



Parkland STAR Program – Prior Authorization Policies

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Applied Behavior Analysis

Consolidated Medical Policy

Prior authorization is required for Applied Behavior Analysis (ABA) evaluation, initial course of treatment, and subsequent re-evaluations for recertification.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	



97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Not on Texas Policy
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	



Ambulance Services

Consolidated Medical Policy

Prior authorization is not required for emergency ambulance transport (air, ground, water) when the client has an emergency medical condition. Facility-to-facility transport may be considered an emergency if emergency treatment is not available at the first facility and the client still requires emergency care.

Prior authorization is required for:

- Emergency out-of-state ambulance transport except for providers located within 200 miles of the Texas border.
- Non-emergency ambulance transport.
- Non-emergency, non-ambulance transport.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor), with vested interest	
A0100	Nonemergency transportation; taxi	
A0110	Nonemergency transportation and bus, intra- or interstate carrier	
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	
A0130	Nonemergency transportation: wheelchair van	
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	
A0160	Nonemergency transportation: per mile - caseworker or social worker	
A0170	Transportation ancillary: parking fees, tolls, other	
A0180	Nonemergency transportation: ancillary: lodging-recipient	
A0190	Nonemergency transportation: ancillary: meals, recipient	
A0200	Nonemergency transportation: ancillary: lodging, escort	
A0210	Nonemergency transportation: ancillary: meals, escort	
A0225	Ambulance service, outside state per mile, transport (Medicaid only)	
A0380	BLS mileage (per mile)	
A0382	BLS routine disposable supplies	



A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	
A0390	ALS mileage (per mile)	
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	
A0394	ALS specialized service disposable supplies; IV drug therapy	
A0396	ALS specialized service disposable supplies; esophageal intubation	
A0398	ALS routine disposable supplies	
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	
A0425	Ground mileage, per statute mile	
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	
A0433	Advanced life support, level 2 (ALS 2)	
A0434	Specialty care transport (SCT)	
A0435	Fixed wing air mileage, per statute mile	
A0436	Rotary wing air mileage, per statute mile	
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	
A0998	Ambulance response and treatment, no transport	
A0999	Unlisted ambulance service	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	
T2001	Nonemergency transportation; patient attendant/escort	
T2002	Nonemergency transportation; per diem	
T2003	Nonemergency transportation; encounter/trip	
T2004	Nonemergency transport; commercial carrier, multipass	
T2005	Nonemergency transportation; stretcher van	
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	



CHILDREN AND PREGANT WOMEN (CPW)

Consolidated Medical Policy

3.3.4 Prior Authorization

All CPW services must be prior authorized, including the comprehensive visit and follow-up visits. People receiving CPW services must meet one of the following eligibility requirements:

- Pregnant woman of any age may have a high risk pregnancy, medical conditions, or psychosocial conditions that place the woman and her fetus at a greater than average risk for complications during pregnancy, delivery or after childbirth.
- Children birth through 20 years of age who may have a health condition or are at risk for a medical condition, illness, injury, or disability that results in the limitation of function, activities, or social roles compared to healthy same-age peers in the general areas of physical, cognitive, emotional, or social growth and development.

Prior authorization requests for CPW services must be submitted using Prior Authorization (PA) on the Portal within three business days of the initial intake. The information indicated on the Initial Intake form must be entered into the Prior Authorization form, including but not limited to:

- The health condition(s), health risk, or high-risk condition of the person who would receive case management services
- How the health condition, health risk, or high-risk condition impacts the person's level of functioning
- Detailed information about the person's current need(s) related to the health condition, health risk, or high-risk condition
- How the CPW provider will assist the person with their current need(s)

An initial Prior Authorization Request Form must be submitted and approval received prior to the initiation of CPW services including the comprehensive visit. The information provided on the Initial Prior Authorization request form must support the need for CPW services.

Needs identified that do not support the need for CPW services include, but are not limited to:

- Needs identified are not related to health condition, health-risk, or if pregnant, a high-risk condition
- Needs identified are anticipatory
- Needs identified are not current
- Needs identified are for monitoring the client's health only
- Need identified is a routine Medicaid need (e.g., finding a doctor or dentist, [unless there is a documented barrier to finding a provider])
- Needs identified are for other family members only
- Need identified is for support group(s)

Needs identified are for basic information and referral (example: baby supplies, financial assistance, school supplies, GED/parents' educational needs, etc.).

Approved CPW Initial Prior Authorization requests will include one comprehensive visit and two follow-up visits.

CPW prior authorization approvals are valid for one year. Prior authorization is a condition of reimbursement, not a guarantee of payment.



3.3.4.1 Prior Authorization for Additional Follow-up Visits

Additional CPW follow-up visits may be considered when:

- All previously authorized follow-up visits have been completed
- The person still meets eligibility requirements
- Additional visits are needed to resolve previously identified needs or newly identified needs
- Documentation supports the reason(s) needs originally identified have not been addressed

A CPW Prior Authorization Request for Additional Visits Form must be submitted to the CPW program, using the CPW PA Portal, when an additional follow-up visit is requested. Approved CPW Prior Authorization Request for Additional Visits will include one follow-up visit. CPW prior authorization approvals are valid for one year.

Prior authorization is required for:

- Comprehensive visit (in-person).
- Comprehensive visit (synchronous audiovisual)
- Follow-Up Visit (in-person)
- Follow-Up Visit (synchronous audiovisual)
- Follow-Up Visit telephone (audio only)

G9012	CPW Services	Case Management for Children and Pregnant Women (CPW), Comprehensive visit
G9012	CPW Services	Case Management for Children and Pregnant Women (CPW), Follow-Up visit



Cosmetic Procedures

Consolidated Medical Policy

The following services when performed for cosmetic purposes are not a benefit of Texas Medicaid:

- Collagen injections
- Commercial or “decorative” tattooing
- Reduction mammoplasty for cosmetic purposes (such as the equalization of breast size)
- Augmentation mammoplasty to increase breast size
- Mastectomy for a diagnosis of fibrocystic disease in the absence of documented risk factors
- Joint Sclerotherapy
- Treatment of flat foot
- Vulvectomy

The following cosmetic services are benefits of Texas Medicaid with prior authorization:

- Bariatric surgery
- Blepharoplasty procedures
- Circumcision (over 12 months of age)
- Dermabrasion and chemical peel procedures
- Unlisted breast procedure code 19499

Comprehensive Care Program (CCP):

For members that are 17 years of age or younger, prior authorization is required for the following cosmetic services:

- Breast reconstruction services
- Mastectomy and partial mastectomy when it is medically necessary for specific conditions

For male members that are 20 years of age or younger, prior authorization is required for the following cosmetic services:

- Mastectomy for Pubertal Gynecomastia

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	May be reimbursed when performed as part of breast reconstruction; PA Required for 17 years and younger.
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	May be reimbursed when performed as part of breast reconstruction; PA Required for 17 years and younger.



11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	May be reimbursed when performed as part of breast reconstruction; PA Required for 17 years and younger.
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Only a benefit when performed as a result of trauma or injury
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Only a benefit when performed as a result of trauma or injury
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Only a benefit when performed as a result of trauma or injury
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Only a benefit when performed as a result of trauma or injury
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Only a benefit when performed as a result of trauma or injury
15781	DERMABRASION SEGMENTAL FACE	PA Required
15782	Dermabrasion; regional, other than face	PA Required
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	PA Required
15788	CHEMICAL PEEL FACE EPIDERM	PA Required
15789	CHEMICAL PEEL FACE DERMAL	PA Required
15792	Chemical peel, nonfacial; epidermal	PA Required
15793	Chemical peel, nonfacial; dermal	PA Required
15819	PLASTIC SURGERY NECK	PA Required
15820	Blepharoplasty, lower eyelid;	PA Required
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	PA Required
15822	Blepharoplasty, upper eyelid;	PA Required
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	PA Required
15825	REMOVAL OF NECK WRINKLES	PA Required
15826	REMOVAL OF BROW WRINKLES	PA Required
15828	REMOVAL OF FACE WRINKLES	PA Required
15876	Suction assisted lipectomy; head and neck	Only a benefit when performed as a result of trauma or injury
17360	SKIN PEEL THERAPY	PA Required
17380	HAIR REMOVAL BY ELECTROLYSIS	PA Required
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	PA Required
19300	Mastectomy for gynecomastia	PA Required only for male members 20 years of age and younger
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	PA Required only for members 17 years of age and younger



19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	PA Required only for members 17 years of age and younger
19303	Mastectomy, simple, complete	PA Required only for members 17 years of age and younger
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	PA Required only for members 17 years of age and younger
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	PA Required only for members 17 years of age and younger
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	PA Required only for members 17 years of age and younger
19316	Mastopexy	PA Required only for members 17 years of age and younger or if gender criteria is not met
19318	Breast reduction	PA Required
19325	Breast augmentation with implant	PA Required only for members 17 years of age and younger or if gender criteria is not met
19328	Removal of intact breast implant	PA Required only for members 17 years of age and younger
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	PA Required only for members 17 years of age and younger
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	PA Required only for members 17 years of age and younger
19342	Insertion or replacement of breast implant on separate day from mastectomy	PA Required only for members 17 years of age and younger
19350	Nipple/areola reconstruction	PA Required only for members 17 years of age and younger
19355	Correction of inverted nipples	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	PA Required only for members 17 years of age and younger
19361	Breast reconstruction; with latissimus dorsi flap	PA Required only for members 17 years of age and younger
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	PA Required only for members 17 years of age and younger
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	PA Required only for members 17 years of age and younger
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	PA Required only for members 17 years of age and younger
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	PA Required only for members 17 years of age and younger
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	PA Required only for members 17 years of age and younger
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	PA Required only for members 17 years of age and younger



