectables	Injection, nusinersen, 0.1 mg	See Appendix A	4/1/2021	12/8/2025	
J2329	Medical Injectables	Injection, Ublituximab 1mg (Briumvi)	See Appendix A	1/27/2026	12/8/2025	
J2356	Medical Injectables	Injection, tezepelumab-ekko (Tezspire)	See Appendix A	3/15/2023	12/8/2025	
J2357	Medical Injectables	Injection, omalizumab, 5 mg	See Appendix A	4/1/2021	12/8/2025	
J2361	Medical Injectables	Depemokimab-ulaa (Exdensur)	See Appendix A	10/1/2026	8/18/2026	
J2508	Medical Injectables	injection, pegunigalsidase alfa-iwxj, 1 mg	See Appendix A	1/29/2025	12/8/2025	
J2724	Medical Injectables	Protein C concentrate, human	See Appendix A	1/29/2025	12/8/2025	
J2781	Medical Injectables	Injection, Pegcetacoplan (Syfovre)	See Appendix A	1/27/2026	12/8/2025	
J2786	Medical Injectables	Injection, reslizumab, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J2840	Medical Injectables	Sebelipase alfa	See Appendix A	1/29/2025	12/8/2025	
J3060	Medical Injectables	Taliglucerace alfa	See Appendix A	1/29/2025	12/8/2025	
J3121	Medical Injectables	Injection, testosterone enanthate, 1 mg	See Appendix A	4/1/2024	12/8/2025	
J3145	Medical Injectables	Injection, testosterone undecanoate, 1 mg	See Appendix A	4/1/2024	12/8/2025	
J3241	Medical Injectables	Injection, teprotumumab-trbw, 10 mg	See Appendix A	4/1/2021	12/8/2025	
J3315	Medical Injectables	Injection, triptorelin pamoate, 3.75 mg	See Appendix A	4/1/2024	12/8/2025	
J3316	Medical Injectables	Injection, triptorelin, extended-release, 3.75 mg	See Appendix A	4/1/2024	12/8/2025	
J3385	Medical Injectables	Velaglucerase alfa	See Appendix A	1/29/2025	12/8/2025	
J3387	Medical Injectables	Elivaldogene Autotemcel (Skysona)	See Appendix A	3/23/2026	12/8/2025	
J3389	Medical Injectables	prademagene zamikeracel (Zevaskyn)	See Appendix A	6/1/2026	12/8/2025	
J3391	Medical Injectables	Atisarsagene autotemcel (Lenmeldy)	See Appendix A	9/1/2025	12/8/2025	
J3392	Medical Injectables	Casgevy	See Appendix A	1/29/2025	12/8/2025	
J3393	Medical Injectables	Betibeglogene Autotemcel	See Appendix A	1/29/2025	12/8/2025	
J3394	Medical Injectables	Lyfgenia	See Appendix A	1/29/2025	12/8/2025	
J3397	Medical Injectables	Injection, vestronidase alfa-vjbk, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J3398	Medical Injectables	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	See Appendix A	4/1/2021	12/8/2025	
J3399	Medical Injectables	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	See Appendix A	4/1/2021	12/8/2025	
J3401	Medical Injectables	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	See Appendix A	4/1/2024	12/8/2025	
J3402	Medical Injectables	Remestemcel-L-rknd (Ryoncil	See Appendix A	1/27/2026	12/8/2025	
J3403	Medical Injectables	Revakinagene taroretcel-lwey (Encelto)	See Appendix A	1/27/2026	12/8/2025	
J3404	Medical Injectables	zopapogene imadenovec-drba (Papzimeos)	See Appendix A	6/1/2026	12/8/2025	
J3405	Medical Injectables	Injection, onasemnogene abeparvovec-brve- (Itvisma)	See Appendix A	9/1/2026	7/20/2026	
J3490	Medical Injectables	Injection, UNCLASSIFIED BIOLOGICS	See Appendix A	3/15/2023	12/8/2025	
J3590	Medical Injectables	Injection, UNCLASSIFIED BIOLOGICS	See Appendix A	3/15/2023	12/8/2025	
J7171	Medical Injectables	Injection, adamts13,recombinant-krhn, 10 iu	See Appendix A	1/29/2025	12/8/2025	
J7311	Medical Injectables	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	See Appendix A	4/1/2021	12/8/2025	
J7504	Medical Injectables	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 MG	See Appendix A	1/29/2025	12/8/2025	
J7511	Medical Injectables	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 MG	See Appendix A	1/29/2025	12/8/2025	
J9021	Medical Injectables	Injection, asparaginase, recombinan (Rylaze) 0.1 MG	See Appendix A	5/30/2024	12/8/2025	
J9026	Medical Injectables	Injection, tarlatamab-dlle, 1 mg (Imdeltra)	See Appendix A	3/19/2025	12/8/2025	
J9027	Medical Injectables	Injection, clofarabine, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J9028	Medical Injectables	Injection, nogapendekin alfa inbakicept-pmln (Anktiva)	See Appendix A	3/19/2025	12/8/2025	
J9029	Medical Injectables	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	See Appendix A	4/1/2024	12/8/2025	
J9038	Medical Injectables	Axatilimab-csfr (Niktimvo)	See Appendix A	9/1/2025	12/8/2025	

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J9063	Medical Injectables	Injection, mirvetuximab soravtansine-gynx, 1 mg	See Appendix A	4/1/2024	12/8/2025	1/28/2025
J9155	Medical Injectables	Injection, degarelix, 1 mg	See Appendix A	4/1/2024	12/8/2025	
J9161	Medical Injectables	denileukin diftitox-cxdl (Lymphir)	See Appendix A	6/1/2026	12/8/2025	
J9202	Medical Injectables	Injection, Goserelin acetate implant, per 3.6 mg	See Appendix A	4/1/2024	12/8/2025	
J9204	Medical Injectables	Injection, mogamulizumab-kpkc, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J9210	Medical Injectables	Injection, emapalumab-lzsg, 1 mg	See Appendix A	4/1/2021	12/8/2025	
J9217	Medical Injectables	Injection, Leuprolide acetate (for depot suspension), 7.5 mg	See Appendix A	4/1/2024	12/8/2025	
J9218	Medical Injectables	Injection, Leuprolide acetate, per 1 mg	See Appendix A	4/1/2024	12/8/2025	
J9225	Medical Injectables	Injection, Histrelin implant (Vantas), 50 mg	See Appendix A	4/1/2024	12/8/2025	
J9226	Medical Injectables	Injection, Histrelin implant (Supprelin LA), 50 mg	See Appendix A	4/1/2024	12/8/2025	
J9229	Medical Injectables	Injection, inotuzumab ozogamicin, 0.1 mg	See Appendix A	4/1/2021	12/8/2025	
J9269	Medical Injectables	Injection, tagraxofusp-erzs, 10 mcg	See Appendix A	4/1/2021	12/8/2025	
J9312	Medical Injectables	Rituximab (Rituxan)	See Appendix A	1/27/2026	12/8/2025	
J9313	Medical Injectables	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	See Appendix A	4/1/2021	12/8/2025	
J9354	Medical Injectables	Injection, ado-trastuzumab emtansine, 1 mg	See Appendix A	4/1/2021	12/8/2025	1/28/2025
J9381	Medical Injectables	Injection, teplizumab-mzwv, 5 mcg	See Appendix A	4/1/2024	12/8/2025	
Q2041	Medical Injectables	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	See Appendix A	4/1/2021	12/8/2025	
Q2042	Medical Injectables	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	See Appendix A	4/1/2021	12/8/2025	
Q2053	Medical Injectables	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	See Appendix A	4/1/2021	12/8/2025	
Q2054	Medical Injectables	Lisocabtagene mara car pos t (Breyanzi)	See Appendix A	3/15/2023	12/8/2025	
Q2055	Medical Injectables	idecabtagene vicleucel car (Abecma)	See Appendix A	3/15/2023	12/8/2025	
Q2056	Medical Injectables	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (Carvykti)	See Appendix A	3/15/2023	12/8/2025	
Q2057	Medical Injectables	Afamitresgene Autoleucel (Tecelra)	See Appendix A	6/15/2025	12/8/2025	
Q2058	Medical Injectables	Obecabtagene autoleucel (Aucatzyl)	See Appendix A	9/1/2025	12/8/2025	
Q5115	Medical Injectables	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	See Appendix A	4/1/2024	12/8/2025	1/28/2025
S0013	Medical Injectables	Esketamine, nasal spray, 1 mg	See Appendix A	4/1/2024	12/8/2025	12/31/2025-Terminated by HHSC
S0189	Medical Injectables	Testosterone pellet, 75 mg	See Appendix A	4/1/2024	12/8/2025	12/31/2025 - Terminated by HHSC
61736	Radiology, Imaging, and X-Rays	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 **PA required if place of service is not a Hospital**	See Appendix A	4/1/2024	12/8/2025	
70336	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	See Appendix A	4/1/2021	12/8/2025	
70450	Radiology, Imaging, and X-Rays	Computed tomography, head or brain; without contrast material	See Appendix A	4/1/2021	12/8/2025	
70460	Radiology, Imaging, and X-Rays	Computed tomography, head or brain; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70470	Radiology, Imaging, and X-Rays	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
70480	Radiology, Imaging, and X-Rays	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	See Appendix A	4/1/2021	12/8/2025	
70481	Radiology, Imaging, and X-Rays	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	

