



Medicare Advantage Prior Authorization List

We display one prior authorization list for all Medicare Advantage plans. Please use the "PA Request Form" to submit requests, except for AIM and Part B Drug requests.

- For high tech radiology & cardiac imaging, radiation therapy, and interventional pain management codes: We contract with AIM for review. Please submit PA requests directly to AIM: www.providerportal.com
- For Part B drug prior authorization requirements see document titled "Part B Drugs that Require Prior Authorization" or see Part B Drugs section of this PA list. Please use the Medical Benefit Drug Request Form to submit requests.
- All DME costing >\$500 requires prior authorization and is subject to clinical review for medical necessity, even if it is not listed on this prior authorization list.
 - *On 1/1/2022, rather than using the \$500 threshold for DME, we are listing the specific DME that requires PA on the PA list.

The following inpatient services require prior authorization:

- Acute and inpatient admissions
- Skilled nursing facility admissions (SNF)
- Long Term Acute care admissions (LTACH)
- 30 day bundling for readmissions
- Inpatient rehabilitation admissions

Please note: Per CMS, expedited requests should ONLY be requested when the health care provider believes that waiting for a decision under the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function. Please be mindful of this definition when submitting your requests so that we can prioritize and process all requests appropriately.

BCBSNE follows CMS coverage guidance when reviewing codes when available. CMS coverage documents, including National Coverage Determinations and Local Coverage Determinations, can be found by using the CMS Medicare Coverage Database search tool. BCBSNE also uses Interqual® clinical criteria and medical policies. For more information, please review the BCBSNE MA Provider Manual and medical policies found at: <https://www.nebraskablue.com/en/Providers/Policies-and-Procedures/Medicare-Advantage-Policies>

Prior authorization is not a guarantee of payment. Benefits are based on eligibility at the time of service and are subject to applicable contract terms.

Prior Authorization List

Code	Procedure Description	HMO Effective Date	PPO Effective Date
Acupuncture			
20560	Needle insertion(s) without injection(s); 1 or 2 muscles	7/1/2020	7/1/2020
20561	Needle insertion(s) without injection(s); 3 or more muscles	7/1/2020	7/1/2020
97810	Acupuncture 1> ndles w/o elec stimj init 15 min	7/1/2020	7/1/2020
97811	Acupuncture 1> ndls w/o elec stimj ea 15 min	7/1/2020	7/1/2020
97813	Acupuncture 1> ndls w/elec stimj 1st 15 min	7/1/2020	7/1/2020
97814	Acup 1> ndls w/elec stimj ea 15 min w/re-insj	7/1/2020	7/1/2020
Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure			
20985	Cptr-asst surgical navigation image-less	1/1/2022	1/1/2022
0054T	Cptr-asst muscskel navigj ortho fluor images	1/1/2022	1/1/2022
0055T	Cptr-asst muscskel navigj ortho ct/mri	1/1/2022	1/1/2022
Cosmetic & Plastic Surgery			
15820	Blepharoplasty lower eyelid	7/1/2020	7/1/2020
15821	Blepharoplasty lower eyelid herniated fat pad	7/1/2020	7/1/2020
15822	Blepharoplasty upper eyelid	7/1/2020	7/1/2020
15823	Blepharoplasty upper eyelid w/excessive skin	7/1/2020	7/1/2020
15830	Excision skin abd infraumbilical panniculectomy	7/1/2020	7/1/2020
15838	Exc excsv skin & subq tissue submental fat pad	1/1/2021	1/1/2021
15839	Excision excessive skin & subq tissue other area	1/1/2021	1/1/2021
15847	Excision excessive skin & subq tissue abdomen	7/1/2020	7/1/2020
15877	Suction assisted lipectomy; trunk	7/1/2020	7/1/2020
17106	Destruction cutaneous vasc proliferative <10cm	1/1/2021	1/1/2021
19316	Mastopexy	1/1/2021	1/1/2021
19325	Breast augmentation with implant	1/1/2021	1/1/2021
19328	Removal of intact breast implant	1/1/2021	1/1/2021
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	1/1/2021	1/1/2021
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	1/1/2021	1/1/2021
19342	Insertion or replacement of breast implant on separate day from mastectomy	1/1/2021	1/1/2021
19350	Nipple/areola reconstruction	1/1/2021	1/1/2021
19355	Correction inverted nipples	1/1/2021	1/1/2021
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	1/1/2021	1/1/2021
19361	Breast reconstruction; with latissimus dorsi flap	1/1/2021	1/1/2021
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	1/1/2021	1/1/2021
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2021	1/1/2021
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separat	1/1/2021	1/1/2021
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	1/1/2021	1/1/2021
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	1/1/2021	1/1/2021
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autolog	1/1/2021	1/1/2021
20912	Cartilage graft; nasal septum	7/1/2020	7/1/2020
21210	Graft bone nasal/maxillary/malar areas	7/1/2020	7/1/2020
30400	Rhinp prim lat&alar crtigs&/elvtv nasal ti	7/1/2020	7/1/2020
30410	Rhinp prim complete xtrnl parts	7/1/2020	7/1/2020

Code	Procedure Description	HMO Effective Date	PPO Effective Date
30420	Rhinoplasty primary w/major septal repair	7/1/2020	7/1/2020
30430	Rhinoplasty secondary minor revision	7/1/2020	7/1/2020
30435	Rhinoplasty secondary intermediate revision	7/1/2020	7/1/2020
30450	Rhinoplasty secondary major revision	7/1/2020	7/1/2020
30460	Rhinp dfrm w/colum lngth tip only	7/1/2020	7/1/2020
30462	Rhinp dfrm colum lngth tip septum osteot	7/1/2020	7/1/2020
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	7/1/2020	7/1/2020
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	7/1/2020	7/1/2020
64612	Chemodnrvtj musc musc innervated facial nrv unil	7/1/2020	7/1/2020
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	7/1/2020	7/1/2020
67900	Repair brow ptosis	7/1/2020	7/1/2020
67901	Rpr blepharoptosis frontalis musc sutr/oth matr l	7/1/2020	7/1/2020
67902	Rpr blepharopt frontalis musc autol fascial sling	7/1/2020	7/1/2020
67903	Rpr blepharoptosis levator rescj/advmnt internal	7/1/2020	7/1/2020
67904	Rpr blepharoptosis levator rescj/advmnt xtrnl	7/1/2020	7/1/2020
67906	Rpr blepharoptosis superior rectus fascial sling	7/1/2020	7/1/2020
67908	Rpr blpos conjunctivo-tarso-musc-levator rescj	7/1/2020	7/1/2020
67911	Correction of lid retraction	7/1/2020	7/1/2020
Drug Eluting Sinus Stents			
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	1/1/2022	1/1/2022
31299	Unlisted procedure, accessory sinuses	1/1/2022	1/1/2022
Durable Medical Equipment*			
*In addition to the DME codes listed, all DMEPOS >\$500 require prior authorization. This list is not all-inclusive. Beginning 1/1/2022, rather than using the \$500 threshold for DME, we are listing the specific DME that requires PA on the PA list.			
A6550	Wnd care set neg prss wnd tx elec pump spl	1/1/2022	1/1/2022
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	4/1/2019	1/1/2020
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	4/1/2019	1/1/2020
E0193	Powered air flotation bed	7/1/2020	7/1/2020
E0194	Air fluidized bed	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0277	Powered pressure-reducing air mattress	7/1/2020	7/1/2020
E0371	Nonpwr adv prss rduc ovrlay matrss std len&wdth	7/1/2020	7/1/2020
E0372	Pwr air ovrlay matrss std matrss length&width	7/1/2020	7/1/2020
E0373	Nonpowered advanced pressure reducing mattress	7/1/2020	7/1/2020
E0467	Home ventilator multi-function respiratory devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0470	Resp asst devc bi-lvl prss capability w/o backu	1/1/2022	1/1/2022
E0471	Resp asst devc bi-lvl prss capability w/back-up	1/1/2022	1/1/2022
E0483	High frequency chest wall oscillation system ea	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
E0485	Orl devc/appl rduc up arway collapsibility prfab	1/1/2022	1/1/2022
E0486	Orl devc/appl rduc up airway collapsibility cstm	1/1/2022	1/1/2022
E0636	Mx pstn pt supp sys intgr lift pt accsible cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0651	Pneumat comprs seg hom mdl no calbrtd grdnt prss	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0652	Pneumat comprs seg hom mdl w/calbrtd gradnt prss	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0670	Seg pneu applinc pneu comprs in 2 full legs trnk	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0747	Osteogenesis stimulator (non-invasive)	4/1/2019	1/1/2020
E0748	Osteogenic stimulator, noninvasive, spinal applications	4/1/2019	1/1/2020
E0760	Osteogenesis stimulator low intensity ultrasound noninvasive	4/1/2019	1/1/2020
E0764	Func neuromusc stim musc ambul cmpt cntrl sc inj	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0766	Elec stim dvc u cancer tx incl all acc any type	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0782	Infusion pump implantable non-programmable	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0783	Infusion pump system implantable programmable	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0784	External ambulatory infusion pump, insulin	4/1/2019	1/1/2020
E0786	Implantable programmable infusion pump repl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E0986	Manual wheelchair accessory, push-rim activated power assist system	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator featu	4/1/2019	1/1/2020
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical directio	4/1/2019	1/1/2020
E2331	Power wheelchair accessory, attendant control - (see cpt/hcpcs manual)	4/1/2019	1/1/2020
E2342	Power wheelchair accessory, nonstandard seat - (see cpt/hcpcs manual)	4/1/2019	1/1/2020
E2365	Power wheelchair accessory, u-1 sealed lead a - (see cpt/hcpcs manual)	4/1/2019	1/1/2020