19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	PA Required only for members 17 years of age and younger
19396	Preparation of moulage for custom breast implant	PA Required only for members 17 years of age and younger or if gender criteria is not met
19499	Unlisted procedure, breast	PA Required
21280	REVISION OF EYELID	PA Required
21282	REVISION OF EYELID	PA Required
30120	REVISION OF NOSE	PA Required
30400	RECONSTRUCTION OF NOSE	PA Required
30410	RECONSTRUCTION OF NOSE	PA Required
30420	RECONSTRUCTION OF NOSE	PA Required
30430	REVISION OF NOSE	PA Required
30435	REVISION OF NOSE	PA Required
30450	REVISION OF NOSE	PA Required
30460	REVISION OF NOSE	PA Required
30462	REVISION OF NOSE	PA Required
30620	INTRANASAL RECONSTRUCTION	PA Required
36466	NJX NONCMPND SCLRSNT MLT VN	PA Required
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	PA Required
36470	NJX SCLRSNT 1 INCMPTNT VEIN	PA Required
36471	NJX NONCMPND SCLRSNT MLT VN	PA Required
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	PA Required
36474	ENDOVENOUS MCHNCHEM ADD-ON	PA Required
36475	ENDOVENOUS RF 1ST VEIN	PA Required
36476	ENDOVENOUS RF VEIN ADD-ON	PA Required
36478	ENDOVENOUS LASER 1ST VEIN	PA Required
36479	ENDOVENOUS LASER VEIN ADDON	PA Required
37619	LIGATION OF INF VENA CAVA	PA Required
37650	REVISION OF MAJOR VEIN	PA Required
37660	REVISION OF MAJOR VEIN	PA Required



37700	REVISE LEG VEIN	PA Required
37718	LIGATE/STRIP SHORT LEG VEIN	PA Required
37722	LIGATE/STRIP LONG LEG VEIN	PA Required
37735	REMOVAL OF LEG VEINS/LESION	PA Required
37765	STAB PHLEB VEINS XTR 10-20	PA Required
37766	PHLEB VEINS - EXTREM 20+	PA Required
37780	REVISION OF LEG VEIN	PA Required
37785	LIGATE/DIVIDE/EXCISE VEIN	PA Required
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	PA Required
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	PA Required
43659	LAPAROSCOPE PROC STOM	PA Required
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	PA Required
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	PA Required
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	PA Required
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	PA Required
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	PA Required
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	PA Required
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	PA Required
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	PA Required
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	PA Required



43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	PA Required
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	PA Required
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device	PA Required
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	PA Required
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	PA Required
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	PA Required
43999	Unlisted procedure, stomach	
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	PA Required- Over 12 months of age
54161	Circumcision by surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	PA Required- Over 12 months of age
54162	Lysis or excision of penile post-circumcision adhesions	PA Required- Over 12 months of age
54163	Repair of incomplete circumcision	PA Required- Over 12 months of age
56620	Vulvectomy simple; partial	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56625	Vulvectomy simple; complete	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56630	Vulvectomy, radical, partial;	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56633	Vulvectomy, radical, complete;	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required



56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	Not a benefit of Texas Medicaid when done for cosmetic purposes' PA required
59830	TREAT UTERUS INFECTION	PA required
59840	ABORTION	PA required
59841	ABORTION	PA required
59850	ABORTION	PA required
59851	ABORTION	PA required
59852	ABORTION	PA required
59855	ABORTION	PA required
59856	ABORTION	PA required
59857	ABORTION	PA required
67900	REPAIR BROW DEFECT	PA required
67901	REPAIR BROW DEFECT	PA required
67902	REPAIR BROW DEFECT	PA required
67903	REPAIR BROW DEFECT	PA required
67904	REPAIR BROW DEFECT	PA required
67906	REPAIR BROW DEFECT	PA required
67908	REPAIR BROW DEFECT	PA required
67909	REVISE EYELID DEFECT	PA required
67911	REVISE EYELID DEFECT	PA required
67912	CORRECTION EYELID W/IMPLANT	PA required
67914	REPAIR EYELID DEFECT	PA required
67915	REPAIR EYELID DEFECT	PA required
67916	REPAIR EYELID DEFECT	PA required
67917	REPAIR EYELID DEFECT	PA required
69300	REVISE EXTERNAL EAR	PA required
M0076	Prolotherapy	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	PA Required only for members 17 years of age and younger
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	PA Required only for members 17 years of age and younger



S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	PA Required only for members 17 years of age and younger
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	

DRAFT



Dental / Oral Maxillofacial / Craniofacial

Consolidated Medical Policy

Prior authorization is required for the following services:

- Craniofacial prostheses
- Orthognathic surgery
- Dental services for members 21 years of age and older when their dental condition is causally related to a life-threatening medical condition; example services may include:
 - Extractions
 - Incision and drainage
 - Alveolectomies (in limited situations)
 - Curettement maxillofacial surgeries
 - Surgical corrections of craniofacial dysostosis

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
00170	ANESTH PROCEDURE ON MOUTH	
11900	Injection, intralesional; up to and including 7 lesions	
11901	Injection, intralesional; more than 7 lesions	
15786	Scraping of skin growth	
15787	Scraping of multiple skin growths	
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	
20902	Bone graft, any donor area; major or large	
20910	Cartilage graft; costochondral	
20912	Cartilage graft; nasal septum	
20920	Fascia lata graft; by stripper	
20922	Fascia lata graft; by incision and area exposure, complex or sheet	
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	



21121	Genioplasty; sliding osteotomy, single piece	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
21010	Arthrotomy, temporomandibular joint	
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	
21031	Excision of torus mandibularis	
21032	Excision of maxillary torus palatinus	
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	
21045	Excision of malignant tumor of mandible; radical resection	
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	
21050	Condylectomy, temporomandibular joint	
21060	Meniscectomy, partial or complete, temporomandibular joint	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service	
21076	Impression and custom preparation; surgical obturator prosthesis	
21077	Impression and custom preparation; orbital prosthesis	
21079	Impression and custom preparation; interim obturator prosthesis	
21080	Impression and custom preparation; definitive obturator prosthesis	
21081	Impression and custom preparation; mandibular resection prosthesis	
21082	Impression and custom preparation; palatal augmentation prosthesis	
21083	Impression and custom preparation; palatal lift prosthesis	
21084	Impression and custom preparation; speech aid prosthesis	
21085	Impression and custom preparation; oral surgical splint	
21086	Impression and custom preparation; auricular prosthesis	
21087	Impression and custom preparation; nasal prosthesis	
21088	Impression and custom preparation; facial prosthesis	
21089	Unlisted maxillofacial prosthetic procedure	
21100	Application of halo type appliance for maxillofacial fixation, includes removal	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty; sliding osteotomy, single piece	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	



21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
21137	Reduction forehead; contouring only	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts)	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	



21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
21198	Osteotomy, mandible, segmental;	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
21215	Graft, bone; mandible (includes obtaining graft)	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	
21242	Arthroplasty, temporomandibular joint, with allograft	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	



21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	
21270	Malar augmentation, prosthetic material	
21275	Secondary revision of orbitocraniofacial reconstruction	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	
21299	Unlisted craniofacial and maxillofacial procedure	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy	
29804	Arthroscopy, temporomandibular joint, surgical	
30220	Insertion, nasal septal prosthesis (button)	
40840	Vestibuloplasty; anterior	
40842	Vestibuloplasty; posterior, unilateral	
40843	Vestibuloplasty; posterior, bilateral	
40844	Vestibuloplasty; entire arch	
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	
40899	Unlisted procedure, vestibule of mouth	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	
41870	Periodontal mucosal grafting	
41899	DENTAL SURGERY PROCEDURE	
67950	Canthoplasty (reconstruction of canthus)	

Dialysis

Consolidated Medical Policy

Prior authorization is **not** required for renal dialysis services.

Please see the Transplant Services Consolidated Medical Policy for transplant-related dialysis information.