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70482	Radiology, Imaging, and X-Rays	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
70486	Radiology, Imaging, and X-Rays	Computed tomography, maxillofacial area; without contrast material	See Appendix A	4/1/2021	12/8/2025	
70487	Radiology, Imaging, and X-Rays	Computed tomography, maxillofacial area; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70488	Radiology, Imaging, and X-Rays	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
70490	Radiology, Imaging, and X-Rays	Computed tomography, soft tissue neck; without contrast material	See Appendix A	4/1/2021	12/8/2025	
70491	Radiology, Imaging, and X-Rays	Computed tomography, soft tissue neck; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70492	Radiology, Imaging, and X-Rays	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
70496	Radiology, Imaging, and X-Rays	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
70498	Radiology, Imaging, and X-Rays	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
70540	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70542	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70543	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
70544	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, head; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70545	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, head; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70546	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
70547	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, neck; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70548	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, neck; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70549	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
70551	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	See Appendix A	4/1/2021	12/8/2025	
70552	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70553	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
70554	Radiology, Imaging, and X-Rays	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	See Appendix A	4/1/2021	12/8/2025	
70555	Radiology, Imaging, and X-Rays	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	See Appendix A	4/1/2021	12/8/2025	
70557	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	See Appendix A	4/1/2021	12/8/2025	
70558	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
70559	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
71250	Radiology, Imaging, and X-Rays	Computed tomography, thorax, diagnostic; without contrast material	See Appendix A	4/1/2021	12/8/2025	
71260	Radiology, Imaging, and X-Rays	Computed tomography, thorax, diagnostic; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	

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71270	Radiology, Imaging, and X-Rays	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
71271	Radiology, Imaging, and X-Rays	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
71275	Radiology, Imaging, and X-Rays	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
71550	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
71551	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
71552	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
71555	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72125	Radiology, Imaging, and X-Rays	Computed tomography, cervical spine; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72126	Radiology, Imaging, and X-Rays	Computed tomography, cervical spine; with contrast material	See Appendix A	4/1/2021	12/8/2025	
72127	Radiology, Imaging, and X-Rays	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
72128	Radiology, Imaging, and X-Rays	Computed tomography, thoracic spine; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72129	Radiology, Imaging, and X-Rays	Computed tomography, thoracic spine; with contrast material	See Appendix A	4/1/2021	12/8/2025	
72130	Radiology, Imaging, and X-Rays	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
72131	Radiology, Imaging, and X-Rays	Computed tomography, lumbar spine; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72132	Radiology, Imaging, and X-Rays	Computed tomography, lumbar spine; with contrast material	See Appendix A	4/1/2021	12/8/2025	
72133	Radiology, Imaging, and X-Rays	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
72141	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72142	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72146	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72147	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72148	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72149	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72156	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	See Appendix A	4/1/2021	12/8/2025	
72157	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	See Appendix A	4/1/2021	12/8/2025	
72158	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	See Appendix A	4/1/2021	12/8/2025	
72159	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	

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72191	Radiology, Imaging, and X-Rays	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
72192	Radiology, Imaging, and X-Rays	Computed tomography, pelvis; without contrast material	See Appendix A	4/1/2021	12/8/2025	
72193	Radiology, Imaging, and X-Rays	Computed tomography, pelvis; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72194	Radiology, Imaging, and X-Rays	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
72195	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72196	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
72197	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
72198	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, pelvis, with or without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73200	Radiology, Imaging, and X-Rays	Computed tomography, upper extremity; without contrast material	See Appendix A	4/1/2021	12/8/2025	
73201	Radiology, Imaging, and X-Rays	Computed tomography, upper extremity; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73202	Radiology, Imaging, and X-Rays	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
73206	Radiology, Imaging, and X-Rays	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
73218	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73219	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73220	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
73221	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73222	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73223	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
73225	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73700	Radiology, Imaging, and X-Rays	Computed tomography, lower extremity; without contrast material	See Appendix A	4/1/2021	12/8/2025	
73701	Radiology, Imaging, and X-Rays	Computed tomography, lower extremity; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73702	Radiology, Imaging, and X-Rays	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
73706	Radiology, Imaging, and X-Rays	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
73718	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73719	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73720	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
73721	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	See Appendix A	4/1/2021	12/8/2025	
73722	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
73723	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
73725	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	

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74150	Radiology, Imaging, and X-Rays	Computed tomography, abdomen; without contrast material	See Appendix A	4/1/2021	12/8/2025	
74160	Radiology, Imaging, and X-Rays	Computed tomography, abdomen; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
74170	Radiology, Imaging, and X-Rays	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	See Appendix A	4/1/2021	12/8/2025	
74174	Radiology, Imaging, and X-Rays	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
74175	Radiology, Imaging, and X-Rays	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
74176	Radiology, Imaging, and X-Rays	Computed tomography, abdomen and pelvis; without contrast material	See Appendix A	4/1/2021	12/8/2025	
74177	Radiology, Imaging, and X-Rays	Computed tomography, abdomen and pelvis; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
74178	Radiology, Imaging, and X-Rays	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	See Appendix A	4/1/2021	12/8/2025	
74181	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
74182	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
74183	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	See Appendix A	4/1/2021	12/8/2025	
74185	Radiology, Imaging, and X-Rays	Magnetic resonance angiography, abdomen, with or without contrast material(s)	See Appendix A	4/1/2021	12/8/2025	
74261	Radiology, Imaging, and X-Rays	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	See Appendix A	4/1/2021	12/8/2025	
74262	Radiology, Imaging, and X-Rays	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	See Appendix A	4/1/2021	12/8/2025	
74263	Radiology, Imaging, and X-Rays	Computed tomographic (CT) colonography, screening, including image postprocessing	See Appendix A	4/1/2021	12/8/2025	
74712	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	See Appendix A	4/1/2021	12/8/2025	
74713	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
75557	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for morphology and function without contrast material;	See Appendix A	4/1/2021	12/8/2025	
75559	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	See Appendix A	4/1/2021	12/8/2025	
75561	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	See Appendix A	4/1/2021	12/8/2025	
75563	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	See Appendix A	4/1/2021	12/8/2025	
75565	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
75571	Radiology, Imaging, and X-Rays	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	See Appendix A	4/1/2021	12/8/2025	
75572	Radiology, Imaging, and X-Rays	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	See Appendix A	4/1/2021	12/8/2025	
75573	Radiology, Imaging, and X-Rays	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	See Appendix A	4/1/2021	12/8/2025	

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75574	Radiology, Imaging, and X-Rays	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	See Appendix A	4/1/2021	12/8/2025	
75580	Radiology, Imaging, and X-Rays	Augmentative software analyzes data from a separate coronary computed tomography angiography to estimate coronary fractional flow reserve. A physician or other qualified healthcare professional provides an interpretation and report.	See Appendix A	5/30/2024	12/8/2025	
75635	Radiology, Imaging, and X-Rays	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	See Appendix A	4/1/2021	12/8/2025	
75989	Radiology, Imaging, and X-Rays	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	See Appendix A	4/1/2021	12/8/2025	
76376	Radiology, Imaging, and X-Rays	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	See Appendix A	4/1/2021	12/8/2025	
76377	Radiology, Imaging, and X-Rays	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	See Appendix A	4/1/2021	12/8/2025	
76380	Radiology, Imaging, and X-Rays	Computed tomography, limited or localized follow-up study	See Appendix A	4/1/2021	12/8/2025	
76390	Radiology, Imaging, and X-Rays	Magnetic resonance spectroscopy	See Appendix A	4/1/2021	12/8/2025	
76391	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, vibration) elastography	See Appendix A	4/1/2021	12/8/2025	
76496	Radiology, Imaging, and X-Rays	FLUOROSCOPIC PROCEDURE	See Appendix A	4/1/2021	12/8/2025	
76497	Radiology, Imaging, and X-Rays	Unlisted computed tomography procedure (eg, diagnostic, interventional)	See Appendix A	4/1/2021	12/8/2025	
76498	Radiology, Imaging, and X-Rays	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	See Appendix A	4/1/2021	12/8/2025	
76499	Radiology, Imaging, and X-Rays	Unlisted diagnostic radiographic procedure	See Appendix A	4/1/2021	12/8/2025	
76510	Radiology, Imaging, and X-Rays	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	See Appendix A	4/1/2021	12/8/2025	
76511	Radiology, Imaging, and X-Rays	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	See Appendix A	4/1/2021	12/8/2025	
76513	Radiology, Imaging, and X-Rays	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	See Appendix A	4/1/2021	12/8/2025	
76514	Radiology, Imaging, and X-Rays	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	See Appendix A	4/1/2021	12/8/2025	
76516	Radiology, Imaging, and X-Rays	Ophthalmic biometry by ultrasound echography, A-scan;	See Appendix A	4/1/2021	12/8/2025	
76519	Radiology, Imaging, and X-Rays	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	See Appendix A	4/1/2021	12/8/2025	
76529	Radiology, Imaging, and X-Rays	Ophthalmic ultrasonic foreign body localization	See Appendix A	4/1/2021	12/8/2025	
76818	Radiology, Imaging, and X-Rays	Fetal biophysical profile; with non-stress testing	See Appendix A	4/1/2021	12/8/2025	
76819	Radiology, Imaging, and X-Rays	Fetal biophysical profile; without non-stress testing	See Appendix A	4/1/2021	12/8/2025	
76820	Radiology, Imaging, and X-Rays	Doppler velocimetry, fetal; umbilical artery	See Appendix A	4/1/2021	12/8/2025	
76821	Radiology, Imaging, and X-Rays	Doppler velocimetry, fetal; middle cerebral artery	See Appendix A	4/1/2021	12/8/2025	
76825	Radiology, Imaging, and X-Rays	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	See Appendix A	4/1/2021	12/8/2025	1/27/2026
76826	Radiology, Imaging, and X-Rays	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	See Appendix A	4/1/2021	12/8/2025	1/27/2026
76827	Radiology, Imaging, and X-Rays	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	See Appendix A	4/1/2021	12/8/2025	1/27/2026