Code	Procedure Description	HMO Effective Date	PPO Effective Date
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed moun	4/1/2019	1/1/2020
E2402	Neg press wound therapy elec pump station/prtbl	1/1/2022	1/1/2022
K0005	Ultralightweight wheelchair	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0013	Custom motorized/power wheelchair base	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0606	Auto ext defib w/intgr ecg analy garment type	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0609	Repl elec w/auto ext defib garmnt type only ea	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0744	Absorb wd dr hom mdl prtble pad sz 16 sq in/less	1/1/2022	1/1/2022
K0745	Absrb wd dr hom mdl prt pad>16 sq in<= 48 sq in	1/1/2022	1/1/2022
K0746	Absorb wnd drsg hom mdl prtble pad sz > 48 sq in	1/1/2022	1/1/2022
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	4/1/2019	1/1/2020
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds	4/1/2019	1/1/2020
K0802	Pwr op veh grp 1 very heavy duty pt 451-600 lbs	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0806	Pwr op veh grp 2 std pt wt cap to & incl 300 lbs	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0807	Pwr op veh grp 2 heavy duty pt 301 to 450 lbs	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0808	Pwr op veh grp 2 very heavy duty pt 451-600 lbs	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0812	Power operated vehicle, not otherwise classified	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0813	Pwr wc grp 1 std port sling seat pt to 300 lbs	7/1/2020	7/1/2020
K0814	Pwr wc grp 1 std port capt chair pt to 300 lbs	7/1/2020	7/1/2020
K0815	Pwr wc grp 1 std sling seat pt up to &= 300 lbs	7/1/2020	7/1/2020
K0816	Pwr wc grp 1 std captains chair pt to &=300 lbs	7/1/2020	7/1/2020
K0820	Pwr wc grp 2 std port sling seat pt to &=300 lbs	7/1/2020	7/1/2020
K0821	Pwr wc grp 2 std port capt chair pt to &=300 lbs	7/1/2020	7/1/2020
K0822	Pwr wc grp 2 std sling seat pt to &=300 lbs	7/1/2020	7/1/2020
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	4/1/2019	1/1/2020

Code	Procedure Description	HMO Effective Date	PPO Effective Date
K0824	Pwr wc grp 2 hev duty sling seat pt 301-450 lbs	7/1/2020	7/1/2020
K0825	Pwr wc grp 2 hev duty capt chair pt 301-450 lbs	7/1/2020	7/1/2020
K0826	Pwr wc grp 2 vry hvy dty slng seat pt 451-600 lb	7/1/2020	7/1/2020
K0827	Pwr wc grp 2 vry hvy dty capt chr pt 451-600 lbs	7/1/2020	7/1/2020
K0828	Pwr wc grp 2 xtra hvy duty sling seat pt 601lb>	7/1/2020	7/1/2020
K0829	Pwr wc grp 2 xtra hvy duty chair pt 601 lbs>	7/1/2020	7/1/2020
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0835	Pwr wc grp 2 std 1 pwr sling seat pt to 300 lbs	7/1/2020	7/1/2020
K0836	Pwr wc grp 2 std 1 pwr capt chair pt to 300 lbs	7/1/2020	7/1/2020
K0837	Pwr wc grp 2 hvy 1 pwr sling seat pt 301-450 lbs	7/1/2020	7/1/2020
K0838	Pwr wc grp 2 hvy 1 pwr capt chair pt 301-450 lbs	7/1/2020	7/1/2020
K0839	Pwr wc grp 2 vry hvy 1 pwr sling pt 451-600 lbs	7/1/2020	7/1/2020
K0840	Pwr wc grp 2 xtra hvy 1 pwr sling pt 601 lbs>	7/1/2020	7/1/2020
K0841	Pwr wc grp 2 mx pwr sling seat pt to &=300 lbs	7/1/2020	7/1/2020
K0842	Pwr wc grp 2 std mx pwr capt chr pt to &=300 lbs	7/1/2020	7/1/2020
K0843	Pwr wc grp 2 hvy mx pwr slng seat pt 301-450 lbs	7/1/2020	7/1/2020
K0848	Pwr wc grp 3 std sling seat pt to & = 300 lbs	7/1/2020	7/1/2020
K0849	Pwr wc grp 3 std captain chair pt to & = 300 lbs	7/1/2020	7/1/2020
K0850	Pwr wc grp 3 hvy duty sling seat pt 301-450 lbs	7/1/2020	7/1/2020
K0851	Pwr wc grp 3 hvy duty capt chair pt 301-450 lbs	7/1/2020	7/1/2020
K0852	Pwr wc grp 3 v hvy duty sling seat pt 451-600 lb	7/1/2020	7/1/2020
K0853	Pwr wc grp 3 hvy duty capt chair pt 451-600 lbs	7/1/2020	7/1/2020
K0854	Pwr wc grp 3 xtra hvy dty slng seat pt 601 lbs>	7/1/2020	7/1/2020
K0855	Pwr wc grp 3x hvy dty chr pt wt cap 601 lb>	7/1/2020	7/1/2020
K0856	Pwr wc grp 3 std 1 pwr sling seat pt to &=300 lb	7/1/2020	7/1/2020
K0857	Pwr wc grp 3 std 1 pwr capt chair pt to &=300 lb	7/1/2020	7/1/2020
K0858	Pwr wc grp 3 hd 1 pwr sling seat pt 301-450 lbs	7/1/2020	7/1/2020
K0859	Pwr wc grp 3 hd 1 pwr capt chair pt 301-450 lbs	7/1/2020	7/1/2020
K0860	Pwr wc grp 3 v hd 1 pwr sling seat pt 451-600 lb	7/1/2020	7/1/2020
K0861	Pwr wc grp 3 std mx pwr slng seat pt to &=300 lb	7/1/2020	7/1/2020
K0862	Pwr wc grp 3 hd mx pwr sling seat pt 301-450 lbs	7/1/2020	7/1/2020
K0863	Pwr wc grp 3 v hd mx pwr slng seat pt 451-600 lb	7/1/2020	7/1/2020
K0864	Pwr wc grp 3 xtr hd mx pwr slng seat pt 601 lb>	7/1/2020	7/1/2020
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 150 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 150 pounds	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
K0898	Power wheelchair, not otherwise classified	4/1/2019	1/1/2020
L0452	Tlso flexible trunk supp up thor region custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0462	Tlso triplanar 3 shell ant to sternl notch prfab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0464	Tlso triplanar 4 shell ant to sternl notch prfab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
L0480	Tlso triplanar 1 piece w/o interfce liner cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0482	Tlso triplanar 1 piece w/interface liner cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0484	Tlso triplanar 2 piece w/o interfce liner cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0486	Tlso triplanar 2 piece w/interface liner cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0624	Sacroiliac orthosis rigid/semi-rigid panels custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0629	Lumbar-sacral orthosis flexible custom fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0631	Lumb-sacral orthos sagit cntrl rigid a&p prefab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0632	Lumb-sacral orthos sagit cntrl rigid a&p custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0634	Lumb-sac orthos sagit-cor cntrl rigid post custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0635	Lso sagittal-coronl cntrl flex rigid post prefab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0636	Lso sagittal-coronl cntrl flex rigid post custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0637	Lumb-sacral orthos sag-cor cntrl rigid a&p prefab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0638	Lumb-sacral orthos sag-cor cntrl rigid a&p custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0639	Lumb-sac orthos sag-cor cntrl rigid shell prefab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L0640	Lso sagittal-coronal rigid shell/panel custm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pres	4/1/2019	1/1/2020
L1200	Tlso inclusive furnishing initial orthosis only	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L1300	Oth scoliosis proc body jacket molded pt model	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L1310	Oth scoliosis proc postoperative body jacket	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or ot	4/1/2019	1/1/2020
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	4/1/2019	1/1/2020
L1844	Knee orthosis single upright thigh & calf custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without va	4/1/2019	1/1/2020
L1846	Ko, double upright, thigh and calf, with adjustable flexion and extens	4/1/2019	1/1/2020
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or witho	4/1/2019	1/1/2020
L1860	Knee orthos mod supracondylr pros sockt cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2000	Kafo 1 uprt free knee free ank solid stirup cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2005	Kafo any matl auto lock&swng rlse w/ank jnt cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2010	Kafo 1 uprt solid stirup w/o knee jnt cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2020	Kafo dbl uprt solid stirup thi&calf cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2030	Kafo dbl uprt solid stirup w/o knee jnt cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L2034	Kafo plastic med lat rotat cntrl cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2036	Kafo full plastic double upright cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2037	Kafo full plastic single upright custom fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2038	Kafo full plastic mx-axis ankle custom fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2108	Afo fx orthosis tib fx cast orthosis cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2126	Kafo fem fx cast orthosis thermoplastc cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2128	Kafo fx orthosis fem fx cast orthosis cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2136	Kafo fem fx cast orthosis rigid prfab w/fit & adj	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2525	Add lw extrm isch m-l brim mold pt mdl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2627	Add lw ext pelv plstc mold pt mdl hip jnt&cables	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L2628	Add lw ext pelv metl frme recip hip jnt&cables	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3674	Shoulder orthosis abduct psth thor comp custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3765	Ewhfo rigid w/o joints custom fabricated	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3766	Ewhfo incl 1/more nontorsion joints cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L3900	Whfo dyn flexor hinge wrst/fngr driven cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3901	Whfo dyn flexor hinge cable driven cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3961	Sewho shoulder cap design w/o joints cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3967	Sewho abduction positioning w/o joints cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3971	Sewho shoulder cap design cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3973	Sewho abduct pstn thor cmpnt&supp bar cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3975	Sewhfo shoulder cap design w/o joints cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3976	Sewhfo abduct pstn thor cmpnt w/o joints cus fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3977	Sewhfo should cap design custom fab elastic band	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L3978	Sewhfo abduct pstn thor cmpnt&supp bar cstm fab	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L4631	Afo walk boot typ rockr bottm ant tib shell cstm	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5010	Partial ft molded socket ank height w/toe filler	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5020	Part ft molded socket tib tubercle ht w/toe fil	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5050	Ankle symes molded socket sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L5060	Ank symes metl frme mold leathr sockt artic ank	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5100	Below knee molded socket shin sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5105	Below knee plstc sockt jnt&thigh lacer sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5150	Knee disrtc mold sockt ext knee jnt shin sach ft	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5160	Knee disartic mold sockt bent knee ext knee jnt	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5200	Above knee mold sockt 1 axis constant friction	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5210	Above knee shrt prosth no knee jnt no ank jnt ea	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5220	Above knee short prosth w/artic ank/foot dyn	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5230	Above knee proximal fem focal defic sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5250	Hip disartic canadian type; mold sockt hip jnt	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5270	Hip disrtc tilt table; mold sckt lock hip jnt	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5280	Hemipelvect canadian type; mold sockt hip jnt	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	4/1/2019	1/1/2020
L5312	Knee disartic mold socket 1 axis knee sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5321	Above knee open end sach ft endo sys 1 axis knee	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L5331	Joint single axis knee sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5341	Single axis knee sach foot	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5400	Immed pstrg/erly fit apply rigd drss w/1 chg bk	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5420	Immed postsurg init rigd dress 1 chg ak/knee	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5500	Init below knee ptb socket non-align dir formed	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5505	Init abve knee-disartc isch levl sockt non-align	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5510	Prep below knee ptb socket non-align mold model	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5520	Prep bk ptb sckt non-align thermoplstc/=dir form	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5530	Prep bk ptb sckt non-align thermoplstc/=mold mdl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5535	Prep below knee ptb non-align prfab adj open end	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5540	Prep bk ptb sckt non-align lamnatd sckt mold mdl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5560	Prep ak-disrtc isch levl plaster socket mold mdl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5570	Prep ak-disrtc isch levl thermoplstc/=dir formed	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5580	Prep ak disartic non-align thermoplstc/=mold mdl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L5585	Prep ak-disartic non-align prfab adj opn end sckt	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5590	Prep ak-disartic non-align laminated socket mold	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5595	Prep hip disartic-hemipelvect thermoplstc/=mold	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5600	Prep hip disartic-hemipelvect laminatd sckt mold	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5610	Add lw extrm endo sys abve knee hydracadence sys	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5611	Add lw extrm endo ak-disrtc 4-bar link w/frict	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5613	Add low extrm endo ak-disartic 4-bar w/hydraulic	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5614	Add low ext exoskel sys ak-disartic 4-bar pneumat	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5616	Add low extrm endo ak universal mxplx sys frict	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5639	Addition lower extremity below knee wood socket	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5643	Add lw ext hip disartic flx innr sockt ext frame	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5647	Addition to lower extremity, below knee suction socket	4/1/2019	1/1/2020
L5649	Add lw ext ischial containment/narrow m-l socket	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5651	Add lw ext abve knee flxible innr sockt ext frme	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5681	Add lw ext bk/ak cst ins cng/atyp traum amp init	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L5683	Add lw extr bk/ak cst fab no cngn/traum amp init	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5700	Replacement socket below knee bk molded pt model	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5701	Repl sockt above knee/knee disartic w/attch plat	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5702	Replcmt sockt hip disartic w/hip jnt mold pt mdl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5703	Ankle symes mold pt model sach foot repl only	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5705	Custom shaped protective cover above knee ak	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5707	Custom shaped protective cover hip disartic	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5722	Add exoskel knee-shin pneumat swing frict cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5724	Add exoskel knee-shin fluid swing phase cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5726	Add exoskel knee-shin ext joint fl swing cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5728	Add exoskel knee-shin fluid swing&stance cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5780	Add exoskl knee-shin pneumat/hydra pneumat cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5781	Add lw limb pros residul limb vol mgmt sys	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5782	Add lw limb pros residul limb mgmt sys hevly duty	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