Durable Medical Equipment

Consolidated Medical Policy

Prior authorization is required for the following durable medical equipment, prosthetics, orthotics, and related services:

- Durable medical equipment and related, necessary accessories where the purchase amount exceeds \$1000. Single use items do not require prior authorization unless the total purchase amount for all items requested exceeds \$1000.
- Prosthetic and orthotic equipment and related, necessary accessories where the purchase amount exceeds \$1000.
- DME modifications and adjustments needed more than six-months after the purchase date.
- DME equipment repairs.
- DME rentals whose total rental cost for the duration of the rental period exceeds \$1000 or whose total rental cost exceeds 75% of the equipment purchase price.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

The following medical equipment and supplies do not require prior authorization as long as benefit limitations are not exceeded:

- DME modifications and adjustments if performed within six months of the DME delivery date.
- Canes, crutches, and walker accessories
- Initial 90 days of Negative-Pressure Wound Therapy (NPWT)
- Blood pressure devices: A4660, A4670
- Donor human milk services for inpatient clients: T2101
- Glucose testing equipment and supplies: A4245, A4250, K0553
- Hospital bed accessories: E0191
- Nebulizer supplies and equipment: E0570, E0575, E0580, S8101
- Incontinence supplies: A4310-A4358, A4402, A4554, A5102, A5105-A5131
- Inhaler equipment: A4614, A4627
- Pulse oximeter rented for short term use: E0445
- Skin protectants for incontinence associated dermatitis: A6250 with modifier UA
- Sterile saline for tracheal suctioning: A4216
- Wheelchair seating assessment: 97542 with modifier U1

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	



E0130	Walker, rigid (pickup), adjustable or fixed height	
E0135	Walker, folding (pickup), adjustable or fixed height	
E0140	Walker, with trunk support, adjustable or fixed height, any type	
E0141	Walker, rigid, wheeled, adjustable or fixed height	
E0143	Walker, folding, wheeled, adjustable or fixed height	
E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat	
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	
E0153	Platform attachment, forearm crutch, each	
E0154	Platform attachment, walker, each	
E0155	Wheel attachment, rigid pick-up walker, per pair	
E0156	Seat attachment, walker	
E0157	Crutch attachment, walker, each	
E0158	Leg extensions for walker, per set of four	
E0159	Brake attachment for wheeled walker, replacement, each	
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	
E0182	Pump for alternating pressure pad, for replacement only	
E0184	Dry pressure mattress	
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	
E0186	Air pressure mattress	
E0187	Water pressure mattress	
E0193	Powered air flotation bed (low air loss therapy)	
E0194	Air fluidized bed	
E0196	Gel pressure mattress	
E0197	Air pressure pad for mattress, standard mattress length and width	
E0198	Water pressure pad for mattress, standard mattress length and width	
E0199	Dry pressure pad for mattress, standard mattress length and width	
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	
E0202	Phototherapy (bilirubin) light with photometer	
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	
E0205	Heat lamp, with stand, includes bulb, or infrared element	
E0217	Water circulating heat pad with pump	
E0218	Fluid circulating cold pad with pump, any type	
E0221	Infrared heating pad system	
E0225	Hydrocollator unit, includes pads	
E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	



E0236	Pump for water circulating pad	
E0239	Hydrocollator unit, portable	
E0250	Hospital bed, fixed height, with any type side rails, with mattress	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	
E0271	Mattress, innerspring	
E0272	Mattress, foam rubber	
E0273	Bed board	
E0274	Over-bed table	
E0275	Bed pan, standard, metal or plastic	
E0276	Bed pan, fracture, metal or plastic	
E0277	Powered pressure-reducing air mattress	
E0280	Bed cradle, any type	
E0290	Hospital bed, fixed height, without side rails, with mattress	
E0291	Hospital bed, fixed height, without side rails, without mattress	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	



E0305	Bedside rails, half-length	
E0310	Bedside rails, full-length	
E0315	Bed accessory: board, table, or support device, any type	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
E0325	Urinal; male, jug-type, any material	
E0326	Urinal; female, jug-type, any material	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	
E0350	Control unit for electronic bowel irrigation/evacuation system	
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	
E0370	Air pressure elevator for heel	
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	
E0372	Powered air overlay for mattress, standard mattress length and width	
E0373	Nonpowered advanced pressure reducing mattress	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	



E0445	Oximeter device for measuring blood oxygen levels noninvasively	
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	
E0462	Rocking bed, with or without side rails	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	
E0480	Percussor, electric or pneumatic, home model	
E0481	Intrapulmonary percussive ventilation system and related accessories	
E0482	Cough stimulating device, alternating positive and negative airway pressure	
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	
E0487	Spirometer, electronic, includes all accessories	
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	
E0561	Humidifier, nonheated, used with positive airway pressure device	
E0562	Humidifier, heated, used with positive airway pressure device	
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	
E0570	Nebulizer, with compressor	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	



E0575	Nebulizer, ultrasonic, large volume	
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	
E0585	Nebulizer, with compressor and heater	
E0600	Respiratory suction pump, home model, portable or stationary, electric	
E0601	Continuous positive airway pressure (CPAP) device	
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type [The initial 60-day rental of a hospital-grade pump does not require prior authorization. The subsequent rental of a hospital-grade breast pump does require prior authorization. Subsequent rental requests may be considered for 90-day increments only. A maximum of 3 prior-authorized 90-day increments will be allowed within the 12 months following birth.]	TMPPM: Only after limitations
E0605	Vaporizer, room type	
E0606	Postural drainage board	
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	
E0616	Implantable cardiac event recorder with memory, activator, and programmer	
E0617	External defibrillator with integrated electrocardiogram analysis	
E0618	Apnea monitor, without recording feature	
E0619	Apnea monitor, with recording feature	
E0621	Sling or seat, patient lift, canvas or nylon	
E0625	Patient lift, bathroom or toilet, not otherwise classified	
E0627	Seat lift mechanism, electric, any type	
E0629	Seat lift mechanism, nonelectric, any type	
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	
E0635	Patient lift, electric, with seat or sling	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	
E0640	Patient lift, fixed system, includes all components/accessories	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0650	Pneumatic compressor, nonsegmental home model	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	



E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	
E0671	Segmental gradient pressure pneumatic appliance, full leg	
E0672	Segmental gradient pressure pneumatic appliance, full arm	
E0673	Segmental gradient pressure pneumatic appliance, half leg	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	
E0700	Safety equipment, device or accessory, any type	
E0705	Transfer device, any type, each	
E0710	Restraints, any type (body, chest, wrist, or ankle)	
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation	
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	
E0740	Nonimplanted pelvic floor electrical stimulator, complete system	
E0744	Neuromuscular stimulator for scoliosis	
E0745	Neuromuscular stimulator, electronic shock unit	
E0746	Electromyography (EMG), biofeedback device	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	
E0749	Osteogenesis stimulator, electrical, surgically implanted	



E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0784	External ambulatory infusion pump, insulin	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	
E0791	Parenteral infusion pump, stationary, single, or multichannel	
E0830	Ambulatory traction device, all types, each	
E0840	Traction frame, attached to headboard, cervical traction	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	
E0850	Traction stand, freestanding, cervical traction	
E0855	Cervical traction equipment not requiring additional stand or frame	
E0856	Cervical traction device, with inflatable air bladder(s)	
E0860	Traction equipment, overdoor, cervical	
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)	
E0880	Traction stand, free standing, extremity traction	
E0890	Traction frame, attached to footboard, pelvic traction	
E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)	
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	



E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	
E0920	Fracture frame, attached to bed, includes weights	
E0930	Fracture frame, freestanding, includes weights	
E0935	Continuous passive motion exercise device for use on knee only	
E0936	Continuous passive motion exercise device for use other than knee	
E0940	Trapeze bar, freestanding, complete with grab bar	
E0941	Gravity assisted traction device, any type	
E0942	Cervical head harness/halter	
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, four-poster)	
E0947	Fracture frame, attachments for complex pelvic traction	
E0948	Fracture frame, attachments for complex cervical traction	
E0950	Wheelchair accessory, tray, each	
E0951	Heel loop/holder, any type, with or without ankle strap, each	
E0952	Toe loop/holder, any type, each	
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	
E0959	Manual wheelchair accessory, adapter for amputee, each	
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	
E0966	Manual wheelchair accessory, headrest extension, each	
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	
E0968	Commode seat, wheelchair	
E0969	Narrowing device, wheelchair	
E0970	No. 2 footplates, except for elevating legrest	
E0971	Manual wheelchair accessory, antitipping device, each	
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	
E0974	Manual wheelchair accessory, antirollback device, each	
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	
E0980	Safety vest, wheelchair	
E0981	Wheelchair accessory, seat upholstery, replacement only, each	
E0982	Wheelchair accessory, back upholstery, replacement only, each	



E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	
E0985	Wheelchair accessory, seat lift mechanism	
E0986	Manual wheelchair accessory, push-rim activated power assist system	
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	
E0990	Wheelchair accessory, elevating legrest, complete assembly, each	
E0992	Manual wheelchair accessory, solid seat insert	
E0994	Armrest, each	
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	
E1002	Wheelchair accessory, power seating system, tilt only	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	
E1014	Reclining back, addition to pediatric size wheelchair	
E1015	Shock absorber for manual wheelchair, each	
E1016	Shock absorber for power wheelchair, each	
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	
E1020	Residual limb support system for wheelchair, any type	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	
E1029	Wheelchair accessory, ventilator tray, fixed	
E1030	Wheelchair accessory, ventilator tray, gimbaled	
E1031	Rollabout chair, any and all types with castors 5 in or greater	
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	



E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	
E1037	Transport chair, pediatric size	
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1161	Manual adult size wheelchair, includes tilt in space	
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	



E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	
E1221	Wheelchair with fixed arm, footrests	
E1222	Wheelchair with fixed arm, elevating legrests	
E1223	Wheelchair with detachable arms, footrests	
E1224	Wheelchair with detachable arms, elevating legrests	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	
E1227	Special height arms for wheelchair	
E1228	Special back height for wheelchair	
E1229	Wheelchair, pediatric size, not otherwise specified	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	