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76828	Radiology, Imaging, and X-Rays	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	See Appendix A	4/1/2021	12/8/2025	
76999	Radiology, Imaging, and X-Rays	Unlisted ultrasound procedure (eg, diagnostic, interventional)	See Appendix A	4/1/2021	12/8/2025	
77011	Radiology, Imaging, and X-Rays	Computed tomography guidance for stereotactic localization	See Appendix A	4/1/2021	12/8/2025	
77013	Radiology, Imaging, and X-Rays	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	See Appendix A	4/1/2021	12/8/2025	
77021	Radiology, Imaging, and X-Rays	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	See Appendix A	4/1/2021	12/8/2025	
77022	Radiology, Imaging, and X-Rays	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	See Appendix A	4/1/2021	12/8/2025	
77046	Radiology, Imaging, and X-Rays	Magnetic resonance imaging, breast, without contrast material; unilateral	See Appendix A	4/1/2021	12/8/2025	
77047	Radiology, Imaging, and X-Rays	Magnetic resonance imaging, breast, without contrast material; bilateral	See Appendix A	4/1/2021	12/8/2025	
77048	Radiology, Imaging, and X-Rays	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	See Appendix A	4/1/2021	12/8/2025	
77049	Radiology, Imaging, and X-Rays	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	See Appendix A	4/1/2021	12/8/2025	
77084	Radiology, Imaging, and X-Rays	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	See Appendix A	4/1/2021	12/8/2025	
78071	Radiology, Imaging, and X-Rays	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	See Appendix A	4/1/2021	12/8/2025	
78072	Radiology, Imaging, and X-Rays	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	See Appendix A	4/1/2021	12/8/2025	
78205	Radiology, Imaging, and X-Rays	LIVER IMAGING (3D)	See Appendix A	4/1/2021	12/8/2025	
78206	Radiology, Imaging, and X-Rays	LIVER IMAGE (3D) WITH FLOW	See Appendix A	4/1/2021	12/8/2025	
78414	Radiology, Imaging, and X-Rays	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	See Appendix A	4/1/2021	12/8/2025	
78428	Radiology, Imaging, and X-Rays	Cardiac shunt detection	See Appendix A	4/1/2021	12/8/2025	
78429	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	See Appendix A	4/1/2021	12/8/2025	
78430	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	See Appendix A	4/1/2021	12/8/2025	
78431	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	See Appendix A	4/1/2021	12/8/2025	
78432	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	See Appendix A	4/1/2021	12/8/2025	
78433	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	See Appendix A	4/1/2021	12/8/2025	
78434	Radiology, Imaging, and X-Rays	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
78451	Radiology, Imaging, and X-Rays	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
78452	Radiology, Imaging, and X-Rays	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	See Appendix A	4/1/2021	12/8/2025	
78453	Radiology, Imaging, and X-Rays	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	See Appendix A	4/1/2021	12/8/2025	
78454	Radiology, Imaging, and X-Rays	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	See Appendix A	4/1/2021	12/8/2025	
78459	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	See Appendix A	4/1/2021	12/8/2025	
78466	Radiology, Imaging, and X-Rays	Myocardial imaging, infarct avid, planar; qualitative or quantitative	See Appendix A	4/1/2021	12/8/2025	
78468	Radiology, Imaging, and X-Rays	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	See Appendix A	4/1/2021	12/8/2025	
78469	Radiology, Imaging, and X-Rays	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	See Appendix A	4/1/2021	12/8/2025	
78472	Radiology, Imaging, and X-Rays	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	See Appendix A	4/1/2021	12/8/2025	
78473	Radiology, Imaging, and X-Rays	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	See Appendix A	4/1/2021	12/8/2025	
78481	Radiology, Imaging, and X-Rays	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	See Appendix A	4/1/2021	12/8/2025	
78483	Radiology, Imaging, and X-Rays	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	See Appendix A	4/1/2021	12/8/2025	
78491	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	See Appendix A	4/1/2021	12/8/2025	
78492	Radiology, Imaging, and X-Rays	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	See Appendix A	4/1/2021	12/8/2025	
78494	Radiology, Imaging, and X-Rays	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	See Appendix A	4/1/2021	12/8/2025	
78496	Radiology, Imaging, and X-Rays	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
78499	Radiology, Imaging, and X-Rays	Unlisted cardiovascular procedure, diagnostic nuclear medicine	See Appendix A	4/1/2021	12/8/2025	
78608	Radiology, Imaging, and X-Rays	Brain imaging, positron emission tomography (PET); metabolic evaluation	See Appendix A	4/1/2021	12/8/2025	
78609	Radiology, Imaging, and X-Rays	Brain imaging, positron emission tomography (PET); perfusion evaluation	See Appendix A	4/1/2021	12/8/2025	
78811	Radiology, Imaging, and X-Rays	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	See Appendix A	4/1/2021	12/8/2025	
78812	Radiology, Imaging, and X-Rays	Positron emission tomography (PET) imaging; skull base to mid-thigh	See Appendix A	4/1/2021	12/8/2025	
78813	Radiology, Imaging, and X-Rays	Positron emission tomography (PET) imaging; whole body	See Appendix A	4/1/2021	12/8/2025	
78814	Radiology, Imaging, and X-Rays	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
78815	Radiology, Imaging, and X-Rays	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	See Appendix A	4/1/2021	12/8/2025	
78816	Radiology, Imaging, and X-Rays	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	See Appendix A	4/1/2021	12/8/2025	
78830	Radiology, Imaging, and X-Rays	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	See Appendix A	4/1/2021	12/8/2025	
78831	Radiology, Imaging, and X-Rays	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	See Appendix A	4/1/2021	12/8/2025	
78999	Radiology, Imaging, and X-Rays	Unlisted miscellaneous procedure, diagnostic nuclear medicine	See Appendix A	4/1/2021	12/8/2025	
92132	Radiology, Imaging, and X-Rays	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	See Appendix A	4/1/2021	12/8/2025	
92133	Radiology, Imaging, and X-Rays	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	See Appendix A	4/1/2021	12/8/2025	
92134	Radiology, Imaging, and X-Rays	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	See Appendix A	4/1/2021	12/8/2025	
93896	Radiology, Imaging, and X-Rays	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	See Appendix A	4/22/2025	12/8/2025	
93897	Radiology, Imaging, and X-Rays	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	See Appendix A	4/22/2025	12/8/2025	
93898	Radiology, Imaging, and X-Rays	VEN-ARTL SHUNT DET MBUBB NJX	See Appendix A	4/22/2025	12/8/2025	
95965	Radiology, Imaging, and X-Rays	Magnetoencephalography (MEG), recording and analysis	See Appendix A	4/1/2021	12/8/2025	
95966	Radiology, Imaging, and X-Rays	Magnetoencephalography (MEG), recording and analysis	See Appendix A	4/1/2021	12/8/2025	
95967	Radiology, Imaging, and X-Rays	Magnetoencephalography (MEG), recording and analysis	See Appendix A	4/1/2021	12/8/2025	
C1606	Radiology, Imaging, and X-Rays	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	See Appendix A	4/22/2025	12/8/2025	
C1738	Radiology, Imaging, and X-Rays	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	See Appendix A	4/22/2025	12/8/2025	
C8900	Radiology, Imaging, and X-Rays	Magnetic resonance angiography with contrast, abdomen	See Appendix A	4/1/2021	12/8/2025	
C8901	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast, abdomen	See Appendix A	4/1/2021	12/8/2025	
C8902	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast followed by with contrast, abdomen	See Appendix A	4/1/2021	12/8/2025	
C8903	Radiology, Imaging, and X-Rays	Magnetic resonance imaging with contrast, breast; unilateral	See Appendix A	4/1/2021	12/8/2025	
C8905	Radiology, Imaging, and X-Rays	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	See Appendix A	4/1/2021	12/8/2025	
C8906	Radiology, Imaging, and X-Rays	Magnetic resonance imaging with contrast, breast; bilateral	See Appendix A	4/1/2021	12/8/2025	
C8908	Radiology, Imaging, and X-Rays	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	See Appendix A	4/1/2021	12/8/2025	
C8909	Radiology, Imaging, and X-Rays	Magnetic resonance angiography with contrast, chest (excluding myocardium)	See Appendix A	4/1/2021	12/8/2025	
C8910	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast, chest (excluding myocardium)	See Appendix A	4/1/2021	12/8/2025	
C8911	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	See Appendix A	4/1/2021	12/8/2025	
C8912	Radiology, Imaging, and X-Rays	Magnetic resonance angiography with contrast, lower extremity	See Appendix A	4/1/2021	12/8/2025	
C8913	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast, lower extremity	See Appendix A	4/1/2021	12/8/2025	
C8914	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	See Appendix A	4/1/2021	12/8/2025	
C8918	Radiology, Imaging, and X-Rays	Magnetic resonance angiography with contrast, pelvis	See Appendix A	4/1/2021	12/8/2025	