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L5795	Add exoskel system hip disartic ultra-lght matl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5814	Add endoskel knee-shin hydraulic swing mech lock	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5822	Add endoskel knee-shin pneumat swing frict cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5824	Add endoskel knee-shin fluid swing phase cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5826	Add endo knee-shin hydraul swng min hi actv frme	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5828	Add endo knee-shin fl swing&stance phase cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5830	Add endoskel knee-shin pneumat/swing phase cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5840	Add endo knee-shin 4-bar link/mx-axial pneumat	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5845	Add endoskel knee-shin stance flx featur adj	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5848	Add endoskel knee-shin sys fluid stance extensn	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5856	Add low ext pros knee-shin sys swing&stance phse	7/1/2020	7/1/2020
L5857	Add low ext pros knee-shin sys swing phase only	7/1/2020	7/1/2020
L5858	Add lw ext pros knee shin sys stance phase only	7/1/2020	7/1/2020
L5859	Add low ext pros kn-shin prog flx/ext any motor	7/1/2020	7/1/2020
L5930	Addition, endoskeletal system, high activity knee control frame	4/1/2019	1/1/2020
L5960	Add endoskel system hip disartic ultra-lght matl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5961	Add endo sys polycntrc hip joint rotation cntrl	7/1/2020	7/1/2020
L5964	Add endoskel ak flexible protve outr surf cover	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
L5966	Add endo hip disrct flxibl protve outr surf covr	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5968	Add lw limb prosth mx-axial ank w/swing phase	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5973	Endoskel ank foot sys micprocss control pwr src	7/1/2020	7/1/2020
L5979	All lw extrm prsth mx-axl ank dyn rspn ft 1 pece	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5980	All lower extremity prostheses, flex foot system	4/1/2019	1/1/2020
L5981	All lower extrem prosth flex-walk system/equal	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	7/1/2020	7/1/2020
L5988	Add lw limb prosth vertcl shock rduc pyln featur	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L5999	Unlisted procedures for lower extremity prosthesis	4/1/2019	1/1/2020
L6026	Transcarpal/mc/part hand disarticulation pros	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6621	Up extrem pros add flexion/extension wrist	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6696	Add up ext pros elb cstm cngn/traumat amp init	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6697	Add up ext pros elb cstm not cngn/traum amp init	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6880	Elec hand swtch/myoelec cntrl indep artc dig mtr	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6881	Automatic grasp add upper limb elec prosth devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6882	Micrprocss cntrl featur add up limb prosth devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6883	Repl socket be/wd molded to patient model	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
L6884	Repl socket above elbow/elbow disart mold to pt	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6885	Repl socket sd/interscapular thor mold pt model	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6920	Wrst disartic otto bock/=swtch cntrl term device	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6925	Wrst disartic otto bock/=myoelec cntrl term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6930	Below elbow otto bock/=switch cntrl term device	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6935	Below elbow otto bock/=myoelec cntrl term device	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6940	Elbow disartic otto bock/=switch cntrl term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6945	Elb disartic otto bock/=myoelec cntrl term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6950	Above elbow otto bock/=switch cntrl term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6955	Above elbow otto bock/=myoelec cntrl term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6965	Shouldr disartic otto bock/=myoelec cntrl term	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L6975	Interscap-thor otto bock/=myoelec cntrl term dvc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7007	Electric hand switch/myoelectric control adult	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7008	Electric hand switch/myoelectric cntrl pediatric	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
L7009	Electric hook switch/myoelectric control adult	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7045	Elec hook switch/myoelectric control pediatric	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7170	Electronic elbow hosmer/equal switch controlled	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7180	Elec elb microprc sequential cntrl elb&term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7181	Elec elb microprc simultan cntrl elb&term devc	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7185	Elec elb adoles vrity village/equal switch cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7186	Elec elb child vrity village/equal switch cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7190	Elec elb adoles vrity village/= myoelec cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7191	Elec elb chld vrity vill/= myoelectrnicaly cntrl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L7259	Electronic wrist rotator any type	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8035	Cstm breast prosth post mastect molded pt model	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8040	Nasal prosthesis provided by a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8041	Midfacial prosthesis provided by a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8042	Orbital prosthesis provided by a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
L8043	Upper facial prosthesis provided a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8044	Hemi-facial prosthesis provided a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8045	Auricular prosthesis provided by a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8046	Partial facial prosthesis provided non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8047	Nasal septal prosthesis provided a non-physician	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8499	Unlisted procedure for miscellaneous prosthetic services	4/1/2019	1/1/2020
L8614	Cochlear device includes all int&ext components	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8619	Cochlear impl ext speech processr/controllr repl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8627	Cochlear impl ext speech processr component repl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8628	Cochlear implant ext controller component repl	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8679	Implantable neurostimulator pulse generator any	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8681	Pt prog w/impl prog neurostm pulse gen repl only	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8682	Implantable neurostimulator radiofreq receiver	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8683	Rf trnsmt use w/implantable neurostim rf recv	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8689	Ext recharge sys batty impl neurostim repl only	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*

Code	Procedure Description	HMO Effective Date	PPO Effective Date
L8690	Auditory osseointegrated devc int/ext components	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8691	Aud oi devc ext sp excl trnsducr/actuatr repl ea	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
L8693	Aud osseointegrated devc abut length repl only	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
V2623	Prosthetic eye plastic custom	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
V2627	Scleral cover shell	4/1/2019 based on DME \$ threshold; 1/1/2022 added to PA list*	1/1/2020 based on DME \$ threshold; 1/1/2022 added to PA list*
Experimental and Investigational Treatments			
21089	Unlisted maxillofacial prosthetic procedure	4/1/2019	1/1/2020
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	4/1/2019	1/1/2020
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	4/1/2019	1/1/2020
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	4/1/2019	1/1/2020
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	1/1/2021	1/1/2021
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	4/1/2019	1/1/2020
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	4/1/2019	1/1/2020
61630	Balloon angioplasty, intracranial (eg, athero - (see cpt/hcpcs manual)	4/1/2019	1/1/2020
61635	Transcatheter placement of intravascular sten - (see cpt/hcpcs manual)	4/1/2019	1/1/2020
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc,	4/1/2019	1/1/2020
65756	Keratoplasty (corneal transplant); endothelial	4/1/2019	1/1/2020
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	4/1/2019	1/1/2020
81207	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	4/1/2019	1/1/2020
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	4/1/2019	1/1/2020
81235	Egfr (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 lrea deletion, l858r, t790m, g719a, g719s, l861q)	4/1/2019	1/1/2020
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	4/1/2019	1/1/2020
81242	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	4/1/2019	1/1/2020
81245	Fit3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (itd) variants (ie, exons 14, 15)	4/1/2019	1/1/2020