E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	
E1296	Special wheelchair seat height from floor	
E1297	Special wheelchair seat depth, by upholstery	
E1298	Special wheelchair seat depth and/or width, by construction	
E1300	Whirlpool, portable (overtub type)	
E1310	Whirlpool, nonportable (built-in type)	
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	
E1353	Regulator	
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	
E1355	Stand/rack	
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	
E1372	Immersion external heater for nebulizer	
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	
E1392	Portable oxygen concentrator, rental	
E1399	Durable medical equipment, miscellaneous	
E1405	Oxygen and water vapor enriching system with heated delivery	
E1406	Oxygen and water vapor enriching system without heated delivery	
E1500	Centrifuge, for dialysis	
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container	
E1520	Heparin infusion pump for hemodialysis	
E1530	Air bubble detector for hemodialysis, each, replacement	
E1540	Pressure alarm for hemodialysis, each, replacement	
E1550	Bath conductivity meter for hemodialysis, each	
E1560	Blood leak detector for hemodialysis, each, replacement	
E1570	Adjustable chair, for ESRD patients	
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	
E1580	Unipuncture control system for hemodialysis	
E1590	Hemodialysis machine	
E1592	Automatic intermittent peritoneal dialysis system	
E1594	Cycler dialysis machine for peritoneal dialysis	
E1600	Delivery and/or installation charges for hemodialysis equipment	
E1610	Reverse osmosis water purification system, for hemodialysis	
E1615	Deionizer water purification system, for hemodialysis	
E1620	Blood pump for hemodialysis, replacement	
E1625	Water softening system, for hemodialysis	



E1630	Reciprocating peritoneal dialysis system	
E1632	Wearable artificial kidney, each	
E1634	Peritoneal dialysis clamps, each	
E1635	Compact (portable) travel hemodialyzer system	
E1636	Sorbent cartridges, for hemodialysis, per 10	
E1637	Hemostats, each	
E1639	Scale, each	
E1699	Dialysis equipment, not otherwise specified	
E1700	Jaw motion rehabilitation system	
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	
E1812	Dynamic knee, extension/flexion device with active resistance control	
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	



E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	
E1902	Communication board, nonelectronic augmentative or alternative communication device	
E2000	Gastric suction pump, home model, portable or stationary, electric	
E2100	Blood glucose monitor with integrated voice synthesizer	
E2101	Blood glucose monitor with integrated lancing/blood sample	
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	
E2207	Wheelchair accessory, crutch and cane holder, each	
E2208	Wheelchair accessory, cylinder tank carrier, each	
E2209	Accessory, arm trough, with or without hand support, each	
E2210	Wheelchair accessory, bearings, any type, replacement only, each	
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	
E2219	Manual wheelchair accessory, foam caster tire, any size, each	
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	



E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	
E2230	Manual wheelchair accessory, manual standing system	
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	
E2300	Wheelchair accessory, power seat elevation system, any type	
E2301	Wheelchair accessory, power standing system, any type	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	
E2324	Power wheelchair accessory, chin cup for chin control interface	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	



E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	
E2368	Power wheelchair component, drive wheel motor, replacement only	
E2369	Power wheelchair component, drive wheel gear box, replacement only	
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	



E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	
E2378	Power wheelchair component, actuator, replacement only	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	
E2397	Power wheelchair accessory, lithium-based battery, each	
E2398	Wheelchair accessory, dynamic positioning hardware for back	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	



E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	
E2511	Speech generating software program, for personal computer or personal digital assistant	
E2512	Accessory for speech generating device, mounting system	
E2599	Accessory for speech generating device, not otherwise classified	
E2601	General use wheelchair seat cushion, width less than 22 in, any depth	
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth	
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	
E2609	Custom fabricated wheelchair seat cushion, any size	
E2610	Wheelchair seat cushion, powered	
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	



E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	
E2633	Wheelchair accessory, addition to mobile arm support, supinator	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	
K0001	Standard wheelchair	
K0002	Standard hemi (low seat) wheelchair	
K0003	Lightweight wheelchair	
K0004	High strength, lightweight wheelchair	
K0005	Ultralightweight wheelchair	
K0006	Heavy-duty wheelchair	
K0007	Extra heavy-duty wheelchair	
K0008	Custom manual wheelchair/base	
K0009	Other manual wheelchair/base	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0013	Custom motorized/power wheelchair base	
K0014	Other motorized/power wheelchair base	
K0015	Detachable, nonadjustable height armrest, each	
K0017	Detachable, adjustable height armrest, base, replacement only, each	
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	
K0019	Arm pad, replacement only, each	
K0020	Fixed, adjustable height armrest, pair	
K0037	High mount flip-up footrest, each	
K0038	Leg strap, each	
K0039	Leg strap, H style, each	
K0040	Adjustable angle footplate, each	
K0041	Large size footplate, each	



K0042	Standard size footplate, replacement only, each	
K0043	Footrest, lower extension tube, replacement only, each	
K0044	Footrest, upper hanger bracket, replacement only, each	
K0045	Footrest, complete assembly, replacement only, each	
K0046	Elevating legrest, lower extension tube, replacement only, each	
K0047	Elevating legrest, upper hanger bracket, replacement only, each	
K0050	Ratchet assembly, replacement only	
K0051	Cam release assembly, footrest or legrest, replacement only, each	
K0052	Swingaway, detachable footrests, replacement only, each	
K0053	Elevating footrests, articulating (telescoping), each	
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	
K0065	Spoke protectors, each	
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	
K0073	Caster pin lock, each	
K0077	Front caster assembly, complete, with solid tire, replacement only, each	
K0098	Drive belt for power wheelchair, replacement only	
K0105	IV hanger, each	
K0108	Wheelchair component or accessory, not otherwise specified	
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	
K0462	Temporary replacement for patient-owned equipment being repaired, any type	
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
K0608	Replacement garment for use with automated external defibrillator, each	
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each	
K0730	Controlled dose inhalation drug delivery system	
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	



K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	



K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	



K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	
K0900	Customized durable medical equipment, other than wheelchair	
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	
K1003	Whirlpool tub, walk in, portable	
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	
K1009	Speech volume modulation system, any type, including all components and accessories	
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	
K1015	Foot, adductus positioning device, adjustable	
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	



K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	
K1020	Noninvasive vagus nerve stimulator	
K1021	Exsufflation belt, includes all supplies and accessories	
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	
L0130	Cervical, flexible, thermoplastic collar, molded to patient	
L0140	Cervical, semi-rigid, adjustable (plastic collar)	
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	
L0170	Cervical, collar, molded to patient model	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf	
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	
L0220	Thoracic, rib belt, custom fabricated	
L0450	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	
L0452	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	
L0454	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	



L0455	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	
L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	
L0458	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	



L0466	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0467	Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	
L0468	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0469	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	
L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
L0472	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	



L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	
L0490	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, one-piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	
L0491	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0492	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	



L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0628	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	
L0630	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	



L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0633	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	
L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	



L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0643	Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0649	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	



L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	
L0810	Halo procedure, cervical halo incorporated into jacket vest	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	
L0861	Addition to halo procedure, replacement liner/interface material	
L0970	Thoracic-lumbar-sacral orthosis (TLSO), corset front	
L0972	Lumbar-sacral orthosis (LSO), corset front	
L0974	Thoracic-lumbar-sacral orthosis (TLSO), full corset	
L0976	Lumbar-sacral orthosis (LSO), full corset	
L0999	Addition to spinal orthosis, not otherwise specified	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling	
L1020	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, kyphosis pad	
L1025	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, kyphosis pad, floating	
L1030	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar bolster pad	
L1040	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar or lumbar rib pad	
L1050	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, sternal pad	
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, thoracic pad	



L1070	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, trapezius sling	
L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger	
L1085	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger, bilateral with vertical extensions	
L1090	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, lumbar sling	
L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather	
L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	
L1120	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO), scoliosis orthosis, cover for upright, each	
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	
L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	
L1220	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension	
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	
L1240	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad	
L1250	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS pad	
L1260	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic derotation pad	
L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad	
L1280	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (elastic), each	
L1290	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad	
L1300	Other scoliosis procedure, body jacket molded to patient model	
L1310	Other scoliosis procedure, postoperative body jacket	
L1499	Spinal orthosis, not otherwise specified	
L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1610	Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	



L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	
L1650	Hip orthosis (HO), abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment	
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	
L1660	Hip orthosis (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	
L1810	Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1812	Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf	
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	
L1830	Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf	
L1831	Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	
L1832	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	
L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	



L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	
L1850	Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf	
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 without varus/valgus adjustment, prefabricated, off-the-shelf	
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	
L1902	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	
L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	
L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	
L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	
L1930	Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	



L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	
L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	
L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	
L2035	Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	



L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	
L2200	Addition to lower extremity, limited ankle motion, each joint	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only	
L2240	Addition to lower extremity, round caliper and plate attachment	



L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	
L2265	Addition to lower extremity, long tongue stirrup	
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	
L2310	Addition to lower extremity, abduction bar, straight	
L2320	Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	
L2335	Addition to lower extremity, anterior swing band	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	
L2360	Addition to lower extremity, extended steel shank	
L2370	Addition to lower extremity, Patten bottom	
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint	
L2390	Addition to lower extremity, offset knee joint, each joint	
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint	
L2397	Addition to lower extremity orthosis, suspension sleeve	
L2405	Addition to knee joint, drop lock, each	
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	
L2492	Addition to knee joint, lift loop for drop lock ring	
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	



L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	
L2530	Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	
L2580	Addition to lower extremity, pelvic control, pelvic sling	
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	
L2680	Addition to lower extremity, thoracic control, lateral support uprights	
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	
L2768	Orthotic side bar disconnect device, per bar	
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	
L2785	Addition to lower extremity orthosis, drop lock retainer, each	
L2795	Addition to lower extremity orthosis, knee control, full kneecap	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	
L2810	Addition to lower extremity orthosis, knee control, condylar pad	
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L2999	Lower extremity orthoses, not otherwise specified	
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	
L3001	Foot, insert, removable, molded to patient model, Spenco, each	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	