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C8919	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast, pelvis	See Appendix A	4/1/2021	12/8/2025	
C8920	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast followed by with contrast, pelvis	See Appendix A	4/1/2021	12/8/2025	
C8931	Radiology, Imaging, and X-Rays	Magnetic resonance angiography with contrast, spinal canal and contents	See Appendix A	4/1/2021	12/8/2025	
C8932	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast, spinal canal and contents	See Appendix A	4/1/2021	12/8/2025	
C8933	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	See Appendix A	4/1/2021	12/8/2025	
C8934	Radiology, Imaging, and X-Rays	Magnetic resonance angiography with contrast, upper extremity	See Appendix A	4/1/2021	12/8/2025	
C8935	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast, upper extremity	See Appendix A	4/1/2021	12/8/2025	
C8936	Radiology, Imaging, and X-Rays	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	See Appendix A	4/1/2021	12/8/2025	
C8937	Radiology, Imaging, and X-Rays	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
C9762	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	See Appendix A	4/1/2021	12/8/2025	
C9763	Radiology, Imaging, and X-Rays	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	See Appendix A	4/1/2021	12/8/2025	
G0219	Radiology, Imaging, and X-Rays	PET imaging whole body; melanoma for noncovered indications	See Appendix A	4/1/2021	12/8/2025	
G0235	Radiology, Imaging, and X-Rays	PET imaging, any site, not otherwise specified	See Appendix A	4/1/2021	12/8/2025	
G0252	Radiology, Imaging, and X-Rays	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	See Appendix A	4/1/2021	12/8/2025	
G0288	Radiology, Imaging, and X-Rays	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	See Appendix A	4/1/2021	12/8/2025	
S8037	Radiology, Imaging, and X-Rays	Magnetic resonance cholangiopancreatography (MRCP)	See Appendix A	4/1/2021	12/8/2025	
S8042	Radiology, Imaging, and X-Rays	Magnetic resonance imaging (MRI), low-field	See Appendix A	4/1/2021	12/8/2025	
S8085	Radiology, Imaging, and X-Rays	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	See Appendix A	4/1/2021	12/8/2025	
S8092	Radiology, Imaging, and X-Rays	Electron beam computed tomography (also known as ultrafast CT, cine CT)	See Appendix A	4/1/2021	12/8/2025	
15830	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	See Appendix A	4/1/2021	12/8/2025	
15832	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	See Appendix A	4/1/2021	12/8/2025	
15833	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	See Appendix A	4/1/2021	12/8/2025	
15834	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	See Appendix A	4/1/2021	12/8/2025	
15835	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	See Appendix A	4/1/2021	12/8/2025	
15836	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	See Appendix A	4/1/2021	12/8/2025	
15837	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	See Appendix A	4/1/2021	12/8/2025	
15838	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	See Appendix A	4/1/2021	12/8/2025	
15839	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	See Appendix A	4/1/2021	12/8/2025	
15847	Specialty Physician Services	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15877	Specialty Physician Services	Suction assisted lipectomy; trunk	See Appendix A	4/1/2021	12/8/2025	
15878	Specialty Physician Services	Suction assisted lipectomy; upper extremity	See Appendix A	4/1/2021	12/8/2025	
15879	Specialty Physician Services	Suction assisted lipectomy; lower extremity	See Appendix A	4/1/2021	12/8/2025	
27278	Specialty Physician Services	Arthrodesis Procedures on the Pelvis and Hip Joint-minimally invasive percutaneous approach to place one or more stabilization implants into the sacroiliac joint for joint fusion.	See Appendix A	5/30/2024	12/8/2025	
27412	Specialty Physician Services	Autologous chondrocyte implantation (ACI) in the knee	See Appendix A	9/1/2026	7/20/2026	

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38225	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	See Appendix A	4/22/2025	12/8/2025	
38226	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	See Appendix A	4/22/2025	12/8/2025	
38227	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	See Appendix A	4/22/2025	12/8/2025	
38228	Specialty Physician Services	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	See Appendix A	4/22/2025	12/8/2025	
43647	Specialty Physician Services	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	See Appendix A	4/1/2021	12/8/2025	
43648	Specialty Physician Services	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	See Appendix A	4/1/2021	12/8/2025	
43881	Specialty Physician Services	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	See Appendix A	4/1/2021	12/8/2025	
43882	Specialty Physician Services	Revision or removal of gastric neurostimulator electrodes, antrum, open	See Appendix A	4/1/2021	12/8/2025	
45399	Specialty Physician Services	UNLISTED PROCEDURE COLON	See Appendix A	1/29/2025	12/8/2025	
49186	Specialty Physician Services	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	See Appendix A	4/22/2025	12/8/2025	
49187	Specialty Physician Services	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	See Appendix A	4/22/2025	12/8/2025	
49188	Specialty Physician Services	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	See Appendix A	4/22/2025	12/8/2025	
49189	Specialty Physician Services	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	See Appendix A	4/22/2025	12/8/2025	
49190	Specialty Physician Services	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	See Appendix A	4/22/2025	12/8/2025	
52442	Specialty Physician Services	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant	See Appendix A	4/1/2021	12/8/2025	
52649	Specialty Physician Services	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	See Appendix A	4/1/2021	12/8/2025	
54660	Specialty Physician Services	Insertion Of Testicular Prosthesis (Separate Procedure)	See Appendix A	4/1/2024	12/8/2025	
56620	Specialty Physician Services	Vulvectomy simple; partial	See Appendix A	4/1/2021	12/8/2025	
56625	Specialty Physician Services	Vulvectomy simple; complete	See Appendix A	4/1/2021	12/8/2025	
56630	Specialty Physician Services	Vulvectomy, radical, partial;	See Appendix A	4/1/2021	12/8/2025	
56631	Specialty Physician Services	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	See Appendix A	4/1/2021	12/8/2025	
56632	Specialty Physician Services	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	See Appendix A	4/1/2021	12/8/2025	
56633	Specialty Physician Services	Vulvectomy, radical, complete;	See Appendix A	4/1/2021	12/8/2025	
56634	Specialty Physician Services	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	See Appendix A	4/1/2021	12/8/2025	
56637	Specialty Physician Services	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	See Appendix A	4/1/2021	12/8/2025	
56640	Specialty Physician Services	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	See Appendix A	4/1/2021	12/8/2025	
59072	Specialty Physician Services	Fetal umbilical cord occlusion, including ultrasound guidance	See Appendix A	4/1/2021	12/8/2025	
61781	Specialty Physician Services	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure)	See Appendix A	4/1/2024	12/8/2025	