Code	Procedure Description	HMO Effective Date	PPO Effective Date
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	4/1/2019	1/1/2020
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	4/1/2019	1/1/2020
81287	Mgmt (o-6-methylguanine-dna methyltransferase) (eg, glioblastoma multiforme), methylation analysis	4/1/2019	1/1/2020
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	4/1/2019	1/1/2020
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	4/1/2019	1/1/2020
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	4/1/2019	1/1/2020
81300	Msh6 (muts homolog 6 [e. Coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	4/1/2019	1/1/2020
81310	Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	4/1/2019	1/1/2020
81311	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	4/1/2019	1/1/2020
81319	Pms2 (postmeiotic segregation increased 2 [s. Cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	4/1/2019	1/1/2020
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, po	4/1/2019	1/1/2020
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	4/1/2019	1/1/2020
81400	Molecular pathology procedure, level 1(eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)	4/1/2019	1/1/2020
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, dna analysis, and rna analysis when performed, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, nras,	4/1/2019	1/1/2020
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	4/1/2019	1/1/2020
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 dna markers (kras mutations, promoter methylation of ndrg4 and bmp3) and fecal he	4/1/2019	1/1/2020
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa, and human kallikrein-2 [hk2]), utilizing plasma or serum, prognosti	4/1/2019	1/1/2020
81540	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	4/1/2019	1/1/2020
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	4/1/2019	1/1/2020
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	4/1/2019	1/1/2020
92548	Computerized dynamic posturography	4/1/2019	1/1/2020
Genetic Testing & Labs			
81162	Brca1 brca2 gene alysis full seq full dup/del alysis	1/1/2021	1/1/2021
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2021	1/1/2021

Code	Procedure Description	HMO Effective Date	PPO Effective Date
81164	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)	1/1/2021	1/1/2021
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/2021	1/1/2021
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2021	1/1/2021
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	1/1/2021	1/1/2021
81171	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	1/1/2021	1/1/2021
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	1/1/2021	1/1/2021
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	1/1/2021	1/1/2021
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81178	Txn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	1/1/2021	1/1/2021
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1/1/2021	1/1/2021
81187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	1/1/2021	1/1/2021
81190	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	1/1/2021	1/1/2021
81200	Aspa gene analysis common variants	1/1/2021	1/1/2021

Code	Procedure Description	HMO Effective Date	PPO Effective Date
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	4/1/2019	1/1/2020
81202	Apc gene analysis known familial variants	1/1/2021	1/1/2021
81203	Apc gene analysis duplication/deletion variants	1/1/2021	1/1/2021
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	1/1/2021	1/1/2021
81205	Bckdhhb gene analysis common variants	1/1/2021	1/1/2021
81210	Braf (b-raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, v600 variant(s)	4/1/2019	1/1/2020
81212	Brca1 brca 2 gen alys 185delag 5385insc 6174delt	1/1/2021	1/1/2021
81215	Brca1 gene analysis known familial variant	1/1/2021	1/1/2021
81216	Brca2 gene analysis full sequence analysis	1/1/2021	1/1/2021
81217	Brca2 gene analysis known familial variant	1/1/2021	1/1/2021
81219	Calr (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	4/1/2019	1/1/2020
81225	Cyp2c19 gene analysis common variants	1/1/2021	1/1/2021
81227	Cyp2c9 gene analysis common variants	1/1/2021	1/1/2021
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	1/1/2021	1/1/2021
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	1/1/2021	1/1/2021
81233	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	1/1/2021	1/1/2021
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/2021	1/1/2021
81236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	1/1/2021	1/1/2021
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	1/1/2021	1/1/2021
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	1/1/2021	1/1/2021
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	4/1/2019	1/1/2020
81243	Fmr1 analysis eval to detect abnormal alleles	1/1/2021	1/1/2021
81244	Fmr1 gene analysis characterization of alleles	1/1/2021	1/1/2021
81250	G6pc gene analysis common variants	1/1/2021	1/1/2021
81254	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)])	1/1/2021	1/1/2021
81255	Hexa gene analysis common variants	1/1/2021	1/1/2021
81256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	4/1/2019	1/1/2020
81257	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbb disease), gene analysis; common deletions or variant (eg, southeast	4/1/2019	1/1/2020
81260	Ikbkap gene analysis common variants	1/1/2021	1/1/2021

Code	Procedure Description	HMO Effective Date	PPO Effective Date
81271	Htt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81272	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ	4/1/2019	1/1/2020
81273	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	4/1/2019	1/1/2020
81274	Htt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)	1/1/2021	1/1/2021
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	4/1/2019	1/1/2020
81276	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	4/1/2019	1/1/2020
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	1/1/2021	1/1/2021
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/2021	1/1/2021
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	1/1/2021	1/1/2021
81286	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	1/1/2021	1/1/2021
81288	Mlh1 gene analysis promoter methylation analysis	1/1/2021	1/1/2021
81289	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	1/1/2021	1/1/2021
81290	Mcoln1 mucolipin1 gene analysis common variants	1/1/2021	1/1/2021
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	4/1/2019	1/1/2020
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	4/1/2019	1/1/2020
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	4/1/2019	1/1/2020
81296	Msh2 gene analysis known familial variants	1/1/2021	1/1/2021
81298	Msh6 (muts homolog 6 [e. Coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	4/1/2019	1/1/2020
81299	Msh6 gene analysis known familial variants	1/1/2021	1/1/2021
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	4/1/2019	1/1/2020
81302	Mecp2 gene analysis full sequence	1/1/2021	1/1/2021
81303	Mecp2 gene analysis known familial variant	1/1/2021	1/1/2021
81304	Mecp2 gene analysis duplication/deletion variant	1/1/2021	1/1/2021
81305	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	1/1/2021	1/1/2021
81306	Nudt15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	1/1/2021	1/1/2021
81307	Palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/2021	1/1/2021
81308	Palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/2021	1/1/2021
81309	Pik3ca (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	1/1/2021	1/1/2021
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021

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81313	Pca3/klk3 prostate specific antigen ratio	1/1/2021	1/1/2021
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	4/1/2019	1/1/2020
81315	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intro	4/1/2019	1/1/2020
81316	Pml/raralpha single breakpoint qual/quant	1/1/2021	1/1/2021
81317	Pms2 (postmeiotic segregation increased 2 [s. Cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	4/1/2019	1/1/2020
81318	Pms2 gene analysis known familial variants	1/1/2021	1/1/2021
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	1/1/2021	1/1/2021
81321	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis	4/1/2019	1/1/2020
81322	Pten gene analysis known familial variant	1/1/2021	1/1/2021
81323	Duplication/deletion variant	4/1/2019	1/1/2020
81324	Pmp22 gene anal duplication/deletion analysis	1/1/2021	1/1/2021
81325	Pmp22 gene analysis full sequence analysis	1/1/2021	1/1/2021
81326	Pmp22 gene analysis known familial variant	1/1/2021	1/1/2021
81327	Sept9 gene promoter methylation analysis	1/1/2021	1/1/2021
81330	Smpd1 gene analysis common variants	1/1/2021	1/1/2021
81331	Snrpn/ube3a methylation analysis	1/1/2021	1/1/2021
81332	Serpina1 gene analysis common variants	1/1/2021	1/1/2021
81333	Tgfb1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	1/1/2021	1/1/2021
81336	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	1/1/2021	1/1/2021
81337	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	1/1/2021	1/1/2021
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/2021	1/1/2021
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	1/1/2021	1/1/2021
81350	Ugt1a1 gene analysis common variants	1/1/2021	1/1/2021
81355	Vkorc1 gene analysis common variant(s)	1/1/2021	1/1/2021
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy	4/1/2019	1/1/2020
81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul	4/1/2019	1/1/2020
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,	4/1/2019	1/1/2020
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati	4/1/2019	1/1/2020

Code	Procedure Description	HMO Effective Date	PPO Effective Date
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targ	4/1/2019	1/1/2020
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar	4/1/2019	1/1/2020
81407	Molecular pathology procedure level 8	1/1/2021	1/1/2021
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis)	4/1/2019	1/1/2020
81410	Aortic dysfunction or dilation (eg, marfan syndrome, loeys dietz syndrome, ehler danlos syndrome type iv, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including fbn1, tgfb1, tgfb2, col3a1, myh11, acta2, slc2a10, smad3, and mylk	1/1/2021	1/1/2021
81411	Aortic dysfunction or dilation (eg, marfan syndrome, loeys dietz syndrome, ehler danlos syndrome type iv, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for tgfb1, tgfb2, myh11, and col3a1	1/1/2021	1/1/2021
81412	Ashkenazi jewish assoc dsrdrs gen seq anal 9 gen	1/1/2021	1/1/2021
81413	Car ion chnnlpath genomic seq alys inc 10 gns	1/1/2021	1/1/2021
81414	Car ion chnnlpath dup/del gn alys panel 2 genes	1/1/2021	1/1/2021
81415	Exome sequence analysis	1/1/2021	1/1/2021
81416	Exome sequence analysis each comparator exome	1/1/2021	1/1/2021
81417	Exome re-eval of previously obtained exome seq	1/1/2021	1/1/2021
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy x) genomic sequence analysis panel, circulating cell-free fetal dna in maternal blood, must include analysis of chromosomes 13, 18, and 21	1/1/2021	1/1/2021
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must incl	4/1/2019	1/1/2020
81433	Hereditary brst ca-related dup/del analysis	1/1/2021	1/1/2021
81435	Hereditary colon ca dsrdrs gen seq analys 10 gen	1/1/2021	1/1/2021
81436	Hereditary colon ca dsrdrs dup/del analys 5 gen	1/1/2021	1/1/2021
81437	Heredtry nurondcrn tum dsrdrs gen seq anal 6 gen	1/1/2021	1/1/2021
81438	Heredtry nurondcrn tum dsrdrs dup/del analysis	1/1/2021	1/1/2021
81439	Hereditary cardiomyopathy gen seq analys 5 gen	1/1/2021	1/1/2021
81442	Noonan spectrum disorders gen seq analys 12 gen	1/1/2021	1/1/2021
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdha, blm, cfr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkp, mcoln1, pah)	1/1/2021	1/1/2021
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, dna analysis, and rna analysis when performed, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kras, kit, mll, nras, npm1, notch1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed	1/1/2021	1/1/2021
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, dna analysis, and rna analysis when performed, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, npm1, nras, met, notch1, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed	1/1/2021	1/1/2021