L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	
L3030	Foot insert, removable, formed to patient foot, each	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	
L3040	Foot, arch support, removable, premolded, longitudinal, each	
L3050	Foot, arch support, removable, premolded, metatarsal, each	
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	
L3140	Foot, abduction rotation bar, including shoes	
L3150	Foot, abduction rotation bar, without shoes	
L3160	Foot, adjustable shoe-styled positioning device	
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	
L3650	Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf	
L3660	Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	
L3670	Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3675	Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	
L3677	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3678	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	



L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	
L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	
L3807	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	
L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	



L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3908	Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf	
L3912	Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	
L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3915	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	
L3917	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	
L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3923	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3924	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf	
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	
L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	
L3929	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	



L3931	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	
L3956	Addition of joint to upper extremity orthosis, any material; per joint	
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	
L3999	Upper limb orthosis, not otherwise specified	
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L4386	Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L4392	Replacement, soft interface material, static AFO	
L4394	Replace soft interface material, foot drop splint	
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	
L5010	Partial foot, molded socket, ankle height, with toe filler	



L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, Symes, molded socket, SACH foot	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
L5100	Below knee (BK), molded socket, shin, SACH foot	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation	
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment	
L5450	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK)	
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	



L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracandence system	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	
L5618	Addition to lower extremity, test socket, Symes	
L5620	Addition to lower extremity, test socket, below knee (BK)	
L5622	Addition to lower extremity, test socket, knee disarticulation	



L5624	Addition to lower extremity, test socket, above knee (AK)	
L5626	Addition to lower extremity, test socket, hip disarticulation	
L5628	Addition to lower extremity, test socket, hemipelvectomy	
L5629	Addition to lower extremity, below knee, acrylic socket	
L5630	Addition to lower extremity, Symes type, expandable wall socket	
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	
L5632	Addition to lower extremity, Symes type, PTB brim design socket	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	
L5636	Addition to lower extremity, Symes type, medial opening socket	
L5637	Addition to lower extremity, below knee (BK), total contact	
L5638	Addition to lower extremity, below knee (BK), leather socket	
L5639	Addition to lower extremity, below knee (BK), wood socket	
L5640	Addition to lower extremity, knee disarticulation, leather socket	
L5642	Addition to lower extremity, above knee (AK), leather socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5644	Addition to lower extremity, above knee (AK), wood socket	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	
L5647	Addition to lower extremity, below knee (BK), suction socket	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	
L5666	Addition to lower extremity, below knee (BK), cuff suspension	
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	



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



L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	
L5704	Custom shaped protective cover, below knee (BK)	
L5705	Custom shaped protective cover, above knee (AK)	
L5706	Custom shaped protective cover, knee disarticulation	
L5707	Custom shaped protective cover, hip disarticulation	
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	



L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	
L5910	Addition, endoskeletal system, below knee (BK), alignable system	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	
L5930	Addition, endoskeletal system, high activity knee control frame	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	



L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	
L5972	All lower extremity prostheses, foot, flexible keel	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	
L5980	All lower extremity prostheses, flex-foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5999	Lower extremity prosthesis, not otherwise specified	
L6000	Partial hand, thumb remaining	
L6010	Partial hand, little and/or ring finger remaining	
L6020	Partial hand, no finger remaining	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	



L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	



L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	
L6600	Upper extremity additions, polycentric hinge, pair	
L6605	Upper extremity additions, single pivot hinge, pair	
L6610	Upper extremity additions, flexible metal hinge, pair	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	
L6615	Upper extremity addition, disconnect locking wrist unit	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	
L6625	Upper extremity addition, rotation wrist unit with cable lock	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	
L6630	Upper extremity addition, stainless steel, any wrist	
L6632	Upper extremity addition, latex suspension sleeve, each	
L6635	Upper extremity addition, lift assist for elbow	
L6637	Upper extremity addition, nudge control elbow lock	



L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
L6640	Upper extremity additions, shoulder abduction joint, pair	
L6641	Upper extremity addition, excursion amplifier, pulley type	
L6642	Upper extremity addition, excursion amplifier, lever type	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	
L6650	Upper extremity addition, shoulder universal joint, each	
L6655	Upper extremity addition, standard control cable, extra	
L6660	Upper extremity addition, heavy-duty control cable	
L6665	Upper extremity addition, Teflon, or equal, cable lining	
L6670	Upper extremity addition, hook to hand, cable adapter	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	
L6686	Upper extremity addition, suction socket	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	
L6691	Upper extremity addition, removable insert, each	
L6692	Upper extremity addition, silicone gel insert or equal, each	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	



L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	
L6703	Terminal device, passive hand/mitt, any material, any size	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	



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



L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L7007	Electric hand, switch or myoelectric controlled, adult	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	
L7009	Electric hook, switch or myoelectric controlled, adult	
L7040	Prehensile actuator, switch controlled	
L7045	Electric hook, switch or myoelectric controlled, pediatric	
L7170	Electronic elbow, Hosmer or equal, switch controlled	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	



L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	
L7259	Electronic wrist rotator, any type	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	
L7499	Upper extremity prosthesis, not otherwise specified	
L7510	Repair of prosthetic device, repair or replace minor parts	
L7520	Repair prosthetic device, labor component, per 15 minutes	
L7600	Prosthetic donning sleeve, any material, each	
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	
L7900	Male vacuum erection system	
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	
L8010	Breast prosthesis, mastectomy sleeve	
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	
L8020	Breast prosthesis, mastectomy form	
L8030	Breast prosthesis, silicone or equal, without integral adhesive	
L8031	Breast prosthesis, silicone or equal, with integral adhesive	
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	



L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	
L8039	Breast prosthesis, not otherwise specified	
L8040	Nasal prosthesis, provided by a nonphysician	
L8041	Midfacial prosthesis, provided by a nonphysician	
L8042	Orbital prosthesis, provided by a nonphysician	
L8043	Upper facial prosthesis, provided by a nonphysician	
L8044	Hemi-facial prosthesis, provided by a nonphysician	
L8045	Auricular prosthesis, provided by a nonphysician	
L8046	Partial facial prosthesis, provided by a nonphysician	
L8047	Nasal septal prosthesis, provided by a nonphysician	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	
L8300	Truss, single with standard pad	
L8310	Truss, double with standard pads	
L8320	Truss, addition to standard pad, water pad	
L8330	Truss, addition to standard pad, scrotal pad	
L8400	Prosthetic sheath, below knee, each	
L8410	Prosthetic sheath, above knee, each	
L8415	Prosthetic sheath, upper limb, each	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	
L8420	Prosthetic sock, multiple ply, below knee (BK), each	
L8430	Prosthetic sock, multiple ply, above knee (AK), each	
L8435	Prosthetic sock, multiple ply, upper limb, each	
L8440	Prosthetic shrinker, below knee (BK), each	
L8460	Prosthetic shrinker, above knee (AK), each	
L8465	Prosthetic shrinker, upper limb, each	
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	
L8499	Unlisted procedure for miscellaneous prosthetic services	
L8500	Artificial larynx, any type	
L8501	Tracheostomy speaking valve	
L8505	Artificial larynx replacement battery/accessory, any type	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	



L8510	Voice amplifier	
L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
L8514	Tracheo-esophageal puncture dilator, replacement only, each	
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	
L8600	Implantable breast prosthesis, silicone or equal	
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	
L8679	Implantable neurostimulator, pulse generator, any type	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	
L8699	Prosthetic implant, not otherwise specified	



L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	
S1001	Deluxe item, patient aware (list in addition to code for basic item)	
S1002	Customized item (list in addition to code for basic item)	
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	
S1036	Transmitter; external, for use with artificial pancreas device system	
S1037	Receiver (monitor); external, for use with artificial pancreas device system	
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	
S8130	Interferential current stimulator, 2 channel	
S8131	Interferential current stimulator, 4 channel	
S8185	Flutter device	
S8186	Swivel adaptor	
S8265	Haberman feeder for cleft lip/palate	



S8270	Enuresis alarm, using auditory buzzer and/or vibration device	
S8415	Supplies for home delivery of infant	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	
S8424	Gradient pressure aid (sleeve), ready made	
S8425	Gradient pressure aid (glove), custom made, medium weight	
S8426	Gradient pressure aid (glove), custom made, heavy weight	
S8427	Gradient pressure aid (glove), ready made	
S8428	Gradient pressure aid (gauntlet), ready made	
S8429	Gradient pressure exterior wrap	
S9001	Home uterine monitor with or without associated nursing services	
S9007	Ultrafiltration monitor	
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	
T2028	Specialized supply, not otherwise specified, waiver	
T2029	Specialized medical equipment, not otherwise specified, waiver	
T2101	Human breast milk processing, storage and distribution only	
T4538	Diaper service, reusable diaper, each diaper	
T5001	Positioning seat for persons with special orthopedic needs	
T5999	Supply, not otherwise specified	
V2799	Vision item or service, miscellaneous	



Hearing Aid Services

Consolidated Medical Policy

Prior authorization is required for most hearing aid services, devices and other related accessories. Please see the consolidated medical codes for more information.

Prior authorization is required for the following **implantable** hearing devices and services:

- Cochlear implant surgery, device, and replacement parts.
- Auditory Brainstem Implant (ABI) surgery, device, and replacement parts.
- Bone-Anchored Hearing Device (BAHD) implant surgery, device, and replacement parts
- Sound processor repair or replacement.
- Battery recharger unit.
- Replacement batteries beyond the member's benefit amount.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

The following is intended for **INTERNAL AUDIENCE ONLY**:

Prior authorization is required for the following **non-implantable** hearing devices and services:

- Replacement hearing aid devices that are required within the same 5-year period.
- Hearing aid repair in excess of one per rolling year.
- Hearing aid accessories for clients who are birth through 20 years of age.
- Hearing aid devices that are not currently a benefit but that are medically necessary for clients who are birth through 20 years of age (using procedure code V5298).