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61782	Specialty Physician Services	Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure)	See Appendix A	4/1/2024	12/8/2025	
61783	Specialty Physician Services	Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure)	See Appendix A	4/1/2024	12/8/2025	
61796	Specialty Physician Services	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	See Appendix A	4/1/2021	12/8/2025	
61797	Specialty Physician Services	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
61798	Specialty Physician Services	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	See Appendix A	4/1/2021	12/8/2025	
61799	Specialty Physician Services	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
61800	Specialty Physician Services	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary proced	See Appendix A	4/1/2021	12/8/2025	
61850	Specialty Physician Services	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	See Appendix A	4/1/2021	12/8/2025	
61860	Specialty Physician Services	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	See Appendix A	4/1/2021	12/8/2025	
61863	Specialty Physician Services	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	See Appendix A	4/1/2021	12/8/2025	
61864	Specialty Physician Services	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array	See Appendix A	4/1/2021	12/8/2025	
61867	Specialty Physician Services	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	See Appendix A	4/1/2021	12/8/2025	
61868	Specialty Physician Services	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	See Appendix A	4/1/2021	12/8/2025	
61880	Specialty Physician Services	Revision or removal of intracranial neurostimulator electrodes	See Appendix A	4/1/2021	12/8/2025	
61885	Specialty Physician Services	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	See Appendix A	4/1/2021	12/8/2025	
61886	Specialty Physician Services	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	See Appendix A	4/1/2021	12/8/2025	
61888	Specialty Physician Services	Revision or removal of cranial neurostimulator pulse generator or receiver	See Appendix A	4/1/2021	12/8/2025	
63620	Specialty Physician Services	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	See Appendix A	4/1/2021	12/8/2025	
63621	Specialty Physician Services	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
63650	Specialty Physician Services	Percutaneous implantation of neurostimulator electrode array, epidural	See Appendix A	4/1/2021	12/8/2025	
63655	Specialty Physician Services	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
63661	Specialty Physician Services	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	See Appendix A	4/1/2021	12/8/2025	
63662	Specialty Physician Services	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	See Appendix A	4/1/2021	12/8/2025	
63663	Specialty Physician Services	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	See Appendix A	4/1/2021	12/8/2025	
63664	Specialty Physician Services	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	See Appendix A	4/1/2021	12/8/2025	
63685	Specialty Physician Services	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	See Appendix A	4/1/2021	12/8/2025	
63688	Specialty Physician Services	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	See Appendix A	4/1/2021	12/8/2025	
64466	Specialty Physician Services	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	See Appendix A	4/22/2025	12/8/2025	
64467	Specialty Physician Services	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	See Appendix A	4/22/2025	12/8/2025	
64468	Specialty Physician Services	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	See Appendix A	4/22/2025	12/8/2025	
64469	Specialty Physician Services	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	See Appendix A	4/22/2025	12/8/2025	
64473	Specialty Physician Services	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	See Appendix A	4/22/2025	12/8/2025	
64474	Specialty Physician Services	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	See Appendix A	4/22/2025	12/8/2025	
64553	Specialty Physician Services	Percutaneous implantation of neurostimulator electrode array; cranial nerve	See Appendix A	4/1/2021	12/8/2025	
64555	Specialty Physician Services	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	See Appendix A	4/1/2021	12/8/2025	
64561	Specialty Physician Services	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	See Appendix A	4/1/2021	12/8/2025	
64566	Specialty Physician Services	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	See Appendix A	4/1/2021	12/8/2025	
64568	Specialty Physician Services	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	See Appendix A	4/1/2021	12/8/2025	
64569	Specialty Physician Services	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	See Appendix A	4/1/2021	12/8/2025	
64570	Specialty Physician Services	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	See Appendix A	4/1/2021	12/8/2025	
64575	Specialty Physician Services	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	See Appendix A	4/1/2021	12/8/2025	
64580	Specialty Physician Services	Incision for implantation of neurostimulator electrode array; neuromuscular	See Appendix A	4/1/2021	12/8/2025	
64581	Specialty Physician Services	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	See Appendix A	4/1/2021	12/8/2025	
64585	Specialty Physician Services	Revision or removal of peripheral neurostimulator electrode array	See Appendix A	4/1/2021	12/8/2025	
64590	Specialty Physician Services	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	See Appendix A	4/1/2021	12/8/2025	
64595	Specialty Physician Services	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	See Appendix A	4/1/2021	12/8/2025	
64596	Specialty Physician Services	INSJ/RPLCMT PERQ ELTRD RA PN W/INT NSTIM 1ST RA	See Appendix A	1/29/2025	12/8/2025	
64597	Specialty Physician Services	INSJ/RPLCMT PERQ ELTRD RA PN INT NSTIM EA ADD RA	See Appendix A	1/29/2025	12/8/2025	
64598	Specialty Physician Services	REVISION/REMOVAL NSTIM ELTRD ARRAY PN INT NSTIM	See Appendix A	1/29/2025	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
77373	Specialty Physician Services	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions, Including Image Guidance, Entire Course Not To Exceed 5 Fractions	See Appendix A	4/1/2024	12/8/2025	
77525	Specialty Physician Services	Proton Treatment Delivery; Complex	See Appendix A	4/1/2024	12/8/2025	
90399	Specialty Physician Services	IMMUNE GLOBULIN	See Appendix A	4/1/2021	12/8/2025	
93799	Specialty Physician Services	Unlisted cardiovascular service or procedure	See Appendix A	4/1/2021	12/8/2025	
94772	Specialty Physician Services	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	See Appendix A	4/1/2021	12/8/2025	
95199	Specialty Physician Services	Unlisted allergy/clinical immunologic service or procedure	See Appendix A	4/1/2021	12/8/2025	
95249	Specialty Physician Services	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	See Appendix A	4/1/2021	12/8/2025	
95250	Specialty Physician Services	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	See Appendix A	4/1/2021	12/8/2025	
95251	Specialty Physician Services	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	See Appendix A	4/1/2021	12/8/2025	
95905	Specialty Physician Services	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	See Appendix A	4/1/2021	12/8/2025	
95907	Specialty Physician Services	Nerve conduction studies; 1-2 studies	See Appendix A	4/1/2021	12/8/2025	
95908	Specialty Physician Services	Nerve conduction studies; 3-4 studies	See Appendix A	4/1/2021	12/8/2025	
95909	Specialty Physician Services	Nerve conduction studies; 5-6 studies	See Appendix A	4/1/2021	12/8/2025	
95910	Specialty Physician Services	Nerve conduction studies; 7-8 studies	See Appendix A	4/1/2021	12/8/2025	
95911	Specialty Physician Services	Nerve conduction studies; 9-10 studies	See Appendix A	4/1/2021	12/8/2025	
95912	Specialty Physician Services	Nerve conduction studies; 11-12 studies	See Appendix A	4/1/2021	12/8/2025	
95913	Specialty Physician Services	Nerve conduction studies; 13 or more studies	See Appendix A	4/1/2021	12/8/2025	
95970	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	See Appendix A	4/1/2021	12/8/2025	
95971	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
95972	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	See Appendix A	4/1/2021	12/8/2025	
95977	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	See Appendix A	4/1/2021	12/8/2025	
95980	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	See Appendix A	4/1/2021	12/8/2025	
95981	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	See Appendix A	4/1/2021	12/8/2025	
95982	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	See Appendix A	4/1/2021	12/8/2025	
95983	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	See Appendix A	4/1/2021	12/8/2025	
95984	Specialty Physician Services	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
96900	Specialty Physician Services	Actinotherapy (ultraviolet light)	See Appendix A	4/1/2021	12/8/2025	
96902	Specialty Physician Services	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	See Appendix A	4/1/2021	12/8/2025	
96904	Specialty Physician Services	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	See Appendix A	4/1/2021	12/8/2025	
96910	Specialty Physician Services	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	See Appendix A	4/1/2021	12/8/2025	
96912	Specialty Physician Services	Photochemotherapy; psoralens and ultraviolet A (PUVA)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
96913	Specialty Physician Services	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	See Appendix A	4/1/2021	12/8/2025	
96920	Specialty Physician Services	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	See Appendix A	4/1/2021	12/8/2025	
96921	Specialty Physician Services	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	See Appendix A	4/1/2021	12/8/2025	
96922	Specialty Physician Services	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	See Appendix A	4/1/2021	12/8/2025	
96931	Specialty Physician Services	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	See Appendix A	4/1/2021	12/8/2025	
96932	Specialty Physician Services	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	See Appendix A	4/1/2021	12/8/2025	
96933	Specialty Physician Services	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	See Appendix A	4/1/2021	12/8/2025	
96934	Specialty Physician Services	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
96935	Specialty Physician Services	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
96936	Specialty Physician Services	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
96999	Specialty Physician Services	Unlisted special dermatological service or procedure	See Appendix A	4/1/2021	12/8/2025	
99183	Specialty Physician Services	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	See Appendix A	4/1/2021	12/8/2025	
A4575	Specialty Physician Services	Topical hyperbaric oxygen chamber, disposable	See Appendix A	4/1/2021	12/8/2025	
C7562	Specialty Physician Services	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed with intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	See Appendix A	4/22/2025	12/8/2025	
C7563	Specialty Physician Services	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries	See Appendix A	3/19/2025	12/8/2025	
C7564	Specialty Physician Services	Percutaneous Transluminal Mechanical Thrombectomy	See Appendix A	3/19/2025	12/8/2025	
C7565	Specialty Physician Services	Repair of Anterior Abdominal Hernia	See Appendix A	3/19/2025	12/8/2025	
C8007	Specialty Physician Services	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	See Appendix A	8/1/2026	5/26/2026	
C8008	Specialty Physician Services	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	See Appendix A	8/1/2026	5/26/2026	
C8010	Specialty Physician Services	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	See Appendix A	8/1/2026	5/26/2026	
C8011	Specialty Physician Services	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	See Appendix A	8/1/2026	5/26/2026	
C8012	Specialty Physician Services	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	See Appendix A	8/1/2026	5/26/2026	
E0736	Specialty Physician Services	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR	See Appendix A	5/30/2024	12/8/2025	
G0277	Specialty Physician Services	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
G0339	Specialty Physician Services	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	See Appendix A	4/1/2021	12/8/2025	
G0340	Specialty Physician Services	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	See Appendix A	4/1/2021	12/8/2025	
G0422	Specialty Physician Services	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	See Appendix A	4/1/2021	12/8/2025	
G0423	Specialty Physician Services	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	See Appendix A	4/1/2021	12/8/2025	
G0562	Specialty Physician Services	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	See Appendix A	4/22/2025	12/8/2025	
G0563	Specialty Physician Services	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	See Appendix A	3/19/2025	12/8/2025	
G0681	Specialty Physician Services	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area	See Appendix A	8/1/2026	5/26/2026	
G0682	Specialty Physician Services	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	See Appendix A	8/1/2026	5/26/2026	
G0683	Specialty Physician Services	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	See Appendix A	8/1/2026	5/26/2026	
G0684	Specialty Physician Services	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	See Appendix A	8/1/2026	5/26/2026	
G6002	Specialty Physician Services	Stereo X-R Guid Loc Trg Vol Del Rt **PA required if place of service is not a Hospital**	See Appendix A	4/1/2024	12/8/2025	
J7330	Specialty Physician Services	Autologous cultured chondrocytes, implant	See Appendix A	9/1/2026	7/20/2026	
Q3031	Specialty Physician Services	Collagen skin test	See Appendix A	4/1/2021	12/8/2025	
S2401	Specialty Physician Services	Repair, urinary tract obstruction in the fetus, procedure performed in utero	See Appendix A	4/1/2021	12/8/2025	
S2402	Specialty Physician Services	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	See Appendix A	4/1/2021	12/8/2025	
S2403	Specialty Physician Services	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	See Appendix A	4/1/2021	12/8/2025	
S2404	Specialty Physician Services	Repair, myelomeningocele in the fetus, procedure performed in utero	See Appendix A	4/1/2021	12/8/2025	
S2405	Specialty Physician Services	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	See Appendix A	4/1/2021	12/8/2025	
S2409	Specialty Physician Services	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	See Appendix A	4/1/2021	12/8/2025	
S2411	Specialty Physician Services	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	See Appendix A	4/1/2021	12/8/2025	
S9472	Specialty Physician Services	Cardiac rehabilitation program, nonphysician provider, per diem	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
92507	Therapies	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	See Appendix A	4/1/2021	12/8/2025	
92508	Therapies	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	See Appendix A	4/1/2021	12/8/2025	
92526	Therapies	ORAL FUNCTION THERAPY	See Appendix A	4/1/2021	12/8/2025	
92531	Therapies	SPONTANEOUS NYSTAGMUS STUDY	See Appendix A	4/1/2021	12/8/2025	
92532	Therapies	POSITIONAL NYSTAGMUS TEST	See Appendix A	4/1/2021	12/8/2025	
92533	Therapies	CALORIC VESTIBULAR TEST	See Appendix A	4/1/2021	12/8/2025	
92534	Therapies	OPTOKINETIC NYSTAGMUS TEST	See Appendix A	4/1/2021	12/8/2025	
92541	Therapies	SPONTANEOUS NYSTAGMUS TEST	See Appendix A	4/1/2021	12/8/2025	
92542	Therapies	POSITIONAL NYSTAGMUS TEST	See Appendix A	4/1/2021	12/8/2025	
92544	Therapies	OPTOKINETIC NYSTAGMUS TEST	See Appendix A	4/1/2021	12/8/2025	
92546	Therapies	SINUSOIDAL ROTATIONAL TEST	See Appendix A	4/1/2021	12/8/2025	
92547	Therapies	SUPPLEMENTAL ELECTRICAL TEST	See Appendix A	4/1/2021	12/8/2025	
92609	Therapies	Therapeutic services for the use of speech-generating device, including programming and modification	See Appendix A	4/1/2021	12/8/2025	
97010	Therapies	Application of a modality to 1 or more areas; hot or cold packs	See Appendix A	4/1/2021	12/8/2025	
97012	Therapies	Application of a modality to 1 or more areas; traction, mechanical	See Appendix A	4/1/2021	12/8/2025	
97014	Therapies	Application of a modality to 1 or more areas; electrical stimulation (unattended)	See Appendix A	4/1/2021	12/8/2025	
97016	Therapies	Application of a modality to 1 or more areas; vasopneumatic devices	See Appendix A	4/1/2021	12/8/2025	
97018	Therapies	Application of a modality to 1 or more areas; paraffin bath	See Appendix A	4/1/2021	12/8/2025	
97022	Therapies	Application of a modality to 1 or more areas; whirlpool	See Appendix A	4/1/2021	12/8/2025	
97024	Therapies	Application of a modality to 1 or more areas; diathermy (eg, microwave)	See Appendix A	4/1/2021	12/8/2025	
97026	Therapies	Application of a modality to 1 or more areas; infrared	See Appendix A	4/1/2021	12/8/2025	
97028	Therapies	Application of a modality to 1 or more areas; ultraviolet	See Appendix A	4/1/2021	12/8/2025	
97032	Therapies	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97033	Therapies	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97034	Therapies	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97035	Therapies	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97036	Therapies	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97039	Therapies	Unlisted modality (specify type and time if constant attendance)	See Appendix A	4/1/2021	12/8/2025	
97110	Therapies	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	See Appendix A	4/1/2021	12/8/2025	
97112	Therapies	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	See Appendix A	4/1/2021	12/8/2025	
97113	Therapies	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	See Appendix A	4/1/2021	12/8/2025	
97116	Therapies	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	See Appendix A	4/1/2021	12/8/2025	
97124	Therapies	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	See Appendix A	4/1/2021	12/8/2025	
97129	Therapies	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	See Appendix A	4/1/2021	12/8/2025	