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81460	Whole mitochondrial genome (eg, leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [melas], myoclonic epilepsy with ragged-red fibers [4/1/2019	1/1/2020
81465	Whole mitochondrial genome large deletion analysis panel (eg, kearns-sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	1/1/2021	1/1/2021
81479	Unlisted molecular pathology procedure	4/1/2019	1/1/2020
81503	Oncology (ovarian), biochemical assays of five proteins, utilizing serum, algo rithm reported as a risk score	4/1/2019	1/1/2020
81518	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	1/1/2021	1/1/2021
81519	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	4/1/2019	1/1/2020
81522	Oncology (breast), mrna, gene expression profiling by rt-pcr of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	1/1/2021	1/1/2021
81525	Oncology colon mrna gene expression 12 genes	1/1/2021	1/1/2021
81538	Oncology lung ms 8-protein signature	1/1/2021	1/1/2021
81541	Oncology (prostate), mrna gene expression profiling by real-time rt-pcr of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	1/1/2021	1/1/2021
81542	Oncology (prostate), mrna, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	1/1/2021	1/1/2021
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	1/1/2021	1/1/2021
81552	Oncology (uveal melanoma), mrna, gene expression profiling by real-time rt-pcr of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	1/1/2021	1/1/2021
84999	Unlisted chemistry procedure	4/1/2019	1/1/2020
88271	Molecular cytogenetics dna probe each	1/1/2021	1/1/2021
88273	Molecular cytogenetics chrmmoml ish 10-30 cll	1/1/2021	1/1/2021
88275	Molec cytg interphase ish analyze 100-300 cll	1/1/2021	1/1/2021
88291	Cytogenetics&molec cytogenetics interp&rep	1/1/2021	1/1/2021
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	1/1/2021	1/1/2021
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], epcam [deletion/duplication only])	1/1/2021	1/1/2021
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	1/1/2021	1/1/2021

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S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	1/1/2021	1/1/2021
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	1/1/2021	1/1/2021
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	1/1/2021	1/1/2021
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	1/1/2021	1/1/2021
Mobile Cardiac Monitoring & Loop Recorders			
33285	Insertion subq cardiac rhythm monitor w/prgrmg	1/1/2022	1/1/2022
93228	Xtrnl mobile cv telemetry w/i&report 30 days	1/1/2021	1/1/2021
93229	Xtrnl mobile cv telemetry w/technical support	1/1/2021	1/1/2021
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	1/1/2021	1/1/2021
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	1/1/2021	1/1/2021
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	1/1/2021	1/1/2021
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	1/1/2021	1/1/2021
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	1/1/2021	1/1/2021
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	1/1/2021	1/1/2021
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	1/1/2021	1/1/2021
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	1/1/2021	1/1/2021
Neuroablation			
64640	Dstrj neurolytic agent other peripheral nerve	1/1/2022	1/1/2022
Neurostimulators			
64555	Prq impltj neurostimulator eltrd peripheral nrv	1/1/2022	1/1/2022
64561	Prq impltj neurostimulator eltrd sacral nerve	1/1/2022	1/1/2022
64580	Open implantation of neurostimulator electrode array; neuromuscular	1/1/2022	1/1/2022
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	1/1/2022	1/1/2022
64585	Revj/rmvl peripheral neurostimulator electrode	1/1/2022	1/1/2022
64590	Insertion/rplcmt peripheral/gastric nprg	1/1/2022	1/1/2022
Non-emergency Ambulance and Air Ambulance			
A0420	Ambulance waiting time one-half hour increments	1/1/2021	1/1/2021
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (als 1)	1/1/2021	1/1/2021
A0428	Ambulance service, basic life support, nonemergency transport, (bls)	1/1/2021	1/1/2021
A0430	Amb service convntion air srvc transport 1 way	1/1/2021	1/1/2021
A0431	Amb service convntion air srvc transport 1 way	1/1/2021	1/1/2021
A0435	Fixed wing air mileage per statute mile	1/1/2021	1/1/2021
A0436	Rotary wing air mileage per statute mile	1/1/2021	1/1/2021

Code	Procedure Description	HMO Effective Date	PPO Effective Date
S9960	Amb service air nonemergency 1 way fixed wing	1/1/2021	1/1/2021
S9961	Amb service air nonemergency 1 way rotary wing	1/1/2021	1/1/2021
Skin Substitutes			
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less	1/1/2022	1/1/2022
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm	1/1/2022	1/1/2022
15273	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	1/1/2022	1/1/2022
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple sites	1/1/2022	1/1/2022
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple sites	1/1/2022	1/1/2022
Q4100	Skin substitute, not otherwise specified	1/1/2022	1/1/2022
Q4101	Skin substitute, apligraf, per square centimeter	1/1/2022	1/1/2022
Q4102	Skin substitute, oasis wound matrix, per square centimeter	1/1/2022	1/1/2022
Q4103	Oasis burn matrix, per square centimeter	1/1/2022	1/1/2022
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	1/1/2022	1/1/2022
Q4105	Skin substitute, integra dermal regeneration template (drt), per square centimeter	1/1/2022	1/1/2022
Q4106	Skin substitute, dermagraft, per square centimeter	1/1/2022	1/1/2022
Q4107	Skin substitute, graftjacket, per square centimeter	1/1/2022	1/1/2022
Q4108	Integra matrix, per sq cm	1/1/2022	1/1/2022
Q4110	Skin substitute, primatrix, per square centimeter	1/1/2022	1/1/2022
Q4111	Gammagraft, per sq cm	1/1/2022	1/1/2022
Q4112	Cymetra, injectable, 1 cc	1/1/2022	1/1/2022
Q4113	Graftjacket xpress, injectable, 1 cc	1/1/2022	1/1/2022
Q4114	Integra flowable wound matrix, injectable, 1 cc	1/1/2022	1/1/2022
Q4115	Alloskin, per sq cm	1/1/2022	1/1/2022
Q4116	Alloderm, per sq cm	1/1/2022	1/1/2022
Q4117	Hyalomatrix, per sq cm	1/1/2022	1/1/2022
Q4118	Matristem micromatrix, 1 mg	1/1/2022	1/1/2022
Q4121	Theraskin	1/1/2022	1/1/2022
Q4122	Dermacell, dermacell awm or dermacell awm porous, per sq cm	1/1/2022	1/1/2022
Q4123	Alloskin rt, per sq cm	1/1/2022	1/1/2022
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	1/1/2022	1/1/2022
Q4125	Arthroflex, per sq cm	1/1/2022	1/1/2022
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per sq cm	1/1/2022	1/1/2022
Q4127	Talymed, per sq cm	1/1/2022	1/1/2022
Q4128	Flexhd, allopatchhd, or matrix hd, per sq cm	1/1/2022	1/1/2022
Q4130	Strattice tm, per sq cm	1/1/2022	1/1/2022
Q4134	Hmatrix, per sq cm	1/1/2022	1/1/2022
Q4135	Mediskin, per sq cm	1/1/2022	1/1/2022
Q4136	E-z derm, per sq cm	1/1/2022	1/1/2022
Q4141	Alloskin ac, per sq cm	1/1/2022	1/1/2022
Q4142	Xcm biologic tissue matrix, per sq cm	1/1/2022	1/1/2022
Q4143	Repriza, per sq cm	1/1/2022	1/1/2022
Q4146	Tensix, per sq cm	1/1/2022	1/1/2022
Q4147	Architect, architect px, or architect fx, extracellular matrix, per sq cm	1/1/2022	1/1/2022
Q4149	Excellagen, 0.1 cc	1/1/2022	1/1/2022

Code	Procedure Description	HMO Effective Date	PPO Effective Date
Q4152	Dermapure, per sq cm	1/1/2022	1/1/2022
Q4158	Kerecis omega3, per sq cm	1/1/2022	1/1/2022
Q4161	Bio-connekt wound matrix, per sq cm	1/1/2022	1/1/2022
Q4164	Helicoll, per sq cm	1/1/2022	1/1/2022
Q4165	Keramatrix or kerasorb, per sq cm	1/1/2022	1/1/2022
Q4166	Cytal, per square centimeter	1/1/2022	1/1/2022
Q4167	Truskin, per square centimeter	1/1/2022	1/1/2022
Q4175	Miroderm, per sq cm	1/1/2022	1/1/2022
Q4176	Neopatch or therion, per square centimeter	1/1/2022	1/1/2022
Q4177	Floweramnioflo, 0.1 cc	1/1/2022	1/1/2022
Q4178	Floweramniopatch, per sq cm	1/1/2022	1/1/2022
Q4179	Flowerderm, per sq cm	1/1/2022	1/1/2022
Q4180	Revita, per sq cm	1/1/2022	1/1/2022
Q4182	Transcyte, per sq cm	1/1/2022	1/1/2022
Q4193	Coll-e-derm, per sq cm	1/1/2022	1/1/2022
Q4195	Puraply, per sq cm	1/1/2022	1/1/2022
Q4196	Puraply am, per sq cm	1/1/2022	1/1/2022
Q4197	Puraply xt, per sq cm	1/1/2022	1/1/2022
Q4200	Skinte, per sq cm	1/1/2022	1/1/2022
Q4202	Keroxx (2.5 g/cc), 1 cc	1/1/2022	1/1/2022
Q4203	Derma-gide, per sq cm	1/1/2022	1/1/2022
Q4220	Bellacell hd or surederm, per sq cm	1/1/2022	1/1/2022
Q4222	Progenamatrix, per sq cm	1/1/2022	1/1/2022
Q4226	Myown skin, includes harvesting and preparation procedures, per sq cm	1/1/2022	1/1/2022
Q4238	Derm-maxx, per sq cm	1/1/2022	1/1/2022
Sleep Studies			
95805	Mlt sleep latency/maint of wakefulness tstg	1/1/2021	1/1/2021
95807	Sleep std rec vntj respir ecg/hrt rate&o2 attn	1/1/2021	1/1/2021
95808	Polysom any age sleep stage 1-3 addl param atnd	1/1/2021	1/1/2021
95810	Polysomnography sleep staging 4> addl param	1/1/2021	1/1/2021
95811	Polysom 6>yrs sleep w/cpap 4> addl param atnd	1/1/2021	1/1/2021
Spine Procedures			
22510	Perq vertebroplasty uni/bi injx cervicothoracic	1/1/2021	1/1/2021
22511	Perq vertebroplasty uni/bi injection lumbosacral	1/1/2021	1/1/2021
22513	Perq vert agmntj cavity crtj uni/bi cannulation	1/1/2021	1/1/2021
22514	Perq vert agmntj cavity crtj uni/bi cannulj lmb	1/1/2021	1/1/2021
22515	Perq vert agmntj cavity crtj uni/bi cannulj each	1/1/2021	1/1/2021
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	1/1/2021	1/1/2021
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4/1/2019	1/1/2020
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	1/1/2021	1/1/2021

Code	Procedure Description	HMO Effective Date	PPO Effective Date
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	4/1/2019	1/1/2020
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	4/1/2019	1/1/2020
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	1/1/2021	1/1/2021
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4/1/2019	1/1/2020
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	4/1/2019	1/1/2020
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	4/1/2019	1/1/2020
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	4/1/2019	1/1/2020
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	1/1/2021	1/1/2021
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	4/1/2019	1/1/2020
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	4/1/2019	1/1/2020
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	4/1/2019	1/1/2020
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	4/1/2019	1/1/2020
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	4/1/2019	1/1/2020
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	4/1/2019	1/1/2020
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	4/1/2019	1/1/2020
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure)	4/1/2019	1/1/2020
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	4/1/2019	1/1/2020
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	4/1/2019	1/1/2020
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	4/1/2019	1/1/2020
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	4/1/2019	1/1/2020
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	4/1/2019	1/1/2020
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	4/1/2019	1/1/2020
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	4/1/2019	1/1/2020

Code	Procedure Description	HMO Effective Date	PPO Effective Date
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	4/1/2019	1/1/2020
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	4/1/2019	1/1/2020
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	4/1/2019	1/1/2020
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	4/1/2019	1/1/2020
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	4/1/2019	1/1/2020
Vein Ablation			
36470	Injection sclerosant single incmptnt vein	7/1/2020	7/1/2020
36471	Injection sclerosant multiple incmptnt veins	7/1/2020	7/1/2020
36473	Endoven abltj incmptnt vein mchnchem 1st vein	7/1/2020	7/1/2020
36474	Endoven abltj incmptnt vein mchnchem sbsq veins	7/1/2020	7/1/2020
36475	Endoven abltj incmptnt vein xtr rf 1st vein	7/1/2020	7/1/2020
36476	Endoven abltj incmptnt vein xtr rf 2nd+ veins	7/1/2020	7/1/2020
36478	Endoven abltj incmptnt vein xtr laser 1st vein	7/1/2020	7/1/2020
36479	Endoven abltj incmptnt vein xtr laser 2nd+ veins	7/1/2020	7/1/2020
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	7/1/2020	7/1/2020
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	7/1/2020	7/1/2020
37700	Lig&div long saph vein saphfem junct/interruptj	7/1/2020	7/1/2020
37722	Ligj divj&strip long saph saphfem junct kne/belw	7/1/2020	7/1/2020
37761	Lig prfratr vein subfscal open incl us gid 1 leg	7/1/2020	7/1/2020
37765	Stab phlebt varicose veins 1 xtr 10-20 stab incs	7/1/2020	7/1/2020
37766	Stab phlebt varicose veins 1 xtr > 20 incs	7/1/2020	7/1/2020
37785	Ligj divj &/excj varicose vein cluster 1 leg	7/1/2020	7/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
Radiology & Cardiac Imaging				
Computerized Tomography (CT)				
Body Part	Code	Description		
Abdomen	74150	CT abdomen; w/o contrast	9/1/2018	1/1/2020
	74160	CT abdomen; with contrast	9/1/2018	1/1/2020
	74170	CT abdomen; w/o contrast followed by contrast	9/1/2018	1/1/2020
Breast	0633T	CT Breast W/3d Rendering Uni without contrast	3/13/2022	3/13/2022
	0634T	CT Breast W/3d Rendering Uni with contrast	3/13/2022	3/13/2022
	0635T	CT Breast W/3d Rendering Uni with or without contrast	3/13/2022	3/13/2022
	0636T	CT Breast W/3d Rendering Bi without contrast	3/13/2022	3/13/2022
	0637T	CT Breast W/3d Rendering Bi with contrast	3/13/2022	3/13/2022
	0638T	CT Breast W/3d Rendering Bi with or without contrast	3/13/2022	3/13/2022
Chest	71250	Computed tomography, thorax, diagnostic; without contrast material	9/1/2018	1/1/2020
	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	9/1/2018	1/1/2020
	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	9/1/2018	1/1/2020
Upper Extremity	73200	CT upper extremity; w/o contrast	9/1/2018	1/1/2020
	73201	CT upper extremity; with contrast	9/1/2018	1/1/2020
	73202	CT upper extremity; w/o contrast followed by contrast	9/1/2018	1/1/2020
Lower Extremity	73700	CT lower extremity; w/o contrast	9/1/2018	1/1/2020
	73701	CT lower extremity; with contrast	9/1/2018	1/1/2020
	73702	CT lower extremity; w/o contrast followed by contrast	9/1/2018	1/1/2020
Head	70450	CT head or brain; w/o contrast	9/1/2018	1/1/2020
	70460	CT head or brain; with contrast	9/1/2018	1/1/2020
	70470	CT head or brain; w/o contrast followed by contrast	9/1/2018	1/1/2020
Orbit	70480	CT orbit, sella or posterior fossa; w/o contrast	9/1/2018	1/1/2020
	70481	CT orbit, sella or posterior fossa; with contrast	9/1/2018	1/1/2020
	70482	CT orbit, sella or posterior fossa; w/o contrast followed by contrast	9/1/2018	1/1/2020
Sinus	70486	CT maxillofacial area; w/o contrast	9/1/2018	1/1/2020
	70487	CT maxillofacial area; with contrast	9/1/2018	1/1/2020
	70488	CT maxillofacial area; w/o contrast followed by contrast	9/1/2018	1/1/2020
Neck	70490	CT soft tissue neck; w/o contrast	9/1/2018	1/1/2020
	70491	CT soft tissue neck; with contrast	9/1/2018	1/1/2020
	70492	CT soft tissue neck; w/o contrast followed by contrast	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
Pelvis	72192	CT pelvis; w/o contrast	9/1/2018	1/1/2020
	72193	CT pelvis; with contrast	9/1/2018	1/1/2020
	72194	CT pelvis w/o contrast followed by contrast	9/1/2018	1/1/2020
Cervical Spine	72125	CT cervical spine; w/o contrast	9/1/2018	1/1/2020
	72126	CT cervical spine; with contrast	9/1/2018	1/1/2020
	72127	CT cervical spine; w/o contrast followed by contrast	9/1/2018	1/1/2020
Thoracic Spine	72128	CT thoracic spine; w/o contrast	9/1/2018	1/1/2020
	72129	CT thoracic spine; with contrast	9/1/2018	1/1/2020
	72130	CT thoracic spine; w/o contrast followed by contrast	9/1/2018	1/1/2020
Lumbar Spine	72131	CT lumbar spine; w/o contrast	9/1/2018	1/1/2020
	72132	CT lumbar spine; with contrast	9/1/2018	1/1/2020
	72133	CT lumbar spine; w/o contrast followed by contrast	9/1/2018	1/1/2020
Abdomen and Pelvis	74176	CT abdomen and pelvis; w/o contrast	9/1/2018	1/1/2020
	74177	CT abdomen and pelvis; with contrast	9/1/2018	1/1/2020
	74178	CT abdomen and pelvis; w/o contrast followed by contrast	9/1/2018	1/1/2020
Low-dose CT Scan	G0297	Low-dose CT scan	9/1/2018	1/1/2020
	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1/1/2021	1/1/2021
Computerized Tomography (CT) Cerebral Perfusion				
Body Part	Code	Description		
Brain	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	3/13/2022	3/13/2022
Computerized Tomography Angiography (CTA)				
Body Part	Code	Description		
Abdomen	74175	CTA Abd	9/1/2018	1/1/2020
	74174	CTA Abd/Pelvis	9/1/2018	1/1/2020
Abdominal Arteries	75635	CTA Abd aorta	9/1/2018	1/1/2020
Chest	71275	CTA chest	9/1/2018	1/1/2020
Upper Extremity	73206	CTA upper extremity	9/1/2018	1/1/2020
Lower Extremity	73706	CTA lower extremity	9/1/2018	1/1/2020
Head	70496	CTA head	9/1/2018	1/1/2020
Neck	70498	CTA neck	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
Pelvis	72191	CTA pelvis	9/1/2018	1/1/2020
Magnetic Resonance Imaging (MRI)				
Body Part	Code	Description		
Abdomen	74181	MRI abdomen; w/o contrast	9/1/2018	1/1/2020
	74182	MRI abdomen; with contrast	9/1/2018	1/1/2020
	74183	MRI abdomen; w/o contrast followed by contrast	9/1/2018	1/1/2020
Bone Marrow	77084	MRI bone marrow blood supply	9/1/2018	1/1/2020
Breast	77046	MRI Breast Without Contrast Material Unilateral	9/1/2018	1/1/2020
	77047	MRI Breast Without Contrast Material Bilateral	9/1/2018	1/1/2020
	77048	MRI Breast W/Out & With Contrast W/Cad Unilateral	9/1/2018	1/1/2020
	77049	MRI Breast Without & With Contrast W/Cad Bilateral	9/1/2018	1/1/2020
Chest	71550	MRI chest; w/o contrast	9/1/2018	1/1/2020
	71551	MRI chest; with contrast	9/1/2018	1/1/2020
	71552	MRI chest; w/o contrast followed by contrast	9/1/2018	1/1/2020
Cardiac	75557	MRI Cardiac for morphology and function without contrast material;	9/1/2018	1/1/2020
	75559	MRI Cardiac for morphology and function without contrast material; with stress imaging	9/1/2018	1/1/2020
	75561	MRI Cardiac for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	9/1/2018	1/1/2020
	75563	MRI Cardiac for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	9/1/2018	1/1/2020
Upper Extremity Non-joint	73218	MRI upper extremity, other than joint w/o contrast	9/1/2018	1/1/2020
	73219	MRI upper extremity, other than joint with contrast	9/1/2018	1/1/2020
	73220	MRI upper extremity, other than joint w/o contrast followed by contrast	9/1/2018	1/1/2020
Upper Extremity Any Joint	73221	MRI upper extremity, any joint w/o contrast	9/1/2018	1/1/2020
	73222	MRI upper extremity, any joint with contrast	9/1/2018	1/1/2020
	73223	MRI upper extremity, any joint w/o contrast followed by contrast	9/1/2018	1/1/2020
Lower Extremity	73718	MRI lower extremity, other than joint w/o contrast	9/1/2018	1/1/2020
	73719	MRI lower extremity, other than joint w contrast	9/1/2018	1/1/2020
	73720	MRI lower extremity, other than joint w/o contrast followed by contrast	9/1/2018	1/1/2020
	73721	MRI lower extremity, any joint w/o contrast	9/1/2018	1/1/2020
	73722	MRI lower extremity, any joint w contrast	9/1/2018	1/1/2020
	73723	MRI lower extremity, any joint w/o contrast followed by contrast	9/1/2018	1/1/2020
TMJ	70336	MRI temporomandibular joint(s)	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
Orbit	70540	MRI orbit, face and neck; w/o contrast	9/1/2018	1/1/2020
	70542	MRI orbit, face and neck; with contrast	9/1/2018	1/1/2020
	70543	MRI orbit, face and neck; w/o contrast followed by contrast	9/1/2018	1/1/2020
Brain	70551	MRI brain; w/o contrast	9/1/2018	1/1/2020
	70552	MRI brain; with contrast	9/1/2018	1/1/2020
	70553	MRI brain; w/o contrast followed by contrast	9/1/2018	1/1/2020
Pelvis	72195	MRI pelvis; w/o contrast	9/1/2018	1/1/2020
	72196	MRI pelvis; with contrast	9/1/2018	1/1/2020
	72197	MRI pelvis; w/o contrast followed by contrast	9/1/2018	1/1/2020
Cervical Spine	72141	MRI cervical spine; w/o contrast	9/1/2018	1/1/2020
	72142	MRI cervical spine; with contrast	9/1/2018	1/1/2020
	72156	MRI cervical spine; w/o contrast followed by contrast	9/1/2018	1/1/2020
Thoracic Spine	72146	MRI thoracic spine; w/o contrast	9/1/2018	1/1/2020
	72147	MRI thoracic spine; with contrast	9/1/2018	1/1/2020
	72157	MRI thoracic spine; w/o contrast followed by contrast	9/1/2018	1/1/2020
Lumbar Spine	72148	MRI lumbar spine; w/o contrast	9/1/2018	1/1/2020
	72149	MRI lumbar spine; with contrast	9/1/2018	1/1/2020
	72158	MRI lumbar spine; w/o contrast followed by contrast	9/1/2018	1/1/2020
Fetal	74712	MRI Fetal	9/1/2018	1/1/2020
Quantitative Magnetic Resonance Imaging				
	Code	Description		
	0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	3/13/2022	3/13/2022
	0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	3/13/2022	3/13/2022
Magnetic Resonance Angiography (MRA)				
Body Part	Code	Description		
Abdomen	74185	MRA abdomen; with or w/o contrast	9/1/2018	1/1/2020
Chest	71555	MRA chest; with or w/o contrast	9/1/2018	1/1/2020
Upper Extremity	73225	MRA upper extremity; with or w/o contrast	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
Lower Extremity	73725	MRA lower extremity; with or w/o contrast	9/1/2018	1/1/2020
Head	70544	MRA head; w/o contrast	9/1/2018	1/1/2020
	70545	MRA head; with contrast	9/1/2018	1/1/2020
	70546	MRA head; w/o contrast followed by contrast	9/1/2018	1/1/2020
Neck	70547	MRA neck; w/o contrast	9/1/2018	1/1/2020
	70548	MRA neck; with contrast	9/1/2018	1/1/2020
	70549	MRA neck; w/o contrast followed by contrast	9/1/2018	1/1/2020
Pelvis	72198	MRA pelvis; with or w/o contrast	9/1/2018	1/1/2020
Spinal Canal	72159	MRA spinal canal and contents with or w/o contrast	9/1/2018	1/1/2020
Magnetic Resonance Spectroscopy (MRS)				
	Code	Description		
	76390	MR Spectroscopy	9/1/2018	1/1/2020
QCT Bone Densitometry				
	Code	Description		
	77078	CT bone mineral density study; axial skeleton	9/1/2018	1/1/2020
Nuclear Cardiology				
	Code	Description		
Myocardial Perfusion Imaging	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	9/1/2018	1/1/2020
	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress reinjection	9/1/2018	1/1/2020
	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	9/1/2018	1/1/2020
	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic)	9/1/2018	1/1/2020
Infarct Imaging	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	9/1/2018	1/1/2020
	78468	Planar, infarct avid; with ejection fraction by first pass technique	9/1/2018	1/1/2020
	78469	SPECT, infarct avid; with or w/o quantification	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
Cardiac Blood Pool Imaging	78472	Gated equilibrium; planar, single study, wall motion plus ejection fraction	9/1/2018	1/1/2020
	78473	Gated equilibrium; planar, multiple studies, wall motion study plus ejection fraction	9/1/2018	1/1/2020
	78481	First pass tech; single study, wall motion study plus ejection fraction	9/1/2018	1/1/2020
	78483	First pass tech; multiple studies, wall motion study plus ejection fraction	9/1/2018	1/1/2020
	78494	Gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction	9/1/2018	1/1/2020
Positron Emission Tomography (PET)				
	Code	Description		
Brain Imaging	78608	PET brain, metabolic evaluation	9/1/2018	1/1/2020
	78609	PET brain, perfusion evaluation	9/1/2018	1/1/2020
Myocardial Imaging	78459	PET myocardial, metabolic evaluation	9/1/2018	1/1/2020
	78491	PET myocardial, perfusion, single study	9/1/2018	1/1/2020
	78492	PET myocardial, perfusion, multiple studies	9/1/2018	1/1/2020
PET and PET/CT Fusion				
	CPT	Description		
	78811	PET imaging, limited	9/1/2018	1/1/2020
	78812	PET imaging, skull to mid-thigh	9/1/2018	1/1/2020
	78813	PET imaging, whole body	9/1/2018	1/1/2020
	78814	PET imaging with concurrent CT, limited	9/1/2018	1/1/2020
	78815	PET imaging with concurrent CT, skull to mid-thigh	9/1/2018	1/1/2020
	78816	PET imaging with concurrent CT, whole body	9/1/2018	1/1/2020
Screening CT Colonoscopy				
	Code	Description		
	74263	Computed tomographic (CT) colonography, screening, including image post processing	9/1/2018	1/1/2020
Diagnostic CT Colonography				
	Code	Description		
	74261	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material	9/1/2018	1/1/2020
	74262	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed	9/1/2018	1/1/2020
Functional MRI Brain				
	Code	Description		
	70554	Functional MRI brain not requiring physician administration	9/1/2018	1/1/2020
	70555	Functional MRI brain requiring physician administration	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
CT Heart for Calcium Scoring				
	Code	Description		
	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	9/1/2018	1/1/2020
CT Heart for Structure & Morph				
	Code	Description		
	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	9/1/2018	1/1/2020
	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	9/1/2018	1/1/2020
CTA Heart Incl Structure & Morph				
	Code	Description		
	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures if performed)	9/1/2018	1/1/2020
Echocardiogram				
	Code	Description		
Stress Echo (SE)	93350	Transthoracic Stress Echo, complete	9/1/2018	1/1/2020
	93351	Transthoracic Stress Echo, complete w cont EKG	9/1/2018	1/1/2020
Resting Trans Echo (TTE)	93303	Transthoracic Echo cardiac anomalies	9/1/2018	1/1/2020
	93304	Transthoracic Echo cardiac anomalies, limited	9/1/2018	1/1/2020
	93306	Transthoracic Echo complete w color & spectral	9/1/2018	1/1/2020
	93307	Transthoracic Echo complete wo color & spectral	9/1/2018	1/1/2020
Transesophageal Echo (TEE)	93308	Transthoracic Echo limited	9/1/2018	1/1/2020
	93312	Transesophageal Echo	9/1/2018	1/1/2020
	93313	Transesophageal Echo probe only	9/1/2018	1/1/2020
	93314	Transesophageal Echo interpretation	9/1/2018	1/1/2020
	93315	Transesophageal Echo congenital	9/1/2018	1/1/2020
	93316	Transesophageal Echo congenital, probe only	9/1/2018	1/1/2020
	93317	Transesophageal Echo congenital interpretation	9/1/2018	1/1/2020

AIM PA list		HMO Effective Date	PPO Effective Date
Radiation Therapy			
2D/3D Conformal - External Beam Radiation Therapy - EBRT			
Code	Description		
77402	Radiation treatment delivery, up to 5 MeV; simple. All of the following criteria are met (and none of the complex or intermediate criteria are met):single treatment area, one or two ports and two or fewer simple blocks	9/1/2018	1/1/2020
77407	Radiation treatment delivery, up to 5 MeV; intermediate. Any of the following criteria are met (and none of the complex criteria are met): 2 separate treatment areas, 3 or more ports on a single treatment area, or 3 or more simple blocks	9/1/2018	1/1/2020
77412	Radiation treatment delivery, up to 5 MeV; complex. Any of the following criteria are met: 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam.	9/1/2018	1/1/2020
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 MeV	9/1/2018	1/1/2020
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 MeV	9/1/2018	1/1/2020
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 MeV	9/1/2018	1/1/2020
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 MeV or greater	9/1/2018	1/1/2020
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 MeV	9/1/2018	1/1/2020
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 MeV	9/1/2018	1/1/2020
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 MeV	9/1/2018	1/1/2020
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 MeV or greater	9/1/2018	1/1/2020
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV	9/1/2018	1/1/2020
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	9/1/2018	1/1/2020
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
	G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	9/1/2018	1/1/2020
Brachytherapy				
	Code	Description		
	76965	Brachytherapy radiation source application	9/1/2018	1/1/2020
	77761	Intracavitary radiation source application; simple	9/1/2018	1/1/2020
	77762	Intracavitary radiation source application; intermediate	9/1/2018	1/1/2020
	77763	Intracavitary radiation source application; complex	9/1/2018	1/1/2020
	77767	Brachytherapy radiation source application	9/1/2018	1/1/2020
	77768	Brachytherapy radiation source application	9/1/2018	1/1/2020
	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	9/1/2018	1/1/2020
	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	9/1/2018	1/1/2020
	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	9/1/2018	1/1/2020
	77778	Interstitial radiation source application; complex, includes supervision, handling, loading of radiation source, when performed	9/1/2018	1/1/2020
Image-guided radiation therapy (IGRT)				
	Code	Description		
	77014	CT guidance for placement of radiation therapy fields	9/1/2018	1/1/2020
	77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	9/1/2018	1/1/2020
	G6001	Ultrasonic guidance for placement of radiation therapy fields	9/1/2018	1/1/2020
	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	9/1/2018	1/1/2020
	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	9/1/2018	1/1/2020
Intensity-Modulated Radiation Therapy (IMRT)				
	Code	Description		
	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking when performed; simple	9/1/2018	1/1/2020
	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking when performed; complex	9/1/2018	1/1/2020
	G6015	Intensity modulated Treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	9/1/2018	1/1/2020
Proton Beam				
	Code	Description		
	77520	Proton treatment delivery; simple, without compensation	9/1/2018	1/1/2020
	77522	Proton treatment delivery; simple, with compensation	9/1/2018	1/1/2020
	77523	Proton treatment delivery; intermediate	9/1/2018	1/1/2020
	77525	Proton treatment delivery; complex	9/1/2018	1/1/2020
Special physics consult				
	Code	Description		
	77370	Special medical radiation physics consultation	9/1/2018	1/1/2020
Special treatment procedure				
	Code	Description		
	77470	Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	9/1/2018	1/1/2020
Stereotactic - Body or Spinal Cord				
	Code	Description		
	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	9/1/2018	1/1/2020
	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	9/1/2018	1/1/2020
	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	9/1/2018	1/1/2020
Stereotactic - Brain				
	Code	Description		
	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS) complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	9/1/2018	1/1/2020
	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS) complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	9/1/2018	1/1/2020
	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	9/1/2018	1/1/2020
Interventional Pain				
Sacroiliac Joint Injection				
	Code	Description		
	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	9/1/2018	1/1/2020
Cervical or Thoracic Epidural Steroid Injection				
	Code	Description		
	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	9/1/2018	1/1/2020
	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	9/1/2018	1/1/2020
	64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	9/1/2018	1/1/2020
	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
Lumbar or Sacral Epidural Steroid Injection				
	Code	Description		
	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	9/1/2018	1/1/2020
	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	9/1/2018	1/1/2020
	64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
Cervical or Thoracic Facet Injection				
	Code	Description		
	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	9/1/2018	1/1/2020
	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
Lumbar or Sacral Facet Injection				
	Code	Description		
	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	9/1/2018	1/1/2020
	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
Cervical Radiofrequency Ablation				
	Code	Description		
	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	9/1/2018	1/1/2020
	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
Lumbar Radiofrequency Ablation				
	Code	Description		
	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	9/1/2018	1/1/2020

AIM PA list			HMO Effective Date	PPO Effective Date
	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	9/1/2018	1/1/2020
Spinal Cord Stimulators (SCS)				
	Code	Description		
	63650	Percutaneous implantation of neurostimulator electrode array, epidural	9/1/2018	1/1/2020
	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	9/1/2018	1/1/2020
	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	9/1/2018	1/1/2020
	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	9/1/2018	1/1/2020
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	9/1/2018	1/1/2020
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	9/1/2018	1/1/2020
Regional Sympathetic Nerve Blocks				
	Code	Description		
	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	9/1/2018	1/1/2020
	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	9/1/2018	1/1/2020

Part B Drugs PA List

Code	Description	HMO Effective Date	PPO Effective Date
C9399	Carvykti™ (ciltacabtagene autoleucel)	3/7/2022	3/7/2022
J0172 (new code 1/1/2022)	Aduhelm™ (aducanumab-avwa)	6/10/2021	6/10/2021
J0178	Eylea® (aflibercept injection)	2019	1/1/2020
J0179	Beovu® (brolocizumab-dbll)	9/1/2020	9/1/2020
J0180	Fabrazyme® (agalsidase beta)	2019	1/1/2020
J0220	Myozyme® (alglucosidase alfa)	2019	1/1/2020
J0221	Lumizyme® (alglucosidase alfa)	2019	1/1/2020
J0222	Onpattro® (patisiran)	9/1/2020	9/1/2020
J0256	Aralast NP (alpha-1 proteinase inhibitor)	2019	1/1/2020
J0256	Prolastin-C® (alpha-1 proteinase inhibitor)	2019	1/1/2020
J0256	Zemaira® (alpha-1 proteinase inhibitor)	2019	1/1/2020
J0257	Glassia® (alpha 1- proteinase inhibitor)	2019	1/1/2020
J0585	Botox® (botulinum toxin type A) injections	2019	1/1/2020
J0586	Dysport® (abo- botulinumtoxinA)	2019	1/1/2020
J0587	Myobloc® (rima- botulinumtoxinB)	2019	1/1/2020
J0588	Xeomin® (inco- botulinumtoxinA)	2019	1/1/2020
J0775	Xiaflex® (Collagenase clostridium histolyticum)	2019	1/1/2020
J0881	Aranesp® (darbepoetin alfa)	2019	1/1/2020
J0885	Epogen® (epoetin alfa)	2019	1/1/2020
J0885	Procrit® (epoetin alfa)	2019	1/1/2020
J0897	Prolia® (denosumab)	2019	1/1/2020
J0897	Xgeva (denosumab)	2019	1/1/2020
J1322	Vimizim® (elosulfase alfa)	2019	1/1/2020
J1325	Flolan® (epoprostenol sodium)	2019	1/1/2020
J1325	Veletri® (epo-prostenol)	2019	1/1/2020
J1458	Naglazyme® (galsulfase)	2019	1/1/2020
J1459	Privigen® (Immune globulin IV (human), 10% liquid)	2019	1/1/2020
J1555	Cuvitru® (Immune globulin Subcutaneous (Human) 20%)	9/1/2020	9/1/2020
J1556	Bivigam® (Immune globulin Intravenous (human), 10%)	2019	1/1/2020
J1557	Gammaplex® (Immune globulin Intravenous (human))	2019	1/1/2020
J1559	Hizentra® (Immune globulin Subcutaneous (human), 20%)	2019	1/1/2020
J1561	Gamunex® C, Gammaked™ (Immune globulin Injection (human), 10%)	2019	1/1/2020
J1566	Carimune® NF, Gammagard S/D® Less IgA (Immune globulin Intravenous (human))	2019	1/1/2020
J1568	Octagam® (Immune globulin Intravenous (human))	2019	1/1/2020
J1569	Gammagard® Liquid (Immune globulin Infusion (human) 10%)	2019	1/1/2020
J1572	Flebogamma® Dif (Immune globulin Intravenous (human))	2019	1/1/2020

Part B Drugs PA List

Code	Description	HMO Effective Date	PPO Effective Date
J1575	Hyqvia® (Immune globulin Infusion 10% (human) with recombinant human hyaluronidase)	2019	1/1/2020
J1743	Elaprase® (idursulfase)	2019	1/1/2020
J1745	Remicade® (infliximab)	2019	1/1/2020
J1786	Cerezyme® (imiglucerase)	2019	1/1/2020
J1931	Aldurazyme (laronidase)	2019	1/1/2020
J2326	Spinraza® (nusinersen)	9/1/2020	9/1/2020
J2504	Adagen® (pegademase bovine)	2019	1/1/2020
J2505 J2506 (new code 1/1/2022)	Neulasta® (pegfilgrastim)	2019	1/1/2020
J2506 (new code 1/1/2022)	Neulasta® (pegfilgrastim)	2019	1/1/2020
J2778	Lucentis® (ranibizumab injection)	2019	1/1/2020
J2796	Nplate® (romiplostim)	9/1/2020	9/1/2020
J3060	Elelyso™ (taliglucerase alfa)	2019	1/1/2020
J3285	Remodulin® (treprostinil)	2019	1/1/2020
J3385	VPRIV® (velaglucerase alfa)	2019	1/1/2020
J3590 J0172 (new code 1/1/2022)	Aduhelm™ (aducanumab-avwa)	6/10/2021	6/10/2021
J7686	Tyvaso® (treprostinil)	2019	1/1/2020
J9032	Beleodaq® (belinostat)	2019	1/1/2020
J9271	Keytruda® (pembrolizumab)	2019	1/1/2020
J9299	Opdivo® (nivolumab)	2019	1/1/2020
J9308	Cyramza® (ramucirumab)	2019	1/1/2020
J9999	Carvykti™ (ciltacabtagene autoleucel)	3/7/2022	3/7/2022
Q2042	Kymriah® (Tisagenlecleucel)	6/1/2021	6/1/2021
Q2041	Yescarta® (Axicabtagene ciloleucel)	6/1/2021	6/1/2021
Q2053	Tecartus™ (Brexucabtagene autoleucel)	6/1/2021	6/1/2021
Q2054	Breyanzi® (Lisocabtagene maraleucel)	3/7/2022	3/7/2022
Q2055	Abecma® (Idecabtagene vicleucel)	3/7/2022	3/7/2022



An independent licensee of the Blue Cross
and Blue Shield Association

Multi-language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-488-9850 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-488-9850 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-488-9850 (TTY: 711)。

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-488-9850 (رقم هاتف الصم والبكم: 711).

Karen: ဟံသုဉ်ဟံသး- နမ့ကတိၤ ကညိ ကျိအသိ, နမၤန့ ကျိအတၢ်မၤတၢ်လၢ တလၢဂ်ဘျုးလၢဂ်စ့ၤ နိတမံၤဘျုးသ့န့ၣ်လီၤ. ကိ: 1-888-488-9850 (TTY: 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-488-9850 (ATS: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-488-9850 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-488-9850 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-488-9850 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: यदि तपाईंले नेपाली बोल्नुहुन्छ भने, तपाईंको लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-888-488-9850 (TTY: 711) मा फोन गर्नुहोस्।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-488-9850 (телетайп: 711).

Laotian: ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-488-9850 (TTY: 711).

Kurdish: ناگاداری: ئه‌گهر به زمانی کوردی قهسه، ده‌کهیت خزمهتگوزاری به‌کانی یارمهتی، زمان بهخۆراییی بو تو به‌رده‌سته. په‌په‌ندی به 1-888-488-9850 (TTY: 711) به‌که.

Persian: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات و کمک‌های زبانی رایگان برای شما موجود است. برای کسب اطلاعات بیشتر، با شماره 1-888-488-9850 (TTY: 711) تماس بگیرید.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-488-9850（TTY: 711）まで、お電話にてご連絡ください。



Discrimination is Against the Law

Blue Cross and Blue Shield of Nebraska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Nebraska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Nebraska:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-888-488-9850, TTY 711.

If you believe that Blue Cross and Blue Shield of Nebraska has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Manager, Corporate Compliance
Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001
1-888-488-9850, TTY: 711
Fax: 1-402-392-4130
civilrights@nebraskablue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Manager, Corporate Compliance, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.