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	On TMPPM
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	On TMPPM



69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	On TMPPM
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	On TMPPM
69930	Cochlear device implantation, with or without mastoidectomy	On TMPPM
69949	Unlisted procedure, inner ear	
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	On TMPPM
92602	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	On TMPPM
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	On TMPPM
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	On TMPPM
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); One auditory rehabilitation evaluation and 12 visits per 180 day period may be reimbursed without prior authorization. Additional visits during a six rolling month period for clients who are 12 months of age through 20 years of age require prior authorization	On TMPPM; PA only after limitations
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	On TMPPM; add-on code to 92626
92630	Auditory rehabilitation; prelingual hearing loss	On TMPPM; PA only after limitations
92633	Auditory rehabilitation; postlingual hearing loss	On TMPPM; PA only after limitations
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	On TMPPM
L7367	Lithium ion battery, rechargeable, replacement	PA required only beyond benefit limitations
L7368	Lithium ion battery charger, replacement only	On TMPPM, page 1611
L8499	Unlisted procedure for miscellaneous prosthetic services	On TMPPM
L8614	Cochlear device, includes all internal and external components	On TMPPM
L8615	Headset/headpiece for use with cochlear implant device, replacement	On TMPPM
L8616	Microphone for use with cochlear implant device, replacement	On TMPPM
L8617	Transmitting coil for use with cochlear implant device, replacement	On TMPPM
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	On TMPPM
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	On TMPPM
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	On TMPPM; PA only after limitations
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	On TMPPM; PA only after limitations
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	On TMPPM; PA only after limitations
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	On TMPPM; PA only after limitations



L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	On TMPPM
L8627	Cochlear implant, external speech processor, component, replacement	On TMPPM
L8628	Cochlear implant, external controller component, replacement	On TMPPM
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	On TMPPM
L8690	Auditory osseointegrated device, includes all internal and external components	On TMPPM
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	On TMPPM
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	On TMPPM
L8693	Auditory osseointegrated device abutment, any length, replacement only	On TMPPM
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	On TMPPM
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	
S2235	Implantation of auditory brain stem implant	On TMPPM
V5014	Repair/modification of a hearing aid	PA Required only when in excess of one service per rolling 12-month period
V5030	Hearing aid, monaural, body worn, air conduction	PA Required for replacement hearing aid device that is required within the same 5-year period
V5040	Hearing aid, monaural, body worn, bone conduction	PA Required for replacement hearing aid device that is required within the same 5-year period
V5050	Hearing aid, monaural, in the ear	PA Required for replacement hearing aid device that is required within the same 5-year period
V5060	Hearing aid, monaural, behind the ear	PA Required for replacement hearing aid device that is required within the same 5-year period
V5070	Glasses, air conduction	PA Required for replacement hearing aid device that is required within the same 5-year period
V5080	Glasses, bone conduction	PA Required for replacement hearing aid device that is required



		within the same 5-year period
V5100	Hearing aid, bilateral, body worn	PA Required for replacement hearing aid device that is required within the same 5-year period
V5120	Binaural, body	PA Required for replacement hearing aid device that is required within the same 5-year period
V5130	Binaural, in the ear	PA Required for replacement hearing aid device that is required within the same 5-year period
V5140	Binaural, behind the ear	PA Required for replacement hearing aid device that is required within the same 5-year period
V5150	Binaural, glasses	PA Required for replacement hearing aid device that is required within the same 5-year period
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5190	Hearing aid, contralateral routing, monaural, glasses	PA Required for replacement hearing aid device that is required within the same 5-year period
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	PA Required for replacement hearing aid device that is required



		within the same 5-year period
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5230	Hearing aid, contralateral routing system, binaural, glasses	PA Required for replacement hearing aid device that is required within the same 5-year period
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5243	Hearing aid, analog, monaural, ITC (in the canal)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5244	Hearing aid, digitally programmable analog, monaural, CIC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	PA Required for replacement hearing aid device that is required



		within the same 5-year period
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	PA Required for replacement hearing aid device that is required within the same 5-year period
V5248	Hearing aid, analog, binaural, CIC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5249	Hearing aid, analog, binaural, ITC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5250	Hearing aid, digitally programmable analog, binaural, CIC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5251	Hearing aid, digitally programmable analog, binaural, ITC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5252	Hearing aid, digitally programmable, binaural, ITE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5253	Hearing aid, digitally programmable, binaural, BTE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5254	Hearing aid, digital, monaural, CIC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5255	Hearing aid, digital, monaural, ITC	PA Required for replacement hearing aid device that is required



		within the same 5-year period
V5256	Hearing aid, digital, monaural, ITE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5257	Hearing aid, digital, monaural, BTE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5258	Hearing aid, digital, binaural, CIC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5259	Hearing aid, digital, binaural, ITC	PA Required for replacement hearing aid device that is required within the same 5-year period
V5260	Hearing aid, digital, binaural, ITE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5261	Hearing aid, digital, binaural, BTE	PA Required for replacement hearing aid device that is required within the same 5-year period
V5262	Hearing aid, disposable, any type, monaural	PA Required for replacement hearing aid device that is required within the same 5-year period
V5263	Hearing aid, disposable, any type, binaural	PA Required for replacement hearing aid device that is required within the same 5-year period
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	As often as is medically necessary for clients who are 20 years of age and younger with prior authorization, page 1602
V5268	Assistive listening device, telephone amplifier, any type	
V5269	Assistive listening device, alerting, any type	
V5270	Assistive listening device, television amplifier, any type	



V5271	Assistive listening device, television caption decoder	
V5272	Assistive listening device, TDD	
V5273	Assistive listening device, for use with cochlear implant	
V5274	Assistive listening device, not otherwise specified	
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	
V5284	Assistive listening device, personal FM/DM, ear level receiver	
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	
V5286	Assistive listening device, personal blue tooth FM/DM receiver	
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	
V5290	Assistive listening device, transmitter microphone, any type	
V5298	Hearing aid, not otherwise classified	On TMPPM
V5299	Hearing service, miscellaneous	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	On TMPPM



Home Health Services

Consolidated Medical Policy

Prior authorization is required for the following services:

- Home Health Aid services / personal care assistance
- Skilled Nursing
- Private Duty Nursing
- In-home certified respiratory care practitioner services
- Rehabilitation / physical, occupational, speech therapy

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	On TMPPM, PA required only beyond benefit limitations (once per day and twice per lifetime)
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	



99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	
99315	Nursing facility discharge day management; 30 minutes or less	
99316	Nursing facility discharge day management; more than 30 minutes	
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	



99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	On TMPPM, PA required only beyond benefit limitations (once per day and twice per lifetime)
99504	Home visit for mechanical ventilation care	On TMPPM
99601	Home Infusion / Visits 2 Hours	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	On TMPPM
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	On TMPPM
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	On TMPPM
S5181	Home health respiratory therapy, NOS, per diem	
Q5004	Hospice care provided in skilled nursing facility (SNF)	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
S9123	Home health nursing care; Registered Nurse; per hour	
S9211	Home Management Gestational Hypertension; per Diem	
S9212	Home Management Postpartum Hypertension; per Diem	
S9351	HIT CONT ANTI-EMETIC; PER DIEM	
S9373	HIT HYDRATION TX; PER DIEM	
S9441	Asthma education, nonphysician provider, per session	On TMPPM, PA required only beyond benefit limitations (once per day and twice per lifetime)
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	On TMPPM
T1021	Home health aide or certified nurse assistant, per visit	
T1030	Nursing care, in the home, by registered nurse, per diem	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	



Hospital (Inpatient Services)

Consolidated Medical Policy

Prior authorization is required for all **elective** admissions to an acute care hospital for inpatient services.

Non-elective inpatient admissions require health plan notification within 1 business day and authorization for all services. Inpatient hospital services must be medically necessary and are subject to utilization review requirements.

Comprehensive Care Program (CCP):

The above prior authorization policies apply to CCP members with the exception of inpatient rehabilitation services; these services may be provided at a freestanding rehabilitation facility with prior authorization.



Hospital (All Outpatient Services)

Consolidated Medical Policy

Outpatient hospital, Federally Qualified Health Center, and Ambulatory Surgical Center services require prior authorization when the primary procedure requires prior authorization.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Lab Services – Genetic Testing

Consolidated Medical Policy

Prior authorization is required for some genetic testing services. Please refer to the consolidated medical codes for more information.