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97130	Therapies	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)	See Appendix A	4/1/2021	12/8/2025	
97139	Therapies	Unlisted therapeutic procedure (specify)	See Appendix A	4/1/2021	12/8/2025	
97140	Therapies	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97150	Therapies	Therapeutic procedure(s), group (2 or more individuals)	See Appendix A	4/1/2021	12/8/2025	
97530	Therapies	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97533	Therapies	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97535	Therapies	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97537	Therapies	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97542	Therapies	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97545	Therapies	Work hardening/conditioning; initial 2 hours	See Appendix A	4/1/2021	12/8/2025	
97546	Therapies	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
97750	Therapies	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97755	Therapies	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97760	Therapies	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97761	Therapies	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97763	Therapies	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
97799	Therapies	Unlisted physical medicine/rehabilitation service or procedure	See Appendix A	4/1/2021	12/8/2025	
99509	Therapies	Home visit for assistance with activities of daily living and personal care	See Appendix A	4/1/2021	12/8/2025	
G0129	Therapies	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	See Appendix A	4/1/2021	12/8/2025	
G0151	Therapies	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0152	Therapies	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0153	Therapies	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	

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G0157	Therapies	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0158	Therapies	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0159	Therapies	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0160	Therapies	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G0161	Therapies	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 maintenance program, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G2168	Therapies	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
G2169	Therapies	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	See Appendix A	4/1/2021	12/8/2025	
S8990	Therapies	Physical or manipulative therapy performed for maintenance rather than restoration	See Appendix A	4/1/2021	12/8/2025	
S9128	Therapies	Speech therapy, in the home, per diem	See Appendix A	4/1/2021	12/8/2025	
S9129	Therapies	Occupational therapy, in the home, per diem	See Appendix A	4/1/2021	12/8/2025	
S9131	Therapies	Physical therapy; in the home, per diem	See Appendix A	4/1/2021	12/8/2025	
V5362	Therapies	Speech screening	See Appendix A	4/1/2021	12/8/2025	
V5363	Therapies	Language screening	See Appendix A	4/1/2021	12/8/2025	
V5364	Therapies	Dysphagia screening	See Appendix A	4/1/2021	12/8/2025	
14000	Transplant Services	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14001	Transplant Services	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14020	Transplant Services	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14021	Transplant Services	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14040	Transplant Services	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14041	Transplant Services	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14060	Transplant Services	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14061	Transplant Services	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14301	Transplant Services	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14302	Transplant Services	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	1/28/2025
14350	Transplant Services	Filleted finger or toe flap, including preparation of recipient site	See Appendix A	4/1/2021	12/8/2025	1/28/2025
15002	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	1/28/2025
15003	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	1/28/2025

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15004	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	1/28/2025
15005	Transplant Services	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	1/28/2025
15040	Transplant Services	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	See Appendix A	4/1/2021	12/8/2025	1/28/2025
15050	Transplant Services	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	See Appendix A	4/1/2021	12/8/2025	
15100	Transplant Services	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	See Appendix A	4/1/2021	12/8/2025	
15101	Transplant Services	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15110	Transplant Services	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	
15111	Transplant Services	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15115	Transplant Services	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	
15116	Transplant Services	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15120	Transplant Services	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	See Appendix A	4/1/2021	12/8/2025	
15121	Transplant Services	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15130	Transplant Services	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	
15131	Transplant Services	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15135	Transplant Services	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	
15136	Transplant Services	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15150	Transplant Services	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
15151	Transplant Services	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	

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15152	Transplant Services	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15155	Transplant Services	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
15156	Transplant Services	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15157	Transplant Services	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15200	Transplant Services	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
15201	Transplant Services	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15220	Transplant Services	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
15221	Transplant Services	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15240	Transplant Services	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
15241	Transplant Services	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15260	Transplant Services	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	See Appendix A	4/1/2021	12/8/2025	
15261	Transplant Services	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15271	Transplant Services	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	See Appendix A	4/1/2021	12/8/2025	
15272	Transplant Services	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15273	Transplant Services	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	
15274	Transplant Services	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15275	Transplant Services	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	See Appendix A	4/1/2021	12/8/2025	
15276	Transplant Services	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	

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15277	Transplant Services	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	See Appendix A	4/1/2021	12/8/2025	
15278	Transplant Services	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15570	Transplant Services	Formation of direct or tubed pedicle, with or without transfer; trunk	See Appendix A	4/1/2021	12/8/2025	
15572	Transplant Services	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	See Appendix A	4/1/2021	12/8/2025	
15574	Transplant Services	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	See Appendix A	4/1/2021	12/8/2025	
15576	Transplant Services	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	See Appendix A	4/1/2021	12/8/2025	
15600	Transplant Services	Delay of flap or sectioning of flap (division and inset); at trunk	See Appendix A	4/1/2021	12/8/2025	
15610	Transplant Services	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	See Appendix A	4/1/2021	12/8/2025	
15620	Transplant Services	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	See Appendix A	4/1/2021	12/8/2025	
15630	Transplant Services	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	See Appendix A	4/1/2021	12/8/2025	
15650	Transplant Services	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	See Appendix A	4/1/2021	12/8/2025	
15730	Transplant Services	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	See Appendix A	4/1/2021	12/8/2025	
15731	Transplant Services	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	See Appendix A	4/1/2021	12/8/2025	
15733	Transplant Services	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	See Appendix A	4/1/2021	12/8/2025	
15734	Transplant Services	Muscle, myocutaneous, or fasciocutaneous flap; trunk	See Appendix A	4/1/2021	12/8/2025	
15736	Transplant Services	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	See Appendix A	4/1/2021	12/8/2025	
15738	Transplant Services	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	See Appendix A	4/1/2021	12/8/2025	
15740	Transplant Services	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	See Appendix A	4/1/2021	12/8/2025	
15750	Transplant Services	Flap; neurovascular pedicle	See Appendix A	4/1/2021	12/8/2025	
15756	Transplant Services	Free muscle or myocutaneous flap with microvascular anastomosis	See Appendix A	4/1/2021	12/8/2025	
15757	Transplant Services	Free skin flap with microvascular anastomosis	See Appendix A	4/1/2021	12/8/2025	
15758	Transplant Services	Free fascial flap with microvascular anastomosis	See Appendix A	4/1/2021	12/8/2025	
15760	Transplant Services	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	See Appendix A	4/1/2021	12/8/2025	
15769	Transplant Services	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	See Appendix A	4/1/2021	12/8/2025	
15770	Transplant Services	Graft; derma-fat-fascia	See Appendix A	4/1/2021	12/8/2025	
15771	Transplant Services	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	See Appendix A	4/1/2021	12/8/2025	
15772	Transplant Services	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15773	Transplant Services	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	See Appendix A	4/1/2021	12/8/2025	
15774	Transplant Services	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
15775	Transplant Services	Punch graft for hair transplant; 1 to 15 punch grafts	See Appendix A	4/1/2021	12/8/2025	

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15776	Transplant Services	Punch graft for hair transplant; more than 15 punch grafts	See Appendix A	4/1/2021	12/8/2025	
15825	Transplant Services	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	See Appendix A	4/1/2021	12/8/2025	
15829	Transplant Services	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	See Appendix A	4/1/2021	12/8/2025	
15840	Transplant Services	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	See Appendix A	4/1/2021	12/8/2025	
15841	Transplant Services	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
15842	Transplant Services	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	See Appendix A	4/1/2021	12/8/2025	
15845	Transplant Services	Graft for facial nerve paralysis; regional muscle transfer	See Appendix A	4/1/2021	12/8/2025	
15860	Transplant Services	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	See Appendix A	4/1/2021	12/8/2025	
20924	Transplant Services	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	See Appendix A	4/1/2021	12/8/2025	
20930	Transplant Services	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20931	Transplant Services	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20932	Transplant Services	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20933	Transplant Services	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20934	Transplant Services	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20936	Transplant Services	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20937	Transplant Services	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20938	Transplant Services	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
20939	Transplant Services	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
32850	Transplant Services	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	See Appendix A	4/1/2021	12/8/2025	
32851	Transplant Services	Lung transplant, single; without cardiopulmonary bypass	See Appendix A	4/1/2021	12/8/2025	
32852	Transplant Services	Lung transplant, single; with cardiopulmonary bypass	See Appendix A	4/1/2021	12/8/2025	
32853	Transplant Services	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	See Appendix A	4/1/2021	12/8/2025	
32854	Transplant Services	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	See Appendix A	4/1/2021	12/8/2025	
32855	Transplant Services	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	See Appendix A	4/1/2021	12/8/2025	
32856	Transplant Services	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	See Appendix A	4/1/2021	12/8/2025	
33929	Transplant Services	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
33930	Transplant Services	Donor cardiectomy-pneumonectomy (including cold preservation)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
33933	Transplant Services	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	See Appendix A	4/1/2021	12/8/2025	
33935	Transplant Services	Heart-lung transplant with recipient cardiectomy-pneumonectomy	See Appendix A	4/1/2021	12/8/2025	
33940	Transplant Services	Donor cardiectomy (including cold preservation)	See Appendix A	4/1/2021	12/8/2025	
33944	Transplant Services	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	See Appendix A	4/1/2021	12/8/2025	
33945	Transplant Services	Heart transplant, with or without recipient cardiectomy	See Appendix A	4/1/2021	12/8/2025	
38204	Transplant Services	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	See Appendix A	4/1/2021	12/8/2025	
38205	Transplant Services	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	See Appendix A	4/1/2021	12/8/2025	
38206	Transplant Services	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	See Appendix A	4/1/2021	12/8/2025	
38207	Transplant Services	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	See Appendix A	4/1/2021	12/8/2025	
38208	Transplant Services	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	See Appendix A	4/1/2021	12/8/2025	
38209	Transplant Services	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	See Appendix A	4/1/2021	12/8/2025	
38210	Transplant Services	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	See Appendix A	4/1/2021	12/8/2025	
38211	Transplant Services	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	See Appendix A	4/1/2021	12/8/2025	
38212	Transplant Services	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	See Appendix A	4/1/2021	12/8/2025	
38213	Transplant Services	Transplant preparation of hematopoietic progenitor cells; platelet depletion	See Appendix A	4/1/2021	12/8/2025	
38214	Transplant Services	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	See Appendix A	4/1/2021	12/8/2025	
38215	Transplant Services	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	See Appendix A	4/1/2021	12/8/2025	
38230	Transplant Services	Bone marrow harvesting for transplantation; allogeneic	See Appendix A	4/1/2021	12/8/2025	
38232	Transplant Services	Bone marrow harvesting for transplantation; autologous	See Appendix A	4/1/2021	12/8/2025	
38240	Transplant Services	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	See Appendix A	4/1/2021	12/8/2025	
38241	Transplant Services	Hematopoietic progenitor cell (HPC); autologous transplantation	See Appendix A	4/1/2021	12/8/2025	
38242	Transplant Services	Allogeneic lymphocyte infusions	See Appendix A	4/1/2021	12/8/2025	
38243	Transplant Services	Hematopoietic progenitor cell (HPC); HPC boost	See Appendix A	4/1/2021	12/8/2025	
40720	Transplant Services	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	See Appendix A	4/1/2021	12/8/2025	
40761	Transplant Services	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	See Appendix A	4/1/2021	12/8/2025	
40818	Transplant Services	Excision of mucosa of vestibule of mouth as donor graft	See Appendix A	4/1/2021	12/8/2025	
42894	Transplant Services	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	See Appendix A	4/1/2021	12/8/2025	
43116	Transplant Services	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	See Appendix A	4/1/2021	12/8/2025	
44132	Transplant Services	Donor enterectomy (including cold preservation), open; from cadaver donor	See Appendix A	4/1/2021	12/8/2025	
44133	Transplant Services	Donor enterectomy (including cold preservation), open; partial, from living donor	See Appendix A	4/1/2021	12/8/2025	
44135	Transplant Services	Intestinal allotransplantation; from cadaver donor	See Appendix A	4/1/2021	12/8/2025	
44136	Transplant Services	Intestinal allotransplantation; from living donor	See Appendix A	4/1/2021	12/8/2025	
44137	Transplant Services	Removal of transplanted intestinal allograft, complete	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
44705	Transplant Services	Preparation of fecal microbiota for instillation, including assessment of donor specimen	See Appendix A	4/1/2021	12/8/2025	
44715	Transplant Services	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	See Appendix A	4/1/2021	12/8/2025	
44720	Transplant Services	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
44721	Transplant Services	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
44799	Transplant Services	Unlisted procedure, small intestine	See Appendix A	4/1/2021	12/8/2025	
46748	Transplant Services	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	See Appendix A	4/1/2021	12/8/2025	
46753	Transplant Services	Graft (Thiersch operation) for rectal incontinence and/or prolapse	See Appendix A	4/1/2021	12/8/2025	
47133	Transplant Services	Donor hepatectomy (including cold preservation), from cadaver donor	See Appendix A	4/1/2021	12/8/2025	
47135	Transplant Services	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	See Appendix A	4/1/2021	12/8/2025	
47140	Transplant Services	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	See Appendix A	4/1/2021	12/8/2025	
47141	Transplant Services	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	See Appendix A	4/1/2021	12/8/2025	
47142	Transplant Services	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	See Appendix A	4/1/2021	12/8/2025	
47143	Transplant Services	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	See Appendix A	4/1/2021	12/8/2025	
47144	Transplant Services	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	See Appendix A	4/1/2021	12/8/2025	
47145	Transplant Services	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	See Appendix A	4/1/2021	12/8/2025	
47146	Transplant Services	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
47147	Transplant Services	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
47399	Transplant Services	Unlisted procedure, liver	See Appendix A	4/1/2021	12/8/2025	
48160	Transplant Services	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	See Appendix A	4/1/2021	12/8/2025	
48550	Transplant Services	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	See Appendix A	4/1/2021	12/8/2025	
48551	Transplant Services	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
48552	Transplant Services	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
48554	Transplant Services	Transplantation of pancreatic allograft	See Appendix A	4/1/2021	12/8/2025	
48556	Transplant Services	Removal of transplanted pancreatic allograft	See Appendix A	4/1/2021	12/8/2025	
48999	Transplant Services	Unlisted procedure, pancreas	See Appendix A	4/1/2021	12/8/2025	
50300	Transplant Services	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	See Appendix A	4/1/2021	12/8/2025	
50320	Transplant Services	Donor nephrectomy (including cold preservation); open, from living donor	See Appendix A	4/1/2021	12/8/2025	
50323	Transplant Services	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	See Appendix A	4/1/2021	12/8/2025	
50325	Transplant Services	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	See Appendix A	4/1/2021	12/8/2025	
50327	Transplant Services	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
50328	Transplant Services	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
50329	Transplant Services	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	See Appendix A	4/1/2021	12/8/2025	
50340	Transplant Services	Recipient nephrectomy (separate procedure)	See Appendix A	4/1/2021	12/8/2025	
50360	Transplant Services	Renal allotransplantation, implantation of graft; without recipient nephrectomy	See Appendix A	4/1/2021	12/8/2025	
50365	Transplant Services	Renal allotransplantation, implantation of graft; with recipient nephrectomy	See Appendix A	4/1/2021	12/8/2025	
50370	Transplant Services	Removal of transplanted renal allograft	See Appendix A	4/1/2021	12/8/2025	
50380	Transplant Services	Renal autotransplantation, reimplantation of kidney	See Appendix A	4/1/2021	12/8/2025	
50547	Transplant Services	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	See Appendix A	4/1/2021	12/8/2025	
50860	Transplant Services	Ureterostomy, transplantation of ureter to skin	See Appendix A	4/1/2021	12/8/2025	
54680	Transplant Services	Transplantation of testis(es) to thigh (because of scrotal destruction)	See Appendix A	4/1/2021	12/8/2025	
60512	Transplant Services	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
63710	Transplant Services	Dural graft, spinal	See Appendix A	4/1/2021	12/8/2025	
64885	Transplant Services	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	See Appendix A	4/1/2021	12/8/2025	
64886	Transplant Services	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64890	Transplant Services	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64891	Transplant Services	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64892	Transplant Services	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64893	Transplant Services	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64895	Transplant Services	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64896	Transplant Services	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64897	Transplant Services	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64898	Transplant Services	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	See Appendix A	4/1/2021	12/8/2025	
64901	Transplant Services	Nerve graft, each additional nerve; single strand	See Appendix A	4/1/2021	12/8/2025	
64902	Transplant Services	Nerve graft, each additional nerve; multiple strands (cable)	See Appendix A	4/1/2021	12/8/2025	
64905	Transplant Services	Nerve pedicle transfer; first stage	See Appendix A	4/1/2021	12/8/2025	
64907	Transplant Services	Nerve pedicle transfer; second stage	See Appendix A	4/1/2021	12/8/2025	
64910	Transplant Services	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	See Appendix A	4/1/2021	12/8/2025	
64912	Transplant Services	Nerve repair; with nerve allograft, each nerve, first strand (cable)	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
64913	Transplant Services	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
64999	Transplant Services	Unlisted procedure, nervous system	See Appendix A	4/1/2021	12/8/2025	
65426	Transplant Services	Excision or transposition of pterygium; with graft	See Appendix A	4/1/2021	12/8/2025	
65710	Transplant Services	Keratoplasty (corneal transplant); anterior lamellar	See Appendix A	4/1/2021	12/8/2025	
65730	Transplant Services	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	See Appendix A	4/1/2021	12/8/2025	
65750	Transplant Services	Keratoplasty (corneal transplant); penetrating (in aphakia)	See Appendix A	4/1/2021	12/8/2025	
65755	Transplant Services	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	See Appendix A	4/1/2021	12/8/2025	
65756	Transplant Services	Keratoplasty (corneal transplant); endothelial	See Appendix A	4/1/2021	12/8/2025	
65757	Transplant Services	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	See Appendix A	4/1/2021	12/8/2025	
65765	Transplant Services	Keratophakia	See Appendix A	4/1/2021	12/8/2025	
65767	Transplant Services	Epikeratoplasty	See Appendix A	4/1/2021	12/8/2025	
65778	Transplant Services	Placement of amniotic membrane on the ocular surface; without sutures	See Appendix A	4/1/2021	12/8/2025	
65779	Transplant Services	Placement of amniotic membrane on the ocular surface; single layer, sutured	See Appendix A	4/1/2021	12/8/2025	
65780	Transplant Services	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	See Appendix A	4/1/2021	12/8/2025	
65781	Transplant Services	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	See Appendix A	4/1/2021	12/8/2025	
65782	Transplant Services	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	See Appendix A	4/1/2021	12/8/2025	
67961	Transplant Services	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	See Appendix A	4/1/2021	12/8/2025	
68371	Transplant Services	Harvesting conjunctival allograft, living donor	See Appendix A	4/1/2021	12/8/2025	
C1768	Transplant Services	Graft, vascular	See Appendix A	4/1/2021	12/8/2025	
G0341	Transplant Services	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	See Appendix A	4/1/2021	12/8/2025	
G0342	Transplant Services	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	See Appendix A	4/1/2021	12/8/2025	
G0343	Transplant Services	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	See Appendix A	4/1/2021	12/8/2025	
Q0510	Transplant Services	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	See Appendix A	4/1/2021	12/8/2025	
S2053	Transplant Services	Transplantation of small intestine and liver allografts	See Appendix A	4/1/2021	12/8/2025	
S2054	Transplant Services	Transplantation of multivisceral organs	See Appendix A	4/1/2021	12/8/2025	
S2055	Transplant Services	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	See Appendix A	4/1/2021	12/8/2025	
S2060	Transplant Services	Lobar lung transplantation	See Appendix A	4/1/2021	12/8/2025	
S2061	Transplant Services	Donor lobectomy (lung) for transplantation, living donor	See Appendix A	4/1/2021	12/8/2025	
S2065	Transplant Services	Simultaneous pancreas kidney transplantation	See Appendix A	4/1/2021	12/8/2025	
S2102	Transplant Services	Islet cell tissue transplant from pancreas; allogeneic	See Appendix A	4/1/2021	12/8/2025	
S2103	Transplant Services	Adrenal tissue transplant to brain	See Appendix A	4/1/2021	12/8/2025	
S2140	Transplant Services	Cord blood harvesting for transplantation, allogeneic	See Appendix A	4/1/2021	12/8/2025	
S2142	Transplant Services	Cord blood-derived stem-cell transplantation, allogeneic	See Appendix A	4/1/2021	12/8/2025	
S2150	Transplant Services	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	See Appendix A	4/1/2021	12/8/2025	

Code	Medical Service Category	Code Description	Supporting Documentation	Effective Date	Date of Annual Review	Termination Date
S2152	Transplant Services	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living	See Appendix A	4/1/2021	12/8/2025	
S9975	Transplant Services	Transplant related lodging, meals and transportation, per diem	See Appendix A	4/1/2021	12/8/2025	
69716	Vision and Hearing Services	Implantation, Osseointegrated Implant, Skull; With Magnetic Transcutaneous Attachment To External Speech Processor	See Appendix A	4/1/2024	12/8/2025	
69719	Vision and Hearing Services	Other Procedures On The Middle Ear	See Appendix A	4/1/2024	12/8/2025	
69726	Vision and Hearing Services	Removal, Osseointegrated Implant, Skull; With Percutaneous Attachment To External Speech Processor	See Appendix A	4/1/2024	12/8/2025	
92137	Vision and Hearing Services	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	See Appendix A	4/22/2025	12/8/2025	

Appendix A: Prior Authorization (PA) Submission Requirements for Medical Necessity

All PA requests should be submitted with supporting clinical demonstrating medical necessity. This can include but is not limited to test results (labs, x-rays, scans, etc.), consultations and progress notes, history and physicals, medication records, inpatient and emergency room documentation along with the Texas Standard Prior Authorization Request Form for Health Care Services or designated form specific to the request.

Forms can be accessed at https://providers.parklandhealthplan.com/resources/forms/, the PCHP Provider Portal, and TMHP | Forms. Examples of forms are:

- Texas Standard Prior Authorization Request Form for Health Care Services
- Medicaid Physical, Occupational or Speech Therapy (PT, OT, ST) Prior Authorization Form
- Prior Authorization Request for Extension of Outpatient Therapy (TP2) Form
- Prior Authorization Request for Oxygen Therapy Devices and Supplies
- PDN Prior Authorization Forms
- DME Medical Supplies Order Form
- Non-emergency Ambulance Prior Authorization Request
- Home Health Skilled Nursing Request and Plan of Care Form

Upon completing the designated form for services that are being request, the provider should ensure that all essential information is included. The essential information required to initiate the PA process, per UMCM 3.22:

- Member name
- Member number or Medicaid number
- Member date of birth
- Requesting provider name
- Requesting provider's National Provider Identifier (NPI)
- Service requested: Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), or Current Dental Terminology (CDT)
- Service requested start and end date(s)
- Quantity of service units requested based on the CPT, HCPCS, or CDT requested

PCHP also requires the following information to initiate and process a Prior Authorization:

- Rendering provider's name
- Rendering provider's National Provider Identifier (NPI)
- Rendering provider's Tax Identification Number

If a prior authorization request is missing documentation to determine medical necessity and it will likely result in an Adverse Benefit Determination, the PA request must be limited to the PA requirements listed on PCHP's website on the date the request is received. An incomplete prior authorization request is a request for a service that is missing information needed to decide medical necessity. Parkland Community Health Plan will notify the requesting provider and member, by phone and in writing, of missing information no later than three (3) business days after the prior authorization receive date.

Refer to PCHP Provider website and the provider manual for more information regarding the prior authorization process.

Resources:

TMHP | Forms

PCHP Provider Manual

Texas Standard Prior Authorization Request Form for Health Care Services

PCHP Provider Forms & Resources

PCHP Provider Prior Authorizations