Prior authorization is **not** required for genetic counseling services performed by a geneticist.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
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)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	



81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	
81204	AR GENE CHARAC ALLELES	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
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)	



81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
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)])	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	



81290	MCOLN1 (mucolin 1) (eg, Mucopolysaccharidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	
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)	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	(postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	



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



81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1,	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK1	
81479	Unlisted molecular pathology procedure	
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	
88299	CYTOGENETIC STUDY	



Medical Injectables

Consolidated Medical Policy

Clinician-administered drugs (CADs), also known as physician-administered drugs, are injectable medications given in an office or outpatient clinic setting when oral medications are not appropriate. Prior authorization is required for all CADs. **The below codes are not an exhausted list of all CADs.**

In addition, prior authorization is required for some medical injectables regardless of place of service. Please see the list of consolidated medical codes for more information.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
J0129	Injection, abatacept, 10 mg	On TMPPM
J0135	Injection, adalimumab, 20 mg	On TMPPM
J0180	Injection, agalsidase beta (Febrzyme), 1 mg	On TMPPM
J0207	Injection, amifostine, 500 mg	On TMPPM
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	On TMPPM
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	On TMPPM
J0222	Injection, patisiran, 0.1 mg	On TMPPM
J0225	Injection, Vutrisiran (Amvuttra)	On TMPPM
J0490	Injection, belimumab (Benlysta), 200mg/mL	On TMPPM
J0491	Injection, anifrolumab-fnia (Saphnelo)	On TMPPM
J0517	Injection, benralizumab, 1 mg	On TMPPM
J0567	Injection, Cerliponase Alfa (Brineura)	On TMPPM
J0584	Injection, burosumab-twza, 1 mg	On TMPPM
J0585	Injection, onabotulinumtoxina (Botox), 1 unit	Must include units to be utilized
J0586	Injection, abobotulinumtoxina (Dysport), 5 units	On TMPPM
J0587	Injection, rimabotulinumtoxinb (Myobloc), 100 units	On TMPPM
J0588	Injection, incobotulinumtoxin a (Xeomin), 1 unit	On TMPPM
J0791	Injection, crizanlizumab-tmca, 5 mg	On TMPPM
J0896	Injection, luspatercept-aamt, 0.25 mg	On TMPPM
J1300	Injection, eculizumab (Soliris), 10 mg	On TMPPM
J1301	Injection, edaravone (Radicava)	On TMPPM
J1428	Injection, Eteplirsen (Exondys 51 sol), 100/2 mL	On TMPPM
J1459	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), (Privigen), 500 mg	On TMPPM



J1557	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), (Gammaplex), 500 mg	On TMPPM
J1561	Injection, immune globulin, non-lyophilized (e.g. liquid), (Gamunex-C/Gammaked), 500 mg	On TMPPM
J1566	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified (E.G. Powder), 500 mg	On TMPPM
J1568	Injection, immune globulin,, intravenous, non-lyophilized (e.g. liquid),(Octagam), 500 mg	On TMPPM
J1569	Injection, immune globulin, non-lyophilized, (e.g. liquid), (Gammagard Liquid), 500 mg	On TMPPM
J1572	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), (Flebogamma/Flebogamma Dif), 500 mg)	On TMPPM
J1575	Injection, immune globulin/hyaluronidase (Hyqvia), 100 mg immune globulin	On TMPPM
J1632	Injection, brexanolone, 1 mg	On TMPPM
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	On TMPPM
J1746	Injection, ibalizumab-uiyk, 10 mg	On TMPPM
J1823	Injection, inebilizumab-cdon, 1 mg	On TMPPM
J2182	Injection, mepolizumab, 1 mg	On TMPPM
J2326	Injection, nusinersen, 0.1 mg	On TMPPM
J2356	Injection, tezepelumab-ekko (Tezspire)	On TMPPM
J2357	Injection, omalizumab, 5 mg	On TMPPM
J2786	Injection, reslizumab, 1 mg	On TMPPM
J3241	Injection, teprotumumab-trbw, 10 mg	On TMPPM
J3397	Injection, vestronidase alfa-vjbk, 1 mg	On TMPPM
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	On TMPPM
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	On TMPPM
J3490	Injection, UNCLASSIFIED BIOLOGICS	On TMPPM
J3590	Injection, UNCLASSIFIED BIOLOGICS	
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	On TMPPM
J9027	Injection, clofarabine, 1 mg	On TMPPM
J9204	Injection, mogamulizumab-kpkc, 1 mg	On TMPPM
J9210	Injection, emapalumab-lzsg, 1 mg	On TMPPM
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	On TMPPM
J9269	Injection, tagraxofusp-erzs, 10 mcg	On TMPPM
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	On TMPPM
J9354	Injection, ado-trastuzumab emtansine, 1 mg	On TMPPM
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	On TMPPM



Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	On TMPPM
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	On TMPPM
Q2054	Lisocabtagene mara car pos t (Breyanzi)	On TMPPM
Q2055	idecabtagene vicleucel car (Abecma)	On TMPPM
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (Carvykti)	On TMPPM



Radiology, Imaging, and X-Rays

Consolidated Medical Policy

Prior authorization is required for the following radiology and imaging services:

- Cardiac nuclear imaging
- Computed tomography (CT) / Computed tomography angiography (CTA) / Single photon emission computed tomography (SPECT)
- Magnetic resonance angiography (MRA)
- Magnetic resonance imaging (MRI) / Functional MRI (fMRI)
- Positron emission tomography (PET) scan imaging
- Magnetic resonance spectroscopy, magnetic resonance elastography
- Magnetic resonance cholangiopancreatography (MRCP)
- Ophthalmic ultrasounds and Scanning Computerized Ophthalmic Diagnostic Imaging beyond the member's benefit limitation
- More than two OB ultrasound during the same pregnancy for CHIP Perinate members
- More than three OB ultrasounds during the same pregnancy for STAR and CHIP members

The Following information is for **INTERNAL** guidance only.

**PCHP requires prior authorization for more than one OB ultrasounds for CHIP Perinate members since OB ultrasounds are an excluded service (i.e., not paid by the State).*

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	
70450	Computed tomography, head or brain; without contrast material	
70460	Computed tomography, head or brain; with contrast material(s)	
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	
70486	Computed tomography, maxillofacial area; without contrast material	
70487	Computed tomography, maxillofacial area; with contrast material(s)	
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	
70490	Computed tomography, soft tissue neck; without contrast material	
70491	Computed tomography, soft tissue neck; with contrast material(s)	
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	



70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	
70544	Magnetic resonance angiography, head; without contrast material(s)	
70545	Magnetic resonance angiography, head; with contrast material(s)	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	
70547	Magnetic resonance angiography, neck; without contrast material(s)	
70548	Magnetic resonance angiography, neck; without contrast material(s)	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	
71250	Computed tomography, thorax, diagnostic; without contrast material	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	
72125	Computed tomography, cervical spine; without contrast material	



72126	Computed tomography, cervical spine; with contrast material	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	
72128	Computed tomography, thoracic spine; without contrast material	
72129	Computed tomography, thoracic spine; with contrast material	
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	
72131	Computed tomography, lumbar spine; without contrast material	
72132	Computed tomography, lumbar spine; with contrast material	
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72192	Computed tomography, pelvis; without contrast material	
72193	Computed tomography, pelvis; with contrast material(s)	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	
73200	Computed tomography, upper extremity; without contrast material	
73201	Computed tomography, upper extremity; with contrast material(s)	
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	



73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	
73700	Computed tomography, lower extremity; without contrast material	
73701	Computed tomography, lower extremity; with contrast material(s)	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	
74150	Computed tomography, abdomen; without contrast material	
74160	Computed tomography, abdomen; with contrast material(s)	
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	



75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	
76380	Computed tomography, limited or localized follow-up study	
76390	Magnetic resonance spectroscopy	
76391	Magnetic resonance (eg, vibration) elastography	
76496	FLUOROSCOPIC PROCEDURE	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	
76499	Unlisted diagnostic radiographic procedure	
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
76516	Ophthalmic biometry by ultrasound echography, A-scan;	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	
76529	Ophthalmic ultrasonic foreign body localization	



76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	
76818	Fetal biophysical profile; with non-stress testing	
76819	Fetal biophysical profile; without non-stress testing	
76820	Doppler velocimetry, fetal; umbilical artery	
76821	Doppler velocimetry, fetal; middle cerebral artery	
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	
77011	Computed tomography guidance for stereotactic localization	
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	
77014	Computed tomography guidance for placement of radiation therapy fields	
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	



77047	Magnetic resonance imaging, breast, without contrast material; bilateral	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	
77058	MRI ONE BREAST	
77059	MRI BOTH BREASTS	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	
78205	LIVER IMAGING (3D)	
78206	LIVER IMAGE (3D) WITH FLOW	
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	
78428	Cardiac shunt detection	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	
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)	
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	
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)	



78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	
78813	Positron emission tomography (PET) imaging; whole body	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	



78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	
95965	Magnetoencephalography (MEG), recording and analysis	
95966	Magnetoencephalography (MEG), recording and analysis	
95967	Magnetoencephalography (MEG), recording and analysis	
C8900	Magnetic resonance angiography with contrast, abdomen	
C8901	Magnetic resonance angiography without contrast, abdomen	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	
C8903	Magnetic resonance imaging with contrast, breast; unilateral	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	
C8912	Magnetic resonance angiography with contrast, lower extremity	
C8913	Magnetic resonance angiography without contrast, lower extremity	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	
C8918	Magnetic resonance angiography with contrast, pelvis	
C8919	Magnetic resonance angiography without contrast, pelvis	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	
C8934	Magnetic resonance angiography with contrast, upper extremity	
C8935	Magnetic resonance angiography without contrast, upper extremity	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	



G0219	PET imaging whole body; melanoma for noncovered indications	
G0235	PET imaging, any site, not otherwise specified	
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	
S8042	Magnetic resonance imaging (MRI), low-field	
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	



Specialty Physician Services

Consolidated Medical Policy

Prior authorization is required for any non-urgent, out-of-network specialty physician services.

The following non-urgent, in-network, specialty physician services require prior authorization:

- Abdominoplasty
- Allergy immunotherapy (only beyond benefit limitations)
- Allergy testing procedure code 95199
- Augmentation mammoplasty
- Biofeedback services
- Breast reconstruction for members who are 17 years of age or younger (including tattooing to correct color defects of the skin)
- Cardiac rehabilitation (only beyond 36 sessions)
- Collagen skin testing procedure code Q3031
- Collagen skin testing procedure codes 86001, 86003, and 86005 (only beyond benefit limitations)
- Continuous Glucose Monitoring (CGM) procedure codes 95250 and 95251 (limited to once per 12 calendar months)
- Dermatological skin procedures (please refer to the consolidated medical codes for more information)
- Electrocardiograms (only beyond more than six in a rolling 12-month period)
- Esophageal pH probe testing (only beyond more than two services in a rolling 12-month period)
- Fetal surgery (procedure codes 59072, S2401, S2402, S2403, S2404, S2405, S2409, S2411)
- Home delivery by a Certified Nurse Midwife
- Hyperbaric Oxygen Therapy (HOT)
- Insertion of cochlear implant device (procedure code 69930)
- Insertion of testicular prosthesis for the replacement of congenitally absent testes or testes lost due to disease, injury, or surgery for members who are 20 years of age and younger (procedure code 54660)
- Mastectomy and partial mastectomy for members who are 17 years of age and younger (limited to 1 service per breast per lifetime)
- Mastectomy for pubertal gynecomastia for male members who are 20 years of age and younger
- Nerve conduction studies beyond a member's benefit limitations for each procedure
- Neurostimulators and Neuromuscular Stimulation (e.g., NMES, Diaphragm-Pacing, Dorsal Column, GES, Intracranial, pelvic floor, PENS, SNS, VNS)
- Pharmacogenetic testing procedure code 81225, 81227, and 81226
- Panniculectomy
- Prostatic Urethral Lift (PUL) add on procedure code 52442 utilizing more than 6 implants
- Assistant surgeons for holmium laser procedures of the prostate, procedure code 52649
- Reduction mammoplasty (procedure code 19318)
- Stereotactic Radiosurgery
- Therapeutic Radiopharmaceutical procedure codes A9542, A9543, A9513



- Vulvectomy
- Wound debridement
- Unlisted breast procedure code 19499

Comprehensive Care Program (CCP):

The following non-urgent, in-network, specialty physician services require prior authorization:

- Pediatric pneumogram (CCP benefit, authorization is required beyond 2 services per lifetime)

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	
15876	Suction assisted lipectomy; head and neck	
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
19318	Breast reduction	
19325	Breast augmentation with implant	
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	



19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
19361	Breast reconstruction; with latissimus dorsi flap	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	
19499	Unlisted procedure, breast	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	
56620	Vulvectomy simple; partial	
56625	Vulvectomy simple; complete	
56630	Vulvectomy, radical, partial;	
56631	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy	
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy	
56633	Vulvectomy, radical, complete;	
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy	
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy	
56640	Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy	
59072	Fetal umbilical cord occlusion, including ultrasound guidance	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	



61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary proced	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	
61880	Revision or removal of intracranial neurostimulator electrodes	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	



63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64585	Revision or removal of peripheral neurostimulator electrode array	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	
90399	IMMUNE GLOBULIN	
93799	Unlisted cardiovascular service or procedure	
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	
95199	Unlisted allergy/clinical immunologic service or procedure	
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	



95907	Nerve conduction studies; 1-2 studies	
95908	Nerve conduction studies; 3-4 studies	
95909	Nerve conduction studies; 5-6 studies	
95910	Nerve conduction studies; 7-8 studies	
95911	Nerve conduction studies; 9-10 studies	
95912	Nerve conduction studies; 11-12 studies	
95913	Nerve conduction studies; 13 or more studies	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	



95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	
96900	Actinotherapy (ultraviolet light)	
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	



96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	
96999	Unlisted special dermatological service or procedure	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	
A4575	Topical hyperbaric oxygen chamber, disposable	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	
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 five sessions per course of treatment	
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	
Q3031	Collagen skin test	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	
S9472	Cardiac rehabilitation program, nonphysician provider, per diem	



Therapies

Consolidated Medical Policy

Prior authorization is required for all outpatient physical, occupational, or speech therapy (PT, OT, ST) services when submitted by an in-network provider with the exception of the following:

- Initial evaluation
- Re-certification/Re-evaluation

Out-of-network providers are required to submit a prior authorization request for all PT, OT, and ST services including initial evaluation and re-evaluations.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	
92526	ORAL FUNCTION THERAPY	
92531	SPONTANEOUS NYSTAGMUS STUDY	
92532	POSITIONAL NYSTAGMUS TEST	
92533	CALORIC VESTIBULAR TEST	
92534	OPTOKINETIC NYSTAGMUS TEST	
92541	SPONTANEOUS NYSTAGMUS TEST	
92542	POSITIONAL NYSTAGMUS TEST	
92544	OPTOKINETIC NYSTAGMUS TEST	
92546	SINUSOIDAL ROTATIONAL TEST	
92547	SUPPLEMENTAL ELECTRICAL TEST	
97010	Application of a modality to 1 or more areas; hot or cold packs	
97012	Application of a modality to 1 or more areas; traction, mechanical	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	



97018	Application of a modality to 1 or more areas; paraffin bath	
97022	Application of a modality to 1 or more areas; whirlpool	
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	
97026	Application of a modality to 1 or more areas; infrared	
97028	Application of a modality to 1 or more areas; ultraviolet	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	
97039	Unlisted modality (specify type and time if constant attendance)	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Configured as a Beacon responsibility right now (i.e., re-directed to Beacon)
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Configured as a Beacon responsibility right now (i.e., re-directed to Beacon)
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
97150	Therapeutic procedure(s), group (2 or more individuals)	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	



97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	
97545	Work hardening/conditioning; initial 2 hours	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	
97799	Unlisted physical medicine/rehabilitation service or procedure	
99509	Home visit for assistance with activities of daily living and personal care	
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	



G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	
S9128	Speech therapy, in the home, per diem	
S9129	Occupational therapy, in the home, per diem	
S9131	Physical therapy; in the home, per diem	
V5362	Speech screening	
V5363	Language screening	
V5364	Dysphagia screening	



Transplant Services

Consolidated Medical Policy

Prior authorization is required for all organ/tissue transplant services (e.g., bone marrow, peripheral stem cell, heart, intestine, lung, liver, kidney, or pancreas) including pre-operative procedures (3 days before) and post-operative procedures (6 weeks after). Additionally, if the organ or tissue is rejected, the re-transplant procedures require prior authorization.

Note: Renal dialysis required during the transplant window must be included in the prior authorization request.

Comprehensive Care Program (CCP):

Prior authorization requirements for CCP align with the consolidated medical policy above.

Consolidated Medical Codes

Code	Description	PCHP Coding Comments
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
14350	Filletted finger or toe flap, including preparation of recipient site	
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	



15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	



15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
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 wound surface area	
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	
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 wound surface area, or 1% of body area of infants and children	
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	



15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	
15600	Delay of flap or sectioning of flap (division and inset); at trunk	
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	
15750	Flap; neurovascular pedicle	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	
15757	Free skin flap with microvascular anastomosis	
15758	Free fascial flap with microvascular anastomosis	
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	
15770	Graft; derma-fat-fascia	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	
15776	Punch graft for hair transplant; more than 15 punch grafts	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	



15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	
15845	Graft for facial nerve paralysis; regional muscle transfer	
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	
32851	Lung transplant, single; without cardiopulmonary bypass	
32852	Lung transplant, single; with cardiopulmonary bypass	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	
33940	Donor cardiectomy (including cold preservation)	



33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	
33945	Heart transplant, with or without recipient cardiectomy	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38230	Bone marrow harvesting for transplantation; allogeneic	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	
38242	Allogeneic lymphocyte infusions	
38243	Hematopoietic progenitor cell (HPC); HPC boost	
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	
40818	Excision of mucosa of vestibule of mouth as donor graft	
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	
44135	Intestinal allotransplantation; from cadaver donor	
44136	Intestinal allotransplantation; from living donor	
44137	Removal of transplanted intestinal allograft, complete	
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	



44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	
44799	Unlisted procedure, small intestine	
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	
47399	Unlisted procedure, liver	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	



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



64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	
64999	Unlisted procedure, nervous system	
65426	Excision or transposition of pterygium; with graft	
65710	Keratoplasty (corneal transplant); anterior lamellar	
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	
65756	Keratoplasty (corneal transplant); endothelial	
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	
65765	Keratophakia	
65767	Epikeratoplasty	
65778	Placement of amniotic membrane on the ocular surface; without sutures	
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	
68371	Harvesting conjunctival allograft, living donor	
C1768	Graft, vascular	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	
S2053	Transplantation of small intestine and liver allografts	
S2054	Transplantation of multivisceral organs	
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	
S2060	Lobar lung transplantation	
S2061	Donor lobectomy (lung) for transplantation, living donor	
S2065	Simultaneous pancreas kidney transplantation	
S2102	Islet cell tissue transplant from pancreas; allogeneic	
S2103	Adrenal tissue transplant to brain	
S2140	Cord blood harvesting for transplantation, allogeneic	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	



S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	
S9975	Transplant related lodging, meals and transportation, per diem	

Document History

Version	Date	Author(s)	Role/Title	Changes
1.0	11/23/22	▪ Cyndi Van Herpe & Angie Nelson	UM Business Analyst (Consultant)	Initial Version
2.0	04/27/22	▪ Cyndi Van Herpe	UM Business Analyst (Consultant)	Revised with additional codes. See addendum.

Addendum

Version	Date	Author(s)	Role/Title	Document
1.0	04/27/22	▪ Cyndi Van Herpe	UM Business Analyst (Consultant)	Excel of added codes.  PCHP PA List Codes Added 04272022.xls: