gravie

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Cigna: Precertification list for participating providers

Use this guide for precertification (also known as prior authorization or prior approval) with patients enrolled in Gravie health plans.

This document includes an overview of best practices for working with Gravie and Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage.

For more information on how to request a precertification request to Gravie, refer to the How to Request section.

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This list reflects prior authorization requirements at a specific point in time and is not updated daily. Requirements may change and may vary based on the member's specific benefit plan design. This list is not intended to guarantee coverage or authorization outcomes. Providers should verify prior authorization requirements, coverage details, and eligibility directly with the applicable third-party administrator (TPA) prior to rendering services.

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For specialty medications and therapies that require precertification click here.

How to request precertification

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How to submit a precertification request

Medical precertification requests must be submitted at least seven (7) business days in advance. Please call Gravie Care® at 877.684.3984, weekdays, 7 a.m. to 7 p.m. CT to:

1. Determine whether precertification is required for any given procedure or service
2. Verify the specific Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage, and
3. Submit a precertification request

Precertification requests are required for the following services and programs:

- Inpatient admissions
- Outpatient and physician surgery
- Potentially cosmetic procedures
- Outpatient and physician diagnostic services
- Other labs and screenings
- Outpatient and physician - continuing care services
- **Please note:** precertification is required for any and all services and programs which are considered experimental or investigative.

All sections of a precertification submission are required. Failure to provide all of the medical records requested may cause delays in our review or result in a denial of coverage. You will be notified within five (5) calendar days that we've received your precertification request.

How to submit a precertification request for prescription drugs

Precertification requests for prescription drugs must be submitted to Express Scripts at least seven (7) business days in advance. There are two ways to submit a request:

1. Submit the request online here (quickest option).
2. Call Express Scripts directly at 877.608.0355.

All sections of a precertification submission are required. Failure to provide all of the medical records requested may cause delays in our review or result in denial of coverage. You will be notified within five (5) calendar days that we've received your precertification request.

What happens next

Once your request is submitted, we'll perform a clinical review. An initial coverage determination will be made within fifteen (15) calendar days.

If we determine your request is incomplete, you will receive a written notification explaining why.

Questions? We've got you covered.

If you have any questions about submitting a request, our precertification process, or eligibility, call our Provider Customer Service at 877.438.0009, weekdays, 7 a.m. to 7 p.m. CT. You can also visit us online at gravie.com/providers.

Services that require precertification

How to request | **Services** | Drugs covered

Please note:

Precertification is required for any and all services and programs which are considered experimental or investigative. All precertification codes listed below are subject to change. Any such changes will be updated and reflected in this document as they occur.

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
All Inpatient Admissions ER observation stays 24 hours and greater require a Prior Authorization.	• Acute • Long-Term Acute Care • Rehabilitation • Mental Health/ Substance Use Disorder • Transplant • Skilled Nursing Facility • Residential Treatment Facility • Obstetric (only required if days exceed federal mandate)	
Diagnostic Radiology		
HEART SYMP IMAGE PLNR	0331T	11/4/2019
HEART SYMP IMAGE PLNR SP	0332T	11/4/2019
Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded t	0609T	7/11/2020
Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	0610T	7/11/2020

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant	0611T	7/11/2020
Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary le	0612T	7/11/2020
CT BREAST W/3D UNI C-	0633T	12/18/2020
CT BREAST W/3D UNI C+	0634T	12/18/2020
CT BREAST W/3D UNI C-/C+	0635T	12/18/2020
CT BREAST W/3D BI C-	0636T	12/18/2020
CT BREAST W/3D BI C+	0637T	12/18/2020
CT BREAST W/3D BI C-/C+	0638T	12/18/2020
QUAN MR ALYS TISS W/O MRI	0648T	6/26/2021
QUAN MR ALYS TISS W/MRI	0649T	6/26/2021
QUAN MR TIS WO MRI MLT ORGN	0697T	12/30/2021
QUAN MR TISS W/MRI MLT ORGN	0698T	12/30/2021
N-INVAS ARTL PLAQ ALYS	0710T	12/30/2021
N-NVS ARTL PLAQ ALYS DAT PRP	0711T	12/30/2021
N-NVS ARTL PLAQ ALYS QUAN	0712T	12/30/2021
N-NVS ARTL PLAQ ALYS RVW I&R	0713T	12/30/2021
Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score	0865T	12/28/2023
Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, whe	0866T	12/28/2023
Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report	0899T	6/29/2024
Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a ph	0900T	6/29/2024
MRI (e.g., proton) imaging, temporomandibular joint(s)	70336	11/4/2019
CTA H&N C+ W/NONCONTRAST IMG	70471	12/31/2025
Computed tomography (CT), soft tissue neck; without contrast material	70490	11/4/2019
Computed tomography (CT), soft tissue neck; with contrast material(s)	70491	11/4/2019

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
Computed tomography (CT), soft tissue neck; without contrast material followed by contrast material(s) and further sections	70492	11/4/2019
CTA NECK, with contrast material(s), including noncontrast images, if performed, and image post-processing.	70498	11/4/2019
MRI orbit, face, neck, without contrast materials	70540	11/4/2019
MRI, orbit, face and neck, with contrast materials	70542	11/4/2019
MRI, orbit, face and neck, without contrast material(s), followed by contrast material(s) and further sequences	70543	11/4/2019
MRA, neck; without contrast material(s)	70547	11/4/2019
MRA, neck; with contrast material(s)	70548	11/4/2019
MRA, neck; without contrast material(s), followed by contrast material(s) and further sequences	70549	11/4/2019
Computed tomography (CT), thorax; without contrast material	71250	11/4/2019
Computed tomography (CT), thorax; with contrast material(s)	71260	11/4/2019
Computed tomography (CT), thorax; without contrast material, followed by contrast material(s) and further sections	71270	11/4/2019
CTA CHEST (non-coronary) with contrast material(s), including noncontrast images, if performed and image post-processing.	71275	11/4/2019
MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	71550	11/4/2019
MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	71551	11/4/2019
MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	71552	11/4/2019
MRA, chest (excluding myocardium), with or without contrast materials	71555	11/4/2019
Computed tomography (CT), cervical spine; without contrast material	72125	11/4/2019
Computed tomography (CT), cervical spine; with contrast material	72126	11/4/2019
Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections	72127	11/4/2019
Computed tomography (CT), thoracic spine; without contrast material	72128	11/4/2019
Computed tomography (CT), thoracic spine; with contrast material	72129	11/4/2019
Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections	72130	11/4/2019
Computed tomography (CT), lumbar spine; without contrast material	72131	11/4/2019
Computed tomography (CT), lumbar spine; with contrast material	72132	11/4/2019
Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections	72133	11/4/2019
MRI, spinal canal and contents, cervical; without contrast material	72141	11/4/2019
MRI, spinal canal and contents, cervical; with contrast material(s)	72142	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
MRI, spinal canal and contents, thoracic; without contrast material	72146	11/4/2019
MRI spinal canal and contents, thoracic; with contrast material(s)	72147	11/4/2019
MRI spinal canal and contents, lumbar; without contrast material	72148	11/4/2019
MRI, spinal canal and contents, lumbar; with contrast material(s)	72149	11/4/2019
MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	72156	11/4/2019
MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	72157	11/4/2019
MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	72158	11/4/2019
MRA, spinal canal and contents, with or without contrast material(s)	72159	11/4/2019
CTA PELVIS, with contrast material(s), including noncontrast images, if performed, and image post-processing.	72191	11/4/2019
Computed tomography (CT), pelvis; without contrast material	72192	11/4/2019
Computed tomography (CT), pelvis; with contrast material(s)	72193	11/4/2019
Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections	72194	11/4/2019
MRI, pelvis; without contrast material(s)	72195	11/4/2019
MRI, pelvis; with contrast material(s)	72196	11/4/2019
MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	72197	11/4/2019
MRA, pelvis, with or without contrast material(s)	72198	11/4/2019
Computed tomography (CT), upper extremity; without contrast material	73200	11/4/2019
Computed tomography (CT), upper extremity; with contrast material(s)	73201	11/4/2019
Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections	73202	11/4/2019
CTA Upper Extremity, with contrast material(s), including noncontrast images, if performed, and image post-processing.	73206	11/4/2019
MRI, upper extremity, other than joint; without contrast material(s)	73218	11/4/2019
MRI, upper extremity, other than joint; with contrast material(s)	73219	11/4/2019
MRI, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	73220	11/4/2019
MRI, any joint of upper extremity; without contrast material(s)	73221	11/4/2019
MRI, any joint of upper extremity; with contrast material(s)	73222	11/4/2019
MRI, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	73223	11/4/2019
MRA, upper extremity, with or without contrast material(s)	73225	11/4/2019
Computed tomography (CT), lower extremity; without contrast material	73700	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Computed tomography (CT), lower extremity; with contrast material(s)	73701	11/4/2019
Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections	73702	11/4/2019
CTA Lower Extremity, with contrast material(s), including noncontrast images, if performed, and image post-processing.	73706	11/4/2019
MRI, lower extremity other than joint; without contrast material(s)	73718	11/4/2019
MRI, lower extremity other than joint; with contrast material(s)	73719	11/4/2019
MRI, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	73720	11/4/2019
MRI, any joint of lower extremity; without contrast material	73721	11/4/2019
MRI, any joint of lower extremity; with contrast material(s)	73722	11/4/2019
MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	73723	11/4/2019
MRA, lower extremity, with or without contrast material(s)	73725	11/4/2019
Computed tomography (CT), abdomen; without contrast material	74150	11/4/2019
Computed tomography (CT), abdomen; with contrast material(s)	74160	11/4/2019
Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections	74170	11/4/2019
CT ANGIO ABD&PELV W/O&W/	74174	11/4/2019
CT ANGIO ABDOM W/O & W/D	74175	11/4/2019
CT ABD & PELVIS	74176	11/4/2019
CT ABD & PELV W/CONTRAST	74177	11/4/2019
CT ABD & PELV 1+ REGNS	74178	11/4/2019
MRI, abdomen; without contrast material(s)	74181	11/4/2019
MRI, abdomen; with contrast material(s)	74182	11/4/2019
MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	74183	11/4/2019
MRA, abdomen, with or without contrast material(s)	74185	11/4/2019
QUAN&CHAR C ATHROSCLRTC PLAQ	75577	12/31/2025
CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image post-processing.	75635	11/4/2019
Magnetic resonance spectroscopy (MRS)	76390	11/4/2019
MR ELASTOGRAPHY	76391	11/4/2019
CT PROCEDURE	76497	11/4/2019
Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	76498	11/4/2019
MRI BREAST C- UNILATERAL	77046	11/4/2019
MRI BREAST C- BILATERAL	77047	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
MRI BREAST C-+ W/CAD UNI	77048	11/4/2019
MRI BREAST C-+ W/CAD BI	77049	11/4/2019
Magnetic resonance (eg, proton) imaging, bone marrow blood supply	77084	11/4/2019
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	78429	1/23/2020
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 to	78430	1/23/2020
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 compute	78431	1/23/2020
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);	78432	1/23/2020
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 a	78433	1/23/2020
Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	78434	1/23/2020
Myocardial imaging, positron emission tomography (PET), metabolic evaluation	78459	11/4/2019
Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	78491	11/4/2019
Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	78492	11/4/2019
Brain imaging, positron emission tomography (PET); metabolic evaluation	78608	11/4/2019
Brain imaging, positron emission tomography (PET); perfusion evaluation	78609	11/4/2019
Positrom emission tomography (PET) imaging; limited area.(e.g chest, head/neck)	78811	11/4/2019
Positrom emission tomography (PET) imaging; skull base to mid-thigh	78812	11/4/2019
Positrom emission tomography (PET) imaging; whole body	78813	11/4/2019
Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area. (e.gchest, head/neck)	78814	11/4/2019
Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh.	78815	11/4/2019
Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body.	78816	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	93451	11/4/2019
LEFT HRT CATH W/VENTRCLG	93452	11/4/2019
COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	93453	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	93454	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (I	93455	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION	93456	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (I	93457	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAP	93458	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAP	93459	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUD	93460	11/4/2019
CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUD	93461	11/4/2019
Cor angio/vent w/ffr	C7557	12/31/2024
Magnetic resonance angiography with contrast, abdomen	C8900	11/4/2019
Magnetic resonance angiography without contrast abdomen	C8901	11/4/2019
Magnetic resonance angiography without contrast followed by with contrast, abdomen	C8902	11/4/2019
Magnetic resonance imaging with contrast breast; unilateral	C8903	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	C8905	11/4/2019
Magnetic resonance imaging with contrast breast; bilateral	C8906	11/4/2019
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	C8908	11/4/2019
Magnetic resonance angiography with contrast chest (excluding myocardium)	C8909	11/4/2019
Magnetic resonance angiography without contrast chest (excluding myocardium)	C8910	11/4/2019
Magnetic resonance angiography without contrast followed by with contrast,	C8911	11/4/2019
Magnetic resonance angiography with contrast lower extremity	C8912	11/4/2019
Magnetic resonance angiography without contrast lower extremity	C8913	11/4/2019
Magnetic resonance angiography without contrast followed by with contrast, lower extremity	C8914	11/4/2019
Magnetic resonance angiography with contrast, pelvis	C8918	11/4/2019
Magnetic resonance angiography without contrast, pelvis	C8919	11/4/2019
Magnetic resonance angiography without contrast followed by with contrast, pelvis	C8920	11/4/2019
MRA W/DYE, SPINAL CANAL	C8931	11/4/2019
MRA W/O DYE, SPINAL CANA	C8932	11/4/2019
MRA W/O&W/DYE SPINAL CAN	C8933	11/4/2019
MRA W/DYE, UPPER EXTREMI	C8934	11/4/2019
MRA W/O DYE, UPPER EXTRE	C8935	11/4/2019
MRA W/O&W/DYE, UPPER EXT	C8936	11/4/2019
CAD BREAST MRI	C8937	12/7/2024
Cardiac mri seg dys strain	C9762	7/11/2020
Cardiac mri seg dys stress	C9763	7/11/2020
Mri hyperpolarized xenon129	C9791	7/27/2024
Pre-plan 3d model w/ccta	C9793	12/31/2024
PET imaging whole body; full and partial ring PET scanners only, for non covered indications	G0219	11/4/2019
PET imaging, any site, not otherwise specified	G0235	11/4/2019
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)	G0252	11/4/2019
Magnetic resonance cholangiopancreatography (MRCP)	S8037	11/4/2019
Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	S8092	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Durable Medical Equipment		
Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	E0466	1/23/2020
Home vent multi-function	E0467	11/4/2019
Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	E0468	4/13/2024
HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	E0483	11/4/2019
Seat lift mechanism incorporated into a combination lift-chair mechanism	E0627	11/4/2019
Combination sit to stand system, any size, with seat lift feature, with or without wheels	E0637	11/4/2019
Standing Frame System, Any Size, With Or Without Wheels	E0638	11/4/2019
Patient lift, fixed system, includes all components/accessories	E0640	11/4/2019
Standing Frame System Multi-Postn (E.G. 3-Way Standing), Any Size Including Pediatric, W/WO Wheels	E0641	11/4/2019
Standing Frame System, Mobile (Dynamic Stander), Any Size Including Pediatric	E0642	11/4/2019
Osteogenesis stimulator, electrical, noninvasive, spinal applications	E0748	11/4/2019
Osteogenesis stimulator, low intensity ultrasound, non-invasive	E0760	11/4/2019
Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	E2508	11/4/2019
Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	E2510	11/4/2019
Power mobility device, not coded by SADMERC or does not meet criteria	K0899	11/4/2019
KNE-SHN FLD SWG & STANCE	L5828	12/4/2021
Ear Devices/Cochlear Implant		
Cochlear device implantation, with or without mastoidectomy	69930	11/4/2019
Cochlear device/system	L8614	11/4/2019
Erectile Dysfunction		
Insertion of penile prosthesis; non-inflatable (semi-rigid)	54400	11/4/2019
Insertion of penile prosthesis; inflatable (self-contained)	54401	11/4/2019
Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	54405	11/4/2019
Gastric Bypass		
Gastrectomy, partial, distal; with gastroduodenostomy	43631	11/4/2019
Gastrectomy, partial, distal; with gastrojejunostomy	43632	11/4/2019
Gastrectomy, partial, distal; with Roux-en-Y reconstruction	43633	11/4/2019

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
Gastrectomy, partial, distal; with formation of intestinal pouch	43634	11/4/2019
LAP GASTRIC BYPASS/ROUX-	43644	8/20/2025
LAP GASTR BYPASS INCL SM	43645	8/20/2025
Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (gastric band and subcutaneous port components)	43770	11/4/2019
Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	43771	11/4/2019
Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	43772	11/4/2019
Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	43773	11/4/2019
Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	43774	11/4/2019
LAP SLEEVE GASTRECTOMY	43775	6/18/2022
Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	43842	11/4/2019
Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	43843	11/4/2019
GASTROPLASTY DUODENAL SW	43845	3/29/2025
Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy	43846	11/4/2019
Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	43847	11/4/2019
Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	43848	11/4/2019
REVISE STOMACH-BOWEL FUSION	43860	11/4/2019
REVISE STOMACH-BOWEL FUSION	43865	11/4/2019
Gastric restrictive procedure, open; revision of subcutaneous port component only	43886	11/4/2019
Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	43888	11/4/2019
GSTR RSTCV PX TRNSORL ESG	43889	12/31/2025
Home Health Care		
HOME VISIT FOR HEMODIALY	99512	5/9/2020
RESPITE NOT HOME / DIEM	H0045	8/31/2024
UNSKILLED RESPITE-PER 15	S5150	8/31/2024
UNSKILL RESPITE-PER DIEM	S5151	8/31/2024
Home health aide or certified nurse assistant, providing care in the home; per hour	S9122	11/4/2019
Nursing care, in the home, by registered nurse, per hour (use for general nursing care only; not to be used when CPT codes 99500-99602 can be used)	S9123	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Nursing care, in the home; by licensed practical nurse, per hour	S9124	11/4/2019
PRIVATE DUTY/INDEPEN NSG	T1000	12/4/2021
RESPITE CARE SERVICE 15M	T1005	8/31/2024
Injectable Medications		
IMPLANT HORMONE PELLET(S	11980	10/18/2025
INJ DUPUYTREN CORD W/ENZ	20527	10/18/2025
CHEMODENERV SALIV GLANDS	64611	10/18/2025
DESTROY NERVE FACE MUSCL	64612	10/18/2025
CHEMODENERV MUSC MIGRAIN	64615	10/18/2025
Immune Globulin (IGIV), Human, For Intravenous Use	90283	11/4/2019
Immune globulin, subcut infusions; 100 mg each	90284	11/4/2019
Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg. each	90378	11/4/2019
Adju cgm supply allowance	A4238	3/7/2026
Non-adju cgm supply allow	A4239	3/7/2026
DISPOSABLE SENSOR, CGM S	A9276	3/7/2026
EXTERNAL TRANSMITTER, CG	A9277	3/7/2026
MONITORING FEATURE/DEVIC	A9278	3/7/2026
Omegaven, 10 grams lipids	B4187	1/23/2020
Injection, caplacizumab-yhdp	C9047	11/4/2019
Inj onase abepar-brve treat	C9309	5/15/2026
UNCLASSIFD DRUG/BIOLOGIC	C9399	11/4/2019
Adju cgm receiver/monitor	E2102	3/7/2026
Non-adju cgm receiver/mon	E2103	3/7/2026
Intravenous infusion of cipaglucosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglucosidase alfa-atga	G0138	4/13/2024
Esketamine, nasal spray, 1 mg	J0013	12/31/2025
Injection, Abatacept, 10 MG	J0129	11/4/2019
Inj, adalimumab, 1 mg	J0139	12/31/2024
Inj, lecanemab-irmb, 1 mg	J0174	8/26/2023
Inj, donanemab-azbt, 2 mg	J0175	11/2/2024
Injection, aflibercept hd, 1 mg	J0177	4/13/2024
Injection, aflibercept, 1 mg	J0178	11/4/2019
Inj, brolucizumab-dbll, 1 mg	J0179	1/23/2020

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Injection, Agalsidase beta, 1 mg	J0180	11/4/2019
Injection, alemtuzumab, 1 mg	J0202	11/4/2019
Injection, velmanase alfa-tycv, 1 mg	J0217	12/28/2023
Injection, olipudase alfa-rpcp, 1 mg	J0218	4/29/2023
Inj aval alfa-nqpt 4mg	J0219	4/30/2022
Alglucosidase	J0220	11/4/2019
INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	J0221	11/4/2019
Inj., patisiran, 0.1 mg	J0222	11/4/2019
Injection, givosiran, 0.5 mg.	J0223	7/11/2020
Injection, lumasiran, 0.5 mg	J0224	6/26/2021
Inj, vutrisiran, 1 mg	J0225	12/29/2022
Alpha 1- proteinase inhibitor â€“ human, 10 mg	J0256	11/4/2019
INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	J0257	11/4/2019
Injection, apomorphine HCl, 1 mg	J0364	11/4/2019
Dimercaprol, per 100 mg	J0470	11/4/2019
BELATACEPT INJECTION	J0485	12/4/2021
INJECTION, BELIMUMAB, 10 MG	J0490	11/4/2019
Inj anifrolumab-fnia 1mg	J0491	4/30/2022
Inj., benralizumab, 1 mg	J0517	11/4/2019
Inj., cerliponase alfa 1 mg	J0567	11/4/2019
Buprenorphine implant, 74.2 mg	J0570	9/13/2025
Injection, burosumab-twza 1m	J0584	11/4/2019
Botulinum toxin type A, per unit	J0585	11/4/2019
Abobotulinumtoxina	J0586	11/4/2019
Botulinum toxin type B, per 100 units	J0587	11/4/2019
INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	J0588	11/4/2019
Injection, daxibotulinumtoxina-lanm, 1 unit	J0589	4/13/2024
Injection, deoxycholic acid, 1 mg.	J0591	7/11/2020
Inj., lanadelumab-flyo, 1 mg	J0593	11/4/2019
Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	J0596	11/4/2019
Injection, C-1 esterase inhibitor (human), berinert, 10 Units	J0597	11/4/2019
C1 Esterase Inhibitor INJ	J0598	11/4/2019
Inj., haegarda 10 units	J0599	11/4/2019
Edetate calcium disodium, up to 1,000 mg	J0600	11/4/2019
inj., etelcalcetide 0.1 mg	J0606	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Injection, Canakinumb, 1 MG	J0638	11/4/2019
CERTOLIZUMAB PEGOL INJ 1MG	J0717	11/4/2019
Chorionic gonadotropin, per 1,000 USP units	J0725	11/4/2019
Injection, cabotegravir and rilpivirine, 2mg/3mg	J0741	10/9/2021
Injection, collagenase, clostridium histolyticum, 0.01 MG	J0775	11/4/2019
Injection, crizanlizumab-tmca, 5 mg.	J0791	7/11/2020
Hiv prep, fda approved, noc	J0799	1/29/2026
Inj. acthar gel to 40 units	J0801	10/28/2023
Inj. (ani), up to 40 units	J0802	10/28/2023
Difelikefalin, esrd on dialy	J0879	4/30/2022
DARBEPOETIN ALFA, ESRD U	J0882	11/4/2019
Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	J0887	11/4/2019
Epoetin beta non esrd	J0888	11/4/2019
Injection, peginesatide, 0. 1 mg (for esrd on dialysis)	J0890	11/4/2019
Injection, Luspatercept-aamt, 0.25 mg.	J0896	7/11/2020
Injection, testosterone cypionate (azmiro), 1 mg	J1072	3/29/2025
Testosterone pellet, implant, 75 mg	J1073	12/31/2025
Miglustat, oral, 65 mg	J1202	4/13/2024
Injection, cipaglucosidase alfa-atga, 5 mg	J1203	4/13/2024
Injection, Ecallantide , 1 MG	J1290	11/4/2019
Injection, eculizumab, 2 mg	J1299	3/29/2025
Injection, edaravone, 1 mg	J1301	11/4/2019
Inj, sutimlimab-jome, 10 mg	J1302	10/1/2022
Inj., ravulizumab-cwvz 10 mg	J1303	11/4/2019
Injection, tofersen, 1 mg	J1304	12/28/2023
Injection, evinacumab-dgnb, 5mg	J1305	10/9/2021
Injection, inclisiran, 1 mg	J1306	7/30/2022
Inj, crovalimab-akkz, 10 mg	J1307	12/31/2024
Elosulfase alfa, injection	J1322	11/4/2019
Epoprostenol, 0.5 mg	J1325	11/4/2019
Inj, hemgenix, per tx dose	J1411	4/29/2023
Inj roctavian ml 2x10^13vc g	J1412	12/28/2023
Inj delandistrogene mox rokl	J1413	12/28/2023
Inj, beqvez, per tx dose	J1414	12/31/2024
Injection, casimersen, 10 mg.	J1426	10/9/2021

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Inj. viltolarsen	J1427	5/1/2021
Inj, eteplirsen, 10 mg	J1428	11/4/2019
Injection, golodirsen, 10 mg.	J1429	7/11/2020
Injection, ferric derisomaltose, 10 mg	J1437	12/4/2021
Etanercept, 25 mg	J1438	11/4/2019
INJ FERRIC CARBOXYMALTOS 1MG	J1439	12/4/2021
Fecal microbiota jslm 1 ml	J1440	7/29/2023
Galsulfase	J1458	11/4/2019
Injection, Immune Globulin (Privigen), Intravenous, Non-Lyophilized (E. G. Liquid), 500 MG	J1459	11/4/2019
Injection, immune globulin (cutaquig), 100 mg	J1551	7/30/2022
Inj, alyglo, 500 mg	J1552	12/31/2024
Injection, immune globulin (yimmugo), 100 mg	J1553	4/11/2026
Inj. asceniv	J1554	5/1/2021
Inj cuvitru, 100 mg	J1555	11/4/2019
INJ, IMM GLOB BIVIGAM, 500MG	J1556	11/4/2019
INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1557	11/4/2019
Injection, immune globulin (Xembify), 100 mg.	J1558	7/11/2020
Injection, Immune globulin (Hizentra), 100 MG.	J1559	11/4/2019
Injection, Immune Globulin, (Gamunex), Intravenous, Non-Lyophilized (E.G. Liquid), 500 MG	J1561	11/4/2019
Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	J1566	11/4/2019
Injection, Immune Globulin, (Octagam), Intravenous, Non-Lyophilized (E. G. Liquid), 500MG	J1568	11/4/2019
Injection, Immune Globulin, (Gammagard Liquid), Intravenous, Non-Lyophilized, (E. G. Liquid), 500 MG	J1569	11/4/2019
Injection, Immune Globulin, (Flebogamma), Intravenous, Non-Lyophilized (E.G. Liquid), 500 MG	J1572	11/4/2019
Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	J1575	11/4/2019
Inj, panzyga, 500 mg	J1576	7/29/2023
Glatiramer acetate, 20 mg	J1595	11/4/2019
Injection, Immune Globulin, Intravenous, Non-Lyophilized (E. G. Liquid) not otherwise specified, 500 MG	J1599	11/4/2019
GOLIMUMAB FOR IV USE 1MG	J1602	11/4/2019
Inj., guselkumab, 1 mg	J1628	11/4/2019
Injection, brexanolone, 1 mg	J1632	9/14/2020

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
Injection, histrelin acetate, 10 mcg	J1675	11/4/2019
Makena, 10 mg	J1726	11/4/2019
Idursulfase	J1743	11/4/2019
Injection, icatibant, 1 mg	J1744	11/4/2019
Infliximab, 10 mg	J1745	11/4/2019
Inj., ibalizumab-uiyk, 10 mg	J1746	11/4/2019
Injection, spesolimab-sbzo, 1 mg	J1747	4/29/2023
Injection, infliximab-dyyb (zymfentra), 10 mg	J1748	7/27/2024
Injection, Imiglucerase, 10 Units	J1786	11/4/2019
Injection, fosdenopterin, 0.1 mg	J1809	9/13/2025
Inj. inebilizumab-cdon, 1 mg	J1823	1/22/2021
Injection, Interferon Beta-1A, 30 MCG	J1826	11/4/2019
Interferon beta-1b, 0.25 mg	J1830	11/4/2019
Injection, Laronidase, 0.1 mg	J1931	11/4/2019
Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	J1951	6/26/2021
Inj, lenacapavir, 1 mg	J1961	7/29/2023
Injection, Mecasermin, 1 MG	J2170	11/4/2019
Injection, mepolizumab, 1mg	J2182	11/4/2019
Injection, mirikizumab-mrkz, 1 mg	J2267	7/27/2024
Injection, motixafortide, 0.25 mg	J2277	4/13/2024
Natalizumab	J2323	11/4/2019
Inj, nusinersen, 0.1mg	J2326	11/4/2019
Inj risankizumab-rzaa 1 mg	J2327	12/29/2022
Inj ublituximab-xiiy, 1 mg	J2329	7/29/2023
Injection, ocrelizumab, 1 mg	J2350	11/4/2019
Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	J2351	3/29/2025
Injection, tezepelumab-ekko, 1 mg	J2356	7/30/2022
Injection, Omalizumab, 5 mg	J2357	11/4/2019
Injection, pasireotide long acting, 1 mg	J2502	11/4/2019
Injection , Pegloticase, 1mg	J2507	11/4/2019
Injection, pegunigalsidase alfa-iwxj, 1 mg	J2508	2/3/2024
Plerixafor Injection	J2562	11/4/2019
PROTEIN C CONCENTRATE	J2724	11/4/2019
Inj, faricimab-svoa, 0.1mg	J2777	10/1/2022
RANIBIZUMAB INJECTION	J2778	11/4/2019

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	J2779	7/30/2022
Inj, pegcetacoplan, 1mg	J2781	10/28/2023
Injection, avacincaptad pegol, 0.1 mg	J2782	4/13/2024
Injection, reslizumab, 1mg	J2786	11/4/2019
Rilonacept Injection	J2793	11/4/2019
Inj sebelipase alfa 1 mg	J2840	11/4/2019
Somatropin, 1 mg	J2941	11/4/2019
Injection, plasminogen, human-tvmh, 1 mg	J2998	7/30/2022
Inj., fremanezumab-vfrm 1 mg	J3031	11/4/2019
Injection, eptinezumab-jjmr, 1 mg	J3032	9/14/2020
INJ, TALIGLUCERACE ALFA 10 U	J3060	11/4/2019
Inj. romosozumab-aqqg 1 mg	J3111	11/4/2019
TESTOSTERONE UNDECANOATE 1MG	J3145	8/14/2021
Injection, teprotumumab-trbw, 10 mg	J3241	9/14/2020
Inj., tildrakizumab, 1 mg	J3245	11/4/2019
Injection, secukinumab, intravenous, 1 mg	J3247	7/27/2024
Injection, treprostinil, 1 mg	J3285	11/4/2019
Injection, triamcinolone acetonide (xipere), 1 mg	J3299	7/30/2022
Inj triamcinolone ace xr 1mg	J3304	11/4/2019
Inj., triptorelin xr 3.75 mg	J3316	11/4/2019
Injection, Ustekinumab, 1 MG	J3357	11/4/2019
Ustekinumab, iv inject, 1 mg	J3358	11/4/2019
Injection, vedolizumab, 1 mg	J3380	11/4/2019
Injection, Velaglucerase Alfa 100 Units	J3385	11/4/2019
Injection, elivaldogene autotemcel, per treatment	J3387	12/31/2025
Topical administration, prademagene zamikeracel, per treatment	J3389	12/31/2025
Inj, atidarsagene autotemcel	J3391	6/28/2025
Inj, exagamglogene autotem	J3392	12/31/2024
Injection, betibeglogene autotemcel, per treatment	J3393	7/27/2024
Injection, lovotibeglogene autotemcel, per treatment	J3394	7/27/2024
Inj., vestronidase alfa-vjbk	J3397	11/4/2019
Inj luxturna 1 billion vec g	J3398	11/4/2019
Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes	J3399	7/11/2020
Vyjuvek 5x10^9pfu/ml, 0.1 ml	J3401	12/28/2023

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Revakinagene taroretcel-lwey, per implant	J3403	9/13/2025
Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	J3404	4/11/2026
UNCLASSIFIED DRUG INJ	J3490	11/14/2020
Edetate disodium, per 150mg	J3520	11/4/2019
UNCLASSIFIED BIOLOGICS	J3590	11/14/2020
Esrd on dialysi drug/bio noc	J3591	11/4/2019
Inj., emicizumab-kxwh 0.5 mg	J7170	11/4/2019
Injection, adamts13, recombinant-krhn, 10 iu	J7171	7/27/2024
Inj marstacim-hncq, 0.5 mg	J7172	6/28/2025
Injection, concizumab-mtci, 0.5 mg	J7173	9/13/2025
Injection, fitusiran, 0.04 mg	J7174	9/13/2025
Inj, factor x, (human), 1iu	J7175	11/4/2019
Inj., fibryga, 1 mg	J7177	11/4/2019
Injection, human fibrinogen concentrate, 1 mg	J7178	11/4/2019
Vonvendi inj 1 iu vwf:rco	J7179	11/4/2019
INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	J7180	11/4/2019
Factor xiii recomb a-subunit	J7181	11/4/2019
Factor viii recomb novoeight	J7182	11/4/2019
INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	J7183	11/4/2019
Xyntha INJ	J7185	11/4/2019
Injection, Antihemophilic Factor VIII/VON Willebrand Factor Complex (Human), Per Factor VIII I. U.	J7186	11/4/2019
Injection, Von Willebrand Factor Complex, (humate-P), , per IU VWF:RCO	J7187	11/4/2019
Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	J7188	11/4/2019
Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg	J7189	11/4/2019
Factor VIII (antihemophilic factor, human) per IU	J7190	11/4/2019
Factor VIII (antihemophilic factor (porcine), per IU	J7191	11/4/2019
Factor VIII (antihemophilic factor, recombinant) per IU	J7192	11/4/2019
Factor IX (antihemophilic factor, purified, non-recombinant) per IU	J7193	11/4/2019
Factor IX, complex, per IU	J7194	11/4/2019
Factor IX (antihemophilic factor, recombinant) per IU	J7195	11/4/2019
Injection, Antithrombin Recombinant, 50 I. U.	J7196	11/4/2019
Antithrombin III (human), per IU	J7197	11/4/2019
Anti-inhibitor, per IU	J7198	11/4/2019
Hemophilia clotting factor, not otherwise classified	J7199	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Factor ix recombinan rixubis	J7200	11/4/2019
Factor ix fc fusion recomb	J7201	11/4/2019
Factor ix idelvion inj	J7202	11/4/2019
Factor ix recomb gly rebinyn	J7203	11/4/2019
Injection, factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu.	J7204	7/11/2020
Injection, factor viii fc fusion (recombinant), per iu	J7205	11/4/2019
Factor viii pegylated recomb	J7207	11/4/2019
Inj. jivi 1 iu	J7208	11/4/2019
Factor viii nuwiq recomb 1iu	J7209	11/4/2019
Inj, afstyla, 1 i.u.	J7210	11/4/2019
Inj, kovaltry, 1 i.u.	J7211	11/4/2019
Factor viia recomb sevenfact	J7212	1/22/2021
Inj, ixinity, 1 i.u.	J7213	6/28/2025
Altuviiio per factor viii iu	J7214	10/28/2023
INJ, OCRIPLASMIN, 0.125 MG	J7316	11/4/2019
Inj, durolane 1 mg	J7318	11/4/2019
Genvisc 850, inj, 1mg	J7320	11/4/2019
HYALGAN/SUPARTZ INJ PER	J7321	11/4/2019
Hymovis injection 1 mg	J7322	11/4/2019
EUFLEXXA INJ PER DOSE	J7323	11/4/2019
ORTHOVISC INJ PER DOSE	J7324	11/4/2019
SYNVISC OR SYNVISC-ONE	J7325	11/4/2019
GEL-ONE	J7326	11/4/2019
Monovisc inj per dose	J7327	11/4/2019
Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	J7328	11/4/2019
Inj, trivisc 1 mg	J7329	11/4/2019
Synojoynt, inj., 1 mg	J7331	11/4/2019
Inj., triluron, 1 mg	J7332	11/4/2019
CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	J7340	11/14/2020
Injection, bimatoprost, intracameral implant, 1 microgram	J7351	9/14/2020
Afamelanotide implant, 1 mg	J7352	1/22/2021
Injection, travoprost, intracameral implant, 1 microgram	J7355	7/27/2024
Inj foscarb/foslevodopa 5 mg	J7356	6/28/2025
Mometasone sinus sinuva	J7402	3/7/2026

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
REVEFENACIN INH NON-COM 1MCG	J7677	5/9/2020
Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	J7686	11/4/2019
COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	J7999	11/14/2020
Inj, adstiladrin, per tx dos	J9029	7/29/2023
Injection, axatilimab-csfr, 0.1 mg	J9038	3/29/2025
Inj., emapalumab-lzsg, 1 mg	J9210	11/4/2019
Interferon alfa-2A, recombinant, 3 million units	J9213	11/4/2019
Interferon alfa-N3, (human leukocyte derived), 250,000 IU	J9215	11/4/2019
Histrelin Implant (Supprelin LA), 50 MG	J9226	11/4/2019
Injection, nipocalimab-aahu, 3 mg	J9256	12/31/2025
Injection, efgartigimod alfa-fcab, 2 mg	J9332	7/30/2022
Injection, rozanolixizumab-noli, 1 mg	J9333	12/28/2023
Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	J9334	12/28/2023
Injection, pozelimab-bbfg, 1 mg	J9376	4/13/2024
Inj teplizumab mzwv 5 mcg	J9381	7/29/2023
NOC ANTINEOPLASTIC DRUG	J9999	11/14/2020
Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, who either have moderate-to-severe immune compromise due to	M0224	9/28/2024
Intravenous infusion, tocilizumab aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	M0233	4/11/2026
Intravenous infusion, tocilizumab aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	M0234	4/11/2026
Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/ or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non	M0235	9/13/2025
Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/ or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non	M0236	9/13/2025
Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	M0237	9/13/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Intravenous infusion, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo	M0238	9/13/2025
FERUMOXYTOL, NON-ESRD	Q0138	12/4/2021
Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known sars-cov-2 exposure, and who either have moderate-to-severe immune compromise due to a medic	Q0224	9/28/2024
Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive o	Q0235	9/13/2025
Injection, tocilizumab-anoh, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 m	Q0237	9/13/2025
Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 m	Q0238	4/11/2026
INJ BETA INTERFERON IM 1 MCG	Q3027	11/4/2019
INJ BETA INTERFERON SQ 1 MCG	Q3028	11/4/2019
Iloprost, inhalation solution, FDA-approved final product, non- compounded, administered through DME, unit dose form, up to 20 mcg	Q4074	11/4/2019
EPOETIN ALFA, 100 UNITS	Q4081	11/4/2019
Inj ustekinumab-srlf, 1 mg	Q5098	6/28/2025
Inj ustekinumab-stba, 1 mg	Q5099	6/28/2025
Inj ustekinumab-kfce, 1 mg	Q5100	6/28/2025
Injection, inflectra	Q5103	11/4/2019
Injection, renflexis	Q5104	11/4/2019
Inj Retacrit esrd on dialysi	Q5105	11/4/2019
Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg.	Q5121	7/11/2020
Inj. byooviz, 0.1 mg	Q5124	4/30/2022
Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	Q5128	4/29/2023
Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	Q5133	4/13/2024
Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	Q5134	4/13/2024
Inj, tyenne, 1 mg	Q5135	9/28/2024
Inj. denosumab-bbdz, 1 mg	Q5136	9/28/2024
Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	Q5137	7/27/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	Q5138	7/27/2024
Inj adalimumab-fkjp, 1 mg	Q5140	12/31/2024
Inj adalimumab-aaty, 1 mg	Q5141	12/31/2024
Inj adalimumab-ryvk, 1 mg	Q5142	12/31/2024
Inj adalimumab-adbm, 1 mg	Q5143	12/31/2024
Inj, idacio, 1 mg	Q5144	12/31/2024
Inj, abrilada, 1 mg	Q5145	12/31/2024
Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Q5147	3/29/2025
Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	Q5149	3/29/2025
Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	Q5150	3/29/2025
Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	Q5151	3/29/2025
Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	Q5152	3/29/2025
Inj, aflibercept-yszy, 1 mg	Q5153	6/28/2025
Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Q5154	9/13/2025
Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Q5155	9/13/2025
Ustekinumab- ttwe sub cu inj	Q9996	12/31/2024
Ustekinumab-ttwe iv inj 1 mg	Q9997	12/31/2024
Ustekinumab-aekn inj	Q9998	12/31/2024
Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	Q9999	3/29/2025
Menotropins, 75 IU	S0122	11/4/2019
Follitropin alfa, 75 IU	S0126	11/4/2019
Follitropin beta, 75 IU	S0128	11/4/2019
Ganirelix acetate, 250 mcg	S0132	11/4/2019
Medical Oncology		
Injection, sodium thiosulfate, 100 mg	J0208	10/18/2025
Injection, treosulfan, 50 mg	J0614	10/18/2025
LEVOLEUCOVORIN INJECTION	J0641	10/18/2025
INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	J0642	10/18/2025
Injection, imetelstat, 1 mg	J0870	10/18/2025
DARBEPOETIN ALFA, NON-ES	J0881	10/18/2025
EPOETIN ALFA, NON-ESRD	J0885	10/18/2025
Inj, decitabine (sun pharma)	J0893	10/18/2025
DECITABINE INJECTION	J0894	10/18/2025
DENOSUMAB INJECTION	J0897	10/18/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Injection, elranatamab-bcmm, 1 mg	J1323	10/18/2025
Inj, zolbetuximab-clzb, 2 mg	J1326	10/18/2025
INJ, FILGRASTIM G-CSF 1MCG	J1442	10/18/2025
INJ TBO FILGRASTIM 1 MICROG	J1447	10/18/2025
Injection, trilaciclib, 1mg	J1448	10/18/2025
Injection, eflapegrastim-xnst, 0.1 mg	J1449	10/18/2025
LANREOTIDE INJECTION	J1930	10/18/2025
Inj, lanreotide, (cipla) 1mg	J1932	10/18/2025
LEUPROLIDE ACET /3.75 MG	J1950	10/18/2025
Leuprolide inj, camcevi, 1mg	J1952	10/18/2025
Leuprolide depot cipla 7.5mg	J1954	10/18/2025
OCTREOTIDE DEPOT 1MG INJ	J2353	10/18/2025
OCTREOTIDE NONDEPOT INJ	J2354	10/18/2025
Inj pegfilgrast ex bio 0.5mg	J2506	10/18/2025
INJ., ROLAPITANT, 0.5 MG	J2797	10/18/2025
Inj, romiplostim 1 microgram	J2802	10/18/2025
INJECTION, SILTUXIMAB, 10 MG	J2860	10/18/2025
Injection, talquetamab-tgvs, 0.25 mg	J3055	10/18/2025
TOCILIZUMAB INJECTION	J3262	10/18/2025
Injection, toripalimab-tpzi, 1 mg	J3263	10/18/2025
TRIPTORELIN PAMOATE	J3315	10/18/2025
DOXORUBICIN HCL INJECTIO	J9000	10/18/2025
Leuprolide injectable (camcevi etm), 1 mg	J9003	4/11/2026
Injection, datopotamab deruxtecandlnk, 1 mg	J9011	10/18/2025
ALDESLEUKIN INJECTION	J9015	10/18/2025
ARSENIC TRIOXIDE	J9017	10/18/2025
Inj, aspara, rylaze, 0.1 mg	J9021	10/18/2025
INJ, ATEZOLIZUMAB,10 MG	J9022	10/18/2025
INJECTION, AVELUMAB, 10 MG	J9023	10/18/2025
Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	J9024	10/18/2025
AZACITIDINE INJECTION	J9025	11/4/2019
Inj, tarlatamab-dlle, 1 mg	J9026	10/18/2025
CLOFARABINE INJECTION	J9027	10/18/2025
Inj, nogapendekin pmln, 1mcg	J9028	10/18/2025
INJECTION, BELINOSTAT, 10 MG	J9032	10/18/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Inj, bendamustine hcl, 1mg	J9033	10/18/2025
INJ., BENDEKA 1 MG	J9034	10/18/2025
BEVACIZUMAB INJECTION	J9035	10/18/2025
INJ., BELRAPZO, 1 MG	J9036	10/18/2025
INJ, POLATUZUMAB VEDOTIN 1MG	J9039	10/18/2025
BLEOMYCIN SULF INJ 15 U	J9040	10/18/2025
BORTEZOMIB INJECTION	J9041	10/18/2025
BRENTUXIMAB VEDOTIN INJ	J9042	10/18/2025
CABAZITAXEL INJECTION	J9043	10/18/2025
CARBOPLATIN INJECT 50MG	J9045	10/18/2025
Inj, bortezomib, dr. reddy's	J9046	10/18/2025
CARMUSTINE INJECTION	J9047	10/18/2025
Inj, bortezomib freseniuskab	J9048	10/18/2025
Inj, bortezomib, hospira	J9049	10/18/2025
Inj, bortezomib (maia)	J9051	10/28/2023
Injection, bortezomib (boruzu), 0.1 mg	J9054	10/18/2025
CETUXIMAB INJECTION	J9055	10/18/2025
Inj, vivimusta, 1 mg	J9056	10/18/2025
INJ., COPANLISIB, 1 MG	J9057	10/18/2025
CISPLATIN 10 MG INJECTI	J9060	10/18/2025
Inj, amivantamab-vmjw	J9061	10/18/2025
Inj, elahere, 1 mg	J9063	10/18/2025
Inj, cabazitaxel (sandoz)	J9064	10/28/2023
INJ CLADRIBINE PER 1 MG	J9065	11/4/2019
CYTARABINE INJ 100 MG	J9100	10/18/2025
INJ. CALASPARGASE PEGOL-MKNL	J9118	10/18/2025
INJ., CEMIPLIMAB-RWLC, 1 MG	J9119	10/18/2025
DACTINOMYCIN INJECTION	J9120	10/18/2025
DACARBAZINE INJ 100 MG	J9130	10/18/2025
Daratumumab, hyaluronidase	J9144	10/18/2025
INJECTION, DARATUMUMAB 10 MG	J9145	10/18/2025
DAUNORUBICIN INJECTION	J9150	10/18/2025
INJ DAUNORUBICIN, CYTARABINE	J9153	10/18/2025
Injection, degarelix, 1 mg	J9155	10/18/2025
Injection, denileukin diftitox-cxdl, 1 mcg	J9161	10/18/2025

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
DOCETAXEL INJECTION	J9171	10/18/2025
Docetaxel (docivyx), 1 mg	J9172	10/18/2025
INJ., DURVALUMAB, 10 MG	J9173	10/18/2025
Inj, docetaxel (beizray) 1mg	J9174	10/18/2025
INJECTION, ELOTUZUMAB, 1MG	J9176	10/18/2025
Injection, enfortumab vedotin-ejfv, 0.25 mg.	J9177	10/18/2025
INJ, EPIRUBICIN HCL 2 MG	J9178	10/18/2025
ERIBULIN MESYLATE INJECT	J9179	10/18/2025
ETOPOSIDE INJEC 10 MG	J9181	10/18/2025
Gemcitabine intravesical system, 225 mg	J9183	4/11/2026
Injection, gemcitabine hydrochloride (avyxa), 200 mg	J9184	12/31/2025
FLUDARABINE PHOSPH 50 MG	J9185	10/18/2025
FLUOROURACIL INJ 500 MG	J9190	10/18/2025
Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg	J9196	10/18/2025
Gemcitabine hydrochloride, (Infugem), 100 mg.	J9198	10/18/2025
FLOXURIDINE INJ 500 MG	J9200	10/18/2025
GEMCITABINE HCL 200 MG	J9201	10/18/2025
GOSERELIN ACETATE IMPLNT	J9202	10/18/2025
GEMTUZUMAB OZOGAMICIN 0.1 MG	J9203	10/18/2025
INJ MOGAMULIZUMAB-KPKC, 1 MG	J9204	10/18/2025
INJ IRINOTECAN LIPOSOME 1 MG	J9205	10/18/2025
IRINOTECAN 20 MG	J9206	10/18/2025
IXABEPILONE INJECTION]	J9207	10/18/2025
IFOSFOMIDE INJECTION 1GM	J9208	10/18/2025
IDARUBICIN HCL INJECTION	J9211	10/18/2025
INTERFERON ALFA-2B INJ	J9214	10/18/2025
INTERFERON GAMMA 1-B INJ	J9216	10/18/2025
LEUPROLIDE ACET SUSPNSN	J9217	10/18/2025
Inj. lurbinectedin, 0.1 mg	J9223	10/18/2025
HISTRELIN IMPLANT	J9225	10/18/2025
Injection, isatuximab-irfc, 10 mg	J9227	10/18/2025
IPILIMUMAB INJECTION	J9228	10/18/2025
INJ INOTUZUMAB OZOGAM 0.1 MG	J9229	10/18/2025
MECHLORETHAMINE HCL INJ	J9230	10/18/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
INJ MELPHALAN HYDROCHL	J9245	11/4/2019
Injection, melphalan (evomela), 1 mg.	J9246	10/18/2025
Injection, melphalan (hepzato), 1 mg	J9248	10/18/2025
Injection, melphalan (apotex), 1 mg	J9249	10/18/2025
NELARABINE INJECTION	J9261	11/4/2019
INJ, OMACETAXINE MEP, 0.01MG	J9262	10/18/2025
OXALIPLATIN 0.5 MG INJEC	J9263	10/18/2025
PACLITAXEL INJECTION	J9264	10/18/2025
PEGASPARGASE INJECTION	J9266	10/18/2025
Paclitaxel injection	J9267	11/4/2019
PENTOSTATIN INJ / 10 MG	J9268	10/18/2025
INJ. TAGRAXOFUSP-ERZS 10 MCG	J9269	10/18/2025
INJECTION, PEMBROLIZUMAB, 1 MG	J9271	10/18/2025
Inj, dostarlimab-gxly, 10 mg	J9272	10/18/2025
Inj tisotu vedotin-tftv, 1mg	J9273	10/18/2025
Inj, tebentafusp-tebn, 1 mcg	J9274	10/18/2025
Inj cosibelimab-ipdl, 2 mg	J9275	10/18/2025
Inj zanidatamab-hrii, 2 mg	J9276	10/18/2025
Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	J9277	4/11/2026
Injection, carboplatin (avyxa), 1 mg	J9278	4/11/2026
MITOMYCIN INJECTION	J9280	11/4/2019
Mitomycin instillation	J9281	10/18/2025
Mitomycin, intravesical instillation, 1 mg	J9282	12/31/2025
INJ, OLARATUMAB, 10 MG	J9285	10/18/2025
Injection, glofitamab-gxbm, 2.5 mg	J9286	10/18/2025
Inj nivolumab 2 mg hyaluron	J9289	10/18/2025
Injection, pemetrexed dipotassium, 10 mg	J9292	10/18/2025
MITOXANTRNE HCL INJ /5MG	J9293	10/18/2025
Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	J9294	10/18/2025
INJECTION, NECITUMUMAB, 1 MG	J9295	10/18/2025
Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg J9297 Add Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	J9296	10/18/2025
Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg J9297 Add Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	J9297	10/18/2025
Inj nivol relatlimab 3mg/1mg	J9298	10/18/2025
INJECTION, NIVOLUMAB, 1 MG	J9299	10/18/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
OBINUTUZUMAB INJ	J9301	10/18/2025
OFATUMUMAB INJECTION	J9302	11/4/2019
PANITUMUMAB INJECTION	J9303	10/18/2025
Injection, pemetrexed (PEMFEXY), 10 mg	J9304	10/18/2025
Injection, pemetrexed, not otherwise specified, 10 mg	J9305	10/18/2025
INJECTION, PERTUZUMAB, 1 MG	J9306	10/18/2025
PRALATREXATE INJECTION	J9307	11/4/2019
INJECTION, RAMUCIRUMAB, 5 MG	J9308	10/18/2025
INJ, POLATUZUMAB VEDOTIN 1MG	J9309	10/18/2025
INJ RITUXIMAB, HYALURONIDASE	J9311	10/18/2025
INJ., RITUXIMAB, 10 MG	J9312	10/18/2025
INJ., LUMOXITI, 0.01 MG	J9313	10/18/2025
Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	J9314	10/18/2025
Pertuzu, trastuzu, 10 mg	J9316	10/18/2025
Sacituzumab govitecan-hziy	J9317	10/18/2025
Injection, romidepsin, non-lyophilized, 0.1 mg	J9318	10/18/2025
Injection, romidepsin, lyophilized, 0.1 mg	J9319	10/18/2025
STREPTOZOCIN INJECT 1 GM	J9320	10/18/2025
Injection, epcoritamab-bysp, 0.16 mg	J9321	10/18/2025
Inj pemetrexed (bluepoint)	J9322	10/18/2025
Inj pemetrexed ditromethamin	J9323	10/18/2025
Inj, pemrydi rtu, 10 mg	J9324	10/18/2025
INJ TALIMOGENE LAHERPAREPVEC	J9325	10/18/2025
Injection, telisotuzumab vedotin-tllv, 1 mg	J9326	12/31/2025
TEMOZOLOMIDE INJECTION	J9328	10/18/2025
Inj, tislelizumab-jsgr	J9329	10/18/2025
TEMSIROLIMUS INJECTION]	J9330	10/18/2025
Injection, sirolimus protein-bound particles, 1 mg	J9331	10/18/2025
Inj thiotepa (tepylute) 1 mg	J9341	10/18/2025
Inj thiotepa nos 1 mg	J9342	10/18/2025
Inj, retifanlimab-dlwr, 1 mg	J9345	10/28/2023
Inj, tremelimumab-actl, 1 mg	J9347	10/18/2025
Injection, naxitamab-gqgk, 1 mg	J9348	10/18/2025
Inj., tafasitamab-cxix	J9349	10/18/2025
Inj mosunetuzumab-axgb, 1 mg	J9350	10/18/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
TOPOTECAN INJECTION	J9351	11/4/2019
INJECTION TRABECTEDIN 0.1MG	J9352	10/18/2025
Injection, margetuximab-cmkb, 5 mg	J9353	10/18/2025
INJ, ADO-TRASTUZUMAB EMT 1MG	J9354	10/18/2025
TRASTUZUMAB INJECTION	J9355	10/18/2025
INJ. HERCEPTIN HYLECTA, 10MG	J9356	10/18/2025
Injection, fam-trastuzumab deruxtecan-nxki, 1 mg.	J9358	10/18/2025
Inj lon tesirin-lpyl 0.075mg	J9359	10/18/2025
VINBLASTINE SULF INJ 1MG	J9360	10/18/2025
Injection, efbemalenograstim alfa-vuxw, 0.5 mg	J9361	6/28/2025
VINCRISTINE SULF 1MG INJ	J9370	11/4/2019
Inj teclistamab cqyv 0.5 mg	J9380	10/18/2025
Inj zenocutuzumab-zbco 1 mg	J9382	10/18/2025
VINORELBINE TARTRAT/10MG	J9390	11/4/2019
Inj, fulvestrant (teva)	J9393	10/18/2025
Inj, fulvestrant (fresenius)	J9394	10/18/2025
FULVESTRANT 25 MG INJ	J9395	11/4/2019
INJ, ZIV-AFLIBERCEPT, 1MG	J9400	10/18/2025
Injection, linvoseltamab-gcpt, 1 mg	J9601	4/11/2026
SIPLEUCEL-T AUTO CD54+	Q2043	10/18/2025
DOXORUBICIN INJ 10MG	Q2050	10/18/2025
INJ RETACRIT NON-ESRD USE	Q5106	10/18/2025
INJ MVASI 10 MG	Q5107	10/18/2025
INJECTION, FULPHILA	Q5108	10/18/2025
INJECTION, UDENYCA, 0.5 MG.	Q5111	10/18/2025
INJ ONTRUZANT 10 MG	Q5112	10/18/2025
INJ HERZUMA 10 MG	Q5113	10/18/2025
INJ OGIVRI 10 MG	Q5114	10/18/2025
INJ RITUXIMAB-ABBS BIO 10 MG	Q5115	10/18/2025
INJ., TRAZIMERA, 10 MG	Q5116	10/18/2025
INJ., KANJINTI, 10 MG	Q5117	10/18/2025
INJ., ZIRABEV, 10 MG	Q5118	10/18/2025
Injection, Rituximab-pvvr, biosimilar, (Ruxience), 10 mg.	Q5119	10/18/2025
Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg.	Q5120	10/18/2025
Inj, nyvepria	Q5122	10/18/2025

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	Q5123	10/18/2025
Inj, releuko 1 mcg	Q5125	10/18/2025
Inj alymsys 10 mg	Q5126	10/18/2025
Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Q5127	10/18/2025
Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Q5129	10/18/2025
Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Q5130	10/18/2025
Inj, hercessi, 10 mg	Q5146	10/18/2025
Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	Q5148	10/18/2025
Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Q5156	10/18/2025
Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Q5157	10/18/2025
Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	Q5158	10/18/2025
Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Q5159	10/18/2025
Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg	Q5160	12/31/2025
Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	Q5161	4/11/2026
Injection, denosumab-nxxp (bildyos/bilprevda), biosimilar, 1 mg	Q5162	4/11/2026
PEG INTERFERON ALFA-2A/1	S0145	10/18/2025
Molecular Lab		
XOME TUM & NML SPEC SEQ ALYS	0036U	5/15/2026
TRGT GEN SEQ DNA 324 GENES	0037U	5/15/2026
ONC PRST8 MRNA 17 GENE ALG	0047U	11/21/2025
ONC SLD ORG NEO DNA 468 GENE	0048U	11/2/2024
ONC MLNMA PRAME & LINC00518	0089U	11/2/2024
HERED BRST CA RLTD DO 17 GEN	0102U	11/2/2024
RX MNTR 1+ORAL ONC RX&SBSTS	0129U	11/2/2024
ONC SLD TUM ALYS BRCA1 BRCA2	0172U	11/2/2024
ONC PAN-TUM DNA&RNA GNRJ SEQ	0211U	5/31/2025
TRGT GEN SEQ ALYS PNL 311+	0239U	11/2/2024
TRGT GEN SEQ ALYS PNL 55-74	0242U	11/2/2024
ONC SOLID ORGN DNA 257 GENES	0244U	5/15/2026
ONC SLD ORG NEO DNA 505 GENE	0250U	5/15/2026
PED WHL GEN MTHYLTN ALYS 50+	0318U	11/2/2024
TRGT GEN SEQ ALYS PNL 83+	0326U	11/2/2024
ONC NEO XOME&TRNS SEQ ALYS	0329U	11/2/2024
ONC SLD ORGN TGSA DNA 84/+	0334U	5/15/2026

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
ONC PAN CA ALYS MRD PLASMA	0340U	11/2/2024
ONC HL NEO GEN SEQ ALYS ALG	0364U	11/2/2024
TGSAP SL OR NEO DNA523&RNA55	0379U	5/15/2026
ONC NONSM CLL LNG CA 37 GEN	0388U	5/31/2025
GENOM RPD SEQ ALYS EA CMPRTR	0425U	11/2/2024
GENOME ULTRA-RAPID SEQ ALYS	0426U	11/2/2024
Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically sig	0444U	5/15/2026
Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	0452U	11/2/2024
Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	0453U	11/2/2024
Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping(For additional PLA codes with identical clinical descriptor, see	0454U	11/2/2024
Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	0465U	11/2/2024
Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquir	0466U	11/2/2024
Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	0467U	11/2/2024
Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that	0469U	11/2/2024
Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	0471U	11/2/2024
Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insert	0473U	11/2/2024
IDH1 IDH2&TERT PROMOTER NGS	0481U	11/2/2024
ONC SOL TUM CFDNA&RNA NGS GM	0485U	11/2/2024
ONC SOL TUM CFCDNA TGSAP 84	0487U	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
OB FETAL AG NIPT CFDNA ALYS	0488U	11/2/2024
ONC CLRCT CFDNA 8/7 GENES	0496U	11/2/2024
ONC CLRCT&LNG DNA NGS 8GENES	0499U	11/2/2024
AUTOINFLAM DS VEXAS SYND DNA	0500U	11/2/2024
ONC CLRC BLD QUAN MEAS CFDNA	0501U	11/2/2024
GI BARRETTS ESOPHGL CELL 89	0506U	11/2/2024
ONC OVR DNA WHOLE GEN W/5HMC	0507U	11/2/2024
ONC SOLTUM DNA NGS SNV 22GEN	0523U	12/31/2024
HEM VTE SNP F2&F5 GEN LEIDEN	0529U	12/31/2024
ONC PAN-SOL TUM CTDNA 77 GEN	0530U	12/31/2024
RARE DS WHLGEN&MITOCHDRL DNA	0532U	3/29/2025
RX METAB ADVRS GNOTYP 16GENS	0533U	3/29/2025
ONC PRST8 MIRNA SNP 32 VRNT	0534U	3/29/2025
ONC CLRCT CA CFDNA >2500 DMR	0537U	3/29/2025
ONC SOL TUM NGTS FFPE 600GEN	0538U	3/29/2025
ONC SOL TUMOR CFCTDNA 152GEN	0539U	3/29/2025
ONC SOL TUM NGS DNA 517 GENS	0543U	3/29/2025
ONC URTHL DNA MTHYLTD RT PCR	0549U	3/29/2025
REPR MED PGA GDO TE BX LOCUS	0552U	6/28/2025
REPR MED PGA EMBRY TE STRUX	0553U	6/28/2025
REPR MED PGA 24CHRM TE BX QC	0554U	6/28/2025
REPR MED PGA EMBRYONIC TE QC	0555U	6/28/2025
ONC MRD GSA CFDNA BASELINE	0560U	6/28/2025
ONC MRD GSA CFDNA SUBSEQUENT	0561U	6/28/2025
ONC SOL TUM TGSA 33GENS SNVS	0562U	6/28/2025
ONC HCC NGS DETC 6626EPIGALT	0565U	6/28/2025
ONC LNG QPCR-BSD ALYS 13DMRS	0566U	6/28/2025
RARE DS WHL GEN SEQ SRS&LRS	0567U	6/28/2025
ONC SOL TUM NGS TMM>20000DMR	0569U	6/28/2025
ONC SOL TUM DNA80&RNA10G NGS	0571U	6/28/2025
ONC PRST8 HTTL QFISH WHL BLD	0572U	6/28/2025
ONC CUTAN MLN RNA QPCR 10GEN	0578U	10/18/2025
RARE DS RPD WHLGEN DNA VRNTS	0582U	10/18/2025
RARE DS RPD WHLGEN CMPTR DNA	0583U	10/18/2025
TGSAP SO NEO CFDNA 521 GENES	0585U	10/18/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
ONC MRNA GEN XPRSN 216 GENES	0586U	10/18/2025
ONC HL NEO DNA TGS 417 GENES	0592U	10/18/2025
ONC BREAST RNA XPRSN 329GENS	0597U	10/18/2025
ENDOCRIN DM INS GEN MTHYLTN	0602U	12/31/2025
ONC LVR ALYS >1000 MR CFDNA	0611U	12/31/2025
ONC LVR ALYS >1000 MR CFDNA	0612U	12/31/2025
ONC UC DNA MTHYLTN&MUT 6BMRK	0613U	12/31/2025
BRCA1&2 SEQ & FULL DUP/DEL	81162	11/2/2024
BRCA1&2 GENE FULL SEQ ALYS	81163	11/2/2024
BRCA1&2 GEN FUL DUP/DEL ALYS	81164	11/2/2024
BRCA1 GENE FULL SEQ ALYS	81165	11/2/2024
BRCA1 GENE FULL DUP/DEL ALYS	81166	11/2/2024
BRCA2 GENE FULL DUP/DEL ALYS	81167	11/2/2024
CYTOG GENOM-WID ALYS HEM MAL	81195	12/31/2024
BRCA1&2 185&5385&6174 VA	81212	11/2/2024
BRCA1 GENE KNOWN FAM VAR	81215	11/2/2024
BRCA2 GENE FULL SEQUENCE	81216	11/2/2024
BRCA2 GENE KNOWN FAM VAR	81217	11/2/2024
CFTR GENE FULL SEQUENCE	81223	11/2/2024
CYP2D6 GENE COM VARIANTS	81226	11/2/2024
CYTOGEN MICRARRAY COPY N	81228	11/2/2024
CYTOGENOMIC NEO MICRORA ALYS	81277	11/2/2024
MLH1 GENE FULL SEQ	81292	11/2/2024
MLH1 GENE KNOWN VARIANTS	81293	11/2/2024
MLH1 GENE DUP/DELETE VAR	81294	11/2/2024
MSH2 GENE FULL SEQ	81295	11/2/2024
MSH2 GENE KNOWN VARIANTS	81296	11/2/2024
MSH2 GENE DUP/DELETE VAR	81297	11/2/2024
MSH6 GENE FULL SEQ	81298	11/2/2024
MSH6 GENE KNOWN VARIANTS	81299	11/2/2024
MSH6 GENE DUP/DELETE VAR	81300	11/2/2024
PALB2 GENE FULL GENE SEQ	81307	11/2/2024
PALB2 GENE KNOWN FAMIL VRNT	81308	11/2/2024
PCA3/KLK3 ANTIGEN	81313	11/2/2024
PMS2 GENE FULL SEQ ANALY	81317	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
PMS2 KNOWN FAMILIAL VARI	81318	11/2/2024
PMS2 GENE DUP/DELET VARI	81319	11/2/2024
PTEN GENE FULL SEQUENCE	81321	11/2/2024
PTEN GENE KNOWN FAM VARI	81322	11/2/2024
PTEN GENE DUP/DELET VARI	81323	11/2/2024
Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	81349	11/2/2024
CYTOG ALYS CHRML ABNOR OGM	81354	12/31/2025
MOPATH PROCEDURE LEVEL 1	81400	4/11/2026
MOPATH PROCEDURE LEVEL 2	81401	4/11/2026
MOPATH PROCEDURE LEVEL 3	81402	4/11/2026
MOPATH PROCEDURE LEVEL 4	81403	4/11/2026
MOPATH PROCEDURE LEVEL 5	81404	4/11/2026
MOPATH PROCEDURE LEVEL 6	81405	4/11/2026
MOPATH PROCEDURE LEVEL 7	81406	4/11/2026
MOPATH PROCEDURE LEVEL 8	81407	4/11/2026
MOPATH PROCEDURE LEVEL 9	81408	4/11/2026
AORTIC DYSFUNCTION/DILATION	81410	11/2/2024
AORTIC DYSFUNCTION/DILATION	81411	11/2/2024
CAR ION CHNNLPATH INC 10 GNS	81413	11/2/2024
CAR ION CHNNLPATH INC 2 GNS	81414	11/2/2024
EXOME SEQUENCE ANALYSIS	81415	11/2/2024
EXOME SEQUENCE ANALYSIS	81416	11/2/2024
EXOME RE-EVALUATION	81417	11/2/2024
GENOME SEQUENCE ANALYSIS	81425	11/2/2024
GENOME SEQUENCE ANALYSIS	81426	11/2/2024
HEARING LOSS SEQUENCE ANALYS	81430	11/2/2024
HEARING LOSS DUP/DEL ANALYS	81431	11/2/2024
HEREDITARY RETINAL DISORDERS	81434	11/2/2024
HEREDTRY NURONDCRN TUM DSRDR	81437	11/2/2024
INHERITED CARDMYPTHY 5 GNS	81439	11/2/2024
MITOCHONDRIAL GENE	81440	11/2/2024
NOONAN SPECTRUM DISORDERS	81442	11/2/2024
TARGETED GENOMIC SEQ ANALYS	81445	5/15/2026
HRDTRY PERPH NEURPHY PANEL	81448	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
TGSAP SO NEO 5-50 RNA ALYS	81449	11/2/2024
TARGETED GENOMIC SEQ ANALYS	81450	5/15/2026
TGSAP HL NEO 5-50 RNA ALYS	81451	11/2/2024
TARGETED GENOMIC SEQ ANALYS	81455	11/2/2024
Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PG	81456	11/2/2024
Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	81457	11/2/2024
Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	81458	11/2/2024
Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	81459	11/2/2024
WHOLE MITOCHONDRIAL GENOME	81460	11/2/2024
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	81462	11/2/2024
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	81463	11/2/2024
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and re	81464	11/2/2024
WHOLE MITOCHONDRIAL GENOME	81465	11/2/2024
X-LINKED INTELLECTUAL DBLT	81470	11/2/2024
X-LINKED INTELLECTUAL DBLT	81471	11/2/2024
UNLISTED MOLECULAR PATHO	81479	11/2/2024
ONC BRST MRNA 11 GENES	81518	11/2/2024
ONC CNS TUM DNA MTHYL 10,000	81524	12/31/2025
Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymp	81529	11/2/2024
ONCOLOGY LUNG	81538	11/2/2024
ONC PROSTATE MRNA 46 GENES	81541	11/21/2025
ONC PROSTATE MRNA 22 CNT GEN	81542	11/2/2024
ONC UVEAL MLNMA MRNA 15 GENE	81552	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstiti	81554	11/2/2024
UNLISTED MAAA	81599	11/2/2024
Oral Pharynx		
Alveoloplasty, each quadrant (specify)	41874	11/4/2019
Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	42145	11/4/2019
Orthotics and Prosthetics		
Knee orthotic (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	L1844	11/4/2019
Knee orthotic, 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	L1846	11/4/2019
LWR LMB PROS VACUUM PUMP	L5781	12/4/2021
Endo knee shin single axis	L5827	4/26/2025
Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	L5856	11/4/2019
Addition to lower extremity prosthesis, endoskeletal knee-shin system, poweredand programmable flexion/extension assist control, includes any type motor(s)	L5859	11/4/2019
Ank-Foot SYS Dors-Plant Flex	L5973	11/4/2019
ELECTRIC HAND, SWITCH OR MYOLELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING	L6880	11/4/2019
AUTOMATIC GRASP FEATURE	L6881	1/23/2020
Microprocessor control feature, addition to upper limb prosthetic terminal device	L6882	11/4/2019
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	L6935	11/4/2019
Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	L6955	11/4/2019
Electric hand, switch or myoelectric controlled, adult	L7007	11/4/2019
Electronic wrist rotator any	L7259	11/4/2019
Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	S1040	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Outpatient Procedures (Potentially Cosmetic)		
INSJ AQUEOUS DRAIN DEV 1ST	0449T	9/13/2025
FXJL ABL LSR 1ST 100 SQ CM	0479T	9/13/2025
FXJL ABL LSR EA ADDL 100SQCM	0480T	11/21/2025
TMVI PERCUTANEOUS APPROACH	0483T	9/13/2025
Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	0671T	2/26/2022
ADRC THER PRTL RC TEAR	0717T	11/21/2025
ADRC THER PRTL RC TEAR NJX	0718T	11/21/2025
OPN IMP INT NSTM SYS VGS NRV	0908T	12/31/2024
ABLTJ B9 PRST8 TISSUE HIFU	0950T	6/28/2025
AUTOL MUSC CELL THERAPY HRVG	0999T	12/31/2025
AUTOL MUSC CELL THERAPY ADMN	1000T	12/31/2025
AUTOL MUSC CELL THERAPY NJX	1001T	12/31/2025
LYMPHOVENOUS BYPASS PER XTR	1019T	12/31/2025
THERAPY FOR CONTOUR DEFE	11950	11/21/2025
Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc	11951	11/4/2019
Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc	11952	11/4/2019
Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc	11954	11/4/2019
CULT SKIN GRFT T/ARM/LEG	15150	12/4/2021
CULT SKIN GRFT T/A/L ADD	15151	12/4/2021
CULT SKIN GRAFT T/A/L +%	15152	12/4/2021
CULT SKIN GRAFT F/N/HF/G	15155	12/4/2021
CULT SKIN GRFT F/N/HFG A	15156	12/4/2021
CULT EPIDERM GRFT F/N/HFG +%	15157	12/4/2021
GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	15769	4/11/2020
GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	15771	4/11/2020
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)	15772	4/11/2020
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	15773	4/11/2020

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
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)	15774	4/11/2020
ACELLULAR DERM MATRIX IM	15777	11/21/2025
Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	15778	12/29/2022
Abrasion; single lesion (e.g., keratosis, scar)	15786	11/4/2019
Abrasion; each additional four lesions or less(list separately in addition to code for primary procedure)	15787	11/4/2019
Blepharoplasty, lower eyelid	15820	11/4/2019
Blepharoplasty, lower eyelid with extensive herniated fat pad	15821	11/4/2019
Blepharoplasty, upper eyelid	15822	11/4/2019
Blepharoplasty, upper eyelid; with extensive skin weighting down lid	15823	11/4/2019
Rhytidectomy, forehead	15824	11/4/2019
Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	15825	11/4/2019
Rhytidectomy; cheek, chin, neck	15828	11/4/2019
Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	15829	11/4/2019
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	15830	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	15832	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	15833	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	15834	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	15835	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	15836	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	15837	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	15838	11/4/2019
Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	15839	11/4/2019
Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)	15847	11/4/2019
Suction assisted lipectomy, head and neck	15876	11/4/2019
Suction assisted lipectomy; trunk	15877	11/4/2019
Suction assisted lipectomy; upper extremity	15878	11/4/2019
Suction assisted lipectomy; lower extremity	15879	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Destruction of cutaneous vascular proliferative lesions (e.g. laser technique); less than 10 sq cm	17106	11/4/2019
Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm	17107	11/4/2019
Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm	17108	11/4/2019
Mastectomy for gynecomastia	19300	11/4/2019
Mastopexy	19316	11/4/2019
Reduction mammaplasty	19318	11/4/2019
Mammaplasty, augmentation; with prosthetic implant	19325	11/4/2019
Removal of intact mammary implant	19328	11/4/2019
Removal of mammary implant material	19330	11/4/2019
IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	19340	11/4/2019
DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	19342	11/4/2019
Nipple/areola reconstruction	19350	11/4/2019
Correction of inverted nipples	19355	11/4/2019
Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	19357	11/4/2019
Open periprosthetic capsulotomy, breast	19370	11/4/2019
Periprosthetic capsulectomy, breast	19371	11/4/2019
Revision of reconstructed breast	19380	11/4/2019
REMOVE CARTILAGE FOR GRA	20910	12/4/2021
REMOVE CARTILAGE FOR GRA	20912	12/4/2021
Excision of bone (e.g., for osteomyelitis or bone abscess) mandible	21025	11/4/2019
Condylectomy, temporomandibular joint (TMJ)	21050	11/4/2019
Meniscectomy, partial or complete, temporomandibular joint (TMJ)	21060	11/4/2019
IMPRES&PREP INTRM OBT PROSTH	21079	5/31/2025
IMPRES&PREP DEF OBT PROSTH	21080	5/31/2025
IMPRES&PREP MNDBL RES PROSTH	21081	5/31/2025
IMPRES&PREP PALTL AUG PROSTH	21082	5/31/2025
Impression and custom preparation; oral surgical splint	21085	11/4/2019
Impression and custom preparation; facial prosthesis	21088	11/4/2019
Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation, Includes Removal	21110	11/4/2019
Genioplasty; augmentation (autograft, allograft, prosthetic material)	21120	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Genioplasty, sliding osteotomy, single piece	21121	11/4/2019
Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	21122	11/4/2019
Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	21123	11/4/2019
Augmentation, mandibular body or angle; prosthetic material	21125	11/4/2019
Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	21127	11/4/2019
Reduction forehead; contouring only	21137	11/4/2019
Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	21138	11/4/2019
Reduction forehead; contouring and setback of anterior frontal sinus wall	21139	11/4/2019
Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	21141	11/4/2019
Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	21142	11/4/2019
Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone graft	21143	11/4/2019
Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	21145	11/4/2019
Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	21146	11/4/2019
Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	21147	11/4/2019
Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	21150	11/4/2019
Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	21151	11/4/2019
Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	21154	11/4/2019
Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I	21155	11/4/2019
Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I	21159	11/4/2019
Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I	21160	11/4/2019
Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	21172	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	21179	11/4/2019
Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	21180	11/4/2019
Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	21188	11/4/2019
Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	21193	11/4/2019
Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	21194	11/4/2019
Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	21195	11/4/2019
Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	21196	11/4/2019
Osteotomy, mandible, segmental	21198	11/4/2019
Osteotomy, mandible, segmental; with genioglossus advancement	21199	11/4/2019
Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	21206	11/4/2019
Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	21208	11/4/2019
Osteoplasty, facial bones; reduction	21209	11/4/2019
Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	21210	11/4/2019
Graft, bone; mandible (includes obtaining graft)	21215	11/4/2019
RIB CARTILAGE GRAFT	21230	12/4/2021
Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	21235	11/4/2019
Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft)	21240	11/4/2019
Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement	21243	11/4/2019
Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	21244	11/4/2019
Reconstruction of mandible or maxilla, subperiosteal implant; partial	21245	11/4/2019
Reconstruction of mandible or maxilla, subperiosteal implant; complete	21246	11/4/2019
Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	21248	11/4/2019
Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete	21249	11/4/2019
Malar augmentation, prosthetic material	21270	11/4/2019
Interdental Wiring	21497	11/4/2019
Hyoid myotomy and suspension	21685	11/4/2019
Reconstructive repair of pectus excavatum or carinatum; open	21740	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy	21742	11/4/2019
CORRJ HALUX RIGDUS W/IMPLT	28291	11/21/2025
Arthroscopy , temporomandibular joint (TMJ), surgical	29804	11/4/2019
Rhinectomy; partial	30150	11/4/2019
Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	30400	11/4/2019
Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	30410	11/4/2019
Rhinoplasty, primary; including major septal repair	30420	11/4/2019
Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	30430	11/4/2019
Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	30435	11/4/2019
Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	30450	11/4/2019
Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	30460	11/4/2019
Rhinoplasty for nasal deformity secondary to congenital cleft lip an palate, including columellar lengthening; tip, septum, osteotomies	30462	11/4/2019
Repari Of Nasal Vestibular Stenosis (E.G. Spreader Grafting, Lateral Nasal Wall Reconstruction)	30465	11/4/2019
REPAIR OF NASAL SEPTUM	30520	10/18/2025
Intranasal Reconstruction	30620	11/4/2019
SINUS ENDO W/BALLOON DIL	31295	12/4/2021
SINUS ENDO W/BALLOON DIL	31296	12/4/2021
SINUS ENDO W/BALLOON DIL	31297	12/4/2021
NSL/SINS NDSC W/SINS DILAT	31298	11/4/2019
THORACOSCOPY W/ TH NRV E	32664	12/4/2021
INSERT PACING LEAD & CON	33224	11/14/2020
L VENTRIC PACING LEAD AD	33225	11/14/2020
NSERT PACE-DEFIB W/LEAD	33249	11/14/2020
ABLATE ATRIA X10SV ADD-O	33258	9/13/2025
Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	33267	12/30/2021
Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	33269	12/30/2021
INS/REP SUBQ DEFIBRILLATOR	33270	12/4/2021
INSJ SUBQ CAR RHYTHM MNTR	33285	11/4/2019
PERQ CLSR TCAT L ATR APNDGE	33340	9/13/2025
REPLACE AORTIC VALVE PER	33361	12/4/2021

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
REPLACE AORTIC VALVE OPE	33362	12/4/2021
REPLACE AORTIC VALVE OPE	33363	12/4/2021
REPLACE AORTIC VALVE OPE	33364	12/4/2021
REPLACE AORTIC VALVE OPE	33365	12/4/2021
TRCATH REPLACE AORTIC VALVE	33366	3/26/2021
REPAIR TCAT MITRAL VALVE	33418	11/4/2019
Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	33477	11/4/2019
INSERT VAD ARTERY ACCESS	33990	11/4/2019
INSERT VAD ART&VEIN ACCE	33991	11/4/2019
REPOSITION VAD DIFF SESS	33993	11/4/2019
APHERESIS PLASMA	36514	12/4/2021
Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	42975	12/30/2021
EGD BALLOON DIL ESOPH30 MM/>	43233	5/31/2025
UPPR GI ENDOSCOPY DIAGNO	43235	5/31/2025
UPPR GI SCOPE W/SUBMUC I	43236	5/31/2025
UPPER GI ENDOSCOPY BIOPS	43239	5/31/2025
UPPER GI ENDOSCOPY WITH	43241	5/31/2025
UPPER GI ENDOSCOPY & INJ	43243	5/31/2025
UPPER GI ENDOSCOPY/LIGAT	43244	5/31/2025
UPPR GI SCOPE DILATE STR	43245	5/31/2025
OPERATIVE UPPER GI ENDOS	43247	5/31/2025
UPPR GI ENDOSCOPY/GUIDE	43248	5/31/2025
ESOPH ENDOSCOPY DILATION	43249	5/31/2025
UPPER GI ENDOSCOPY/TUMOR	43250	5/31/2025
OPERATIVE UPPER GI ENDOS	43251	5/31/2025
UPPR GI OPTICL ENDOMICRS	43252	5/31/2025
EGD ENDO MUCOSAL RESECTION	43254	5/31/2025
OPERATIVE UPPER GI ENDOS	43255	5/31/2025
EGD ENDOSCOPIC STENT PLACE	43266	5/31/2025
EGD LESION ABLATION	43270	5/31/2025
Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	43497	12/30/2021
IMPL/REDO ELECTRD ANTRUM	43881	12/4/2021
CYSTO INSJ DEV ISCHMC RMDLG	53865	12/31/2024
REMOVAL OF PENIS	54125	12/4/2021

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days	54161	11/4/2019
ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE	55880	12/18/2020
Intersex Surgery; Male To Female	55970	11/4/2019
Intersex Surgery; Female To Male	55980	11/4/2019
Vulvectomy simple; partial	56620	11/4/2019
REPAIR CLITORIS	56805	12/4/2021
REMOVE VAGINA WALL COMPL	57110	12/4/2021
CONSTRUCTION OF VAGINA	57291	12/4/2021
CONSTRUCT VAGINA WITH GR	57292	12/4/2021
REPAIR VAGINA	57335	12/4/2021
ABLTJ 1/+THYR NDUL 1LOBE PRQ	60660	12/31/2024
ABLTJ 1/+THYR NDUL ADDL PRQ	60661	12/31/2024
Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	61736	12/30/2021
Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	61737	12/30/2021
IMPLANT NEUROELECTRODE	61863	12/4/2021
IMPLANT NEUROELECTRODE	61867	12/4/2021
Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	61889	12/28/2023
Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	64582	12/30/2021
Corneal relaxing incision for correction of surgically induced astigmatism	65772	11/4/2019
TRANSLUM DIL EYE CANAL	66174	12/4/2021
TRNSLUM DIL EYE CANAL W/	66175	12/4/2021
AQUEOUS SHUNT EYE W/O GRAFT	66179	11/4/2019
INSERT ANT DRAINAGE DEVICE	66183	11/4/2019
Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	67900	11/4/2019
Repair of blepharoptosis; frontalis muscle technique with suture or other material	67901	11/4/2019
Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	67902	11/4/2019
Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	67903	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach	67904	11/4/2019
Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	67906	11/4/2019
Repair of blepharoptosis; conjunctivo-tarso-Mullerâ€™s muscle-levator resection (e.g., Fasanella-Servat type)	67908	11/4/2019
Correction of lid retraction	67911	11/4/2019
Otoplasty, protruding ear, with or without size reduction	69300	11/4/2019
Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	69705	9/13/2025
Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	69706	11/21/2025
Implantation, Osseointergated Implant, Temporal Bone, With Precutaneous Attachment To External Speech Processor/Cochler Stimulator; Without Mastoidectomy	69714	11/4/2019
Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	69716	12/30/2021
STORAGE/YEAR OOCYTE(S)	89346	12/4/2021
THAWING CRYOPRESRVED OOC	89356	12/4/2021
TRANSCATH CLOSURE OF ASD	93580	12/4/2021
TRANSCATH CLOSURE OF VSD	93581	3/29/2025
PERQ TRANSCATH CLOSURE PDA	93582	11/4/2019
ELECTROPHYSIOLOGY EVALUA	93619	11/4/2019
ELECTROPHYSIOLOGY EVALUA	93620	11/4/2019
ELECTROPHYSIOLOGY EVALUA	93621	11/4/2019
ELECTROPHYSIOLOGY EVALUA	93622	11/4/2019
EP & ABLATE SUPRAVENT AR	93653	11/4/2019
EP & ABLATE VENTRIC TACH	93654	11/4/2019
ABLATE ARRHYTHMIA ADD ON	93655	11/4/2019
TX ATRIAL FIB PULM VEIN	93656	11/4/2019
TX L/R ATRIAL FIB ADDL	93657	11/4/2019
Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	96920	11/4/2019
Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	96921	11/4/2019
Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	96922	11/4/2019
FIXED WING AIR TRANSPORT	A0430	12/4/2021
FIXED WING AIR MILEAGE	A0435	12/4/2021
Kerecis marigen shld sq cm	A2019	11/21/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Biobrane, per sq cm	A2043	5/15/2026
Biobrane glove, each	A2044	5/15/2026
Neurostim integ rechg	C1607	1/29/2026
EVENT RECORDER, CARDIAC	C1764	11/4/2019
EXTERNAL COUNTERPULSATIO	G0166	12/4/2021
INTENS CARDIAC REHAB W/E	G0422	12/4/2021
INTENS CARDIAC REHAB NO	G0423	12/4/2021
INJ, SCULPTRA, 0.5MG	Q2028	11/4/2019
OASIS WOUND MATRIX SKIN	Q4102	12/4/2021
DERMACELL	Q4122	12/4/2021
OASIS TRI-LAYER WOUND MA	Q4124	12/4/2021
GRAFIX CORE	Q4132	12/4/2021
AMNIOBAND, GUARDIAN 1 SQ CM	Q4151	12/4/2021
MARIGEN 1 SQUARE CM	Q4158	11/21/2025
EPIFIX 1 SQ CM	Q4186	12/4/2021
Grafix duo, per square centimeter	Q4392	10/18/2025
Potential Experimental/Investigation/Unproven		
INJ PLSM IMG GUID HRVST&PREP	0232T	11/4/2019
EXTRAOSSEOUS JOINT STABLJ	0335T	11/4/2019
INSJ/RPLCMT ICDS SS ELTRD	0571T	10/18/2025
Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	0600T	11/21/2025
Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	0601T	11/21/2025
NJX B1 SUB MTRL SBCHDRL DFCT	0707T	11/21/2025
TCAT S&IVC PRSTC VL IMPL PRQ	0805T	7/1/2023
TCAT S&IVC PRSTC VL IMPL OPN	0806T	7/1/2023
PULM TISS VNTJ ALYS PREV CT	0807T	7/1/2023
PULM TISS VNTJ ALYS W/CT	0808T	7/1/2023
Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	0813T	9/13/2025
Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed(Do not report 0869T in conjunction with 0707T)	0869T	11/21/2025
TCAT IMPL WRLS L ATR PRS SNR	0933T	12/31/2024
MRGFUS STRTCTC BL-BR DISRPJ	0947T	11/21/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
TOT IMPL AMEI 1ST PLMT	0951T	6/28/2025
PRT CRN CH CR&TUN ELT S-SCLP	0956T	6/28/2025
REV S-SCLP ELTR RA RCVR&TLMT	0957T	6/28/2025
RMV/RPLC MAGNET COIL ASSEM	0959T	6/28/2025
RPL S-SCLP ELTR RA RCVR&TLMT	0960T	6/28/2025
TRANAL INS TMP CLRC ANST DEV	0967T	6/28/2025
INSJ/RPLCMT EPCRNL NSTIM SYS	0968T	6/28/2025
SUBMUCOSAL CRYOLYSIS THERAPY	0978T	6/28/2025
SBMCSL CRYLYS THER SFT PALT	0979T	6/28/2025
SBMCSL CRYLYS THER TNG&TNSL	0980T	6/28/2025
TCAT IMPL WRLS IVC SNR	0981T	11/21/2025
TRNCRV INST BIOD HYDRGL MTRL	0990T	12/31/2025
CYSTO LO-NRG LITHTRP&MCRSPHR	0991T	12/31/2025
EVASC DLVR A-WAL STBL RX PRQ	0994T	12/31/2025
EVASC DLVR A-WAL STBL RX OPN	0995T	12/31/2025
ARTHRP 1ST CRP/MTCRPL PROSTC	1003T	12/31/2025
REM MNTR S-SCL EEG SYS SETUP	1008T	12/31/2025
REM MNTR S-SCLP CONT EEG SYS	1009T	12/31/2025
ALT ELEC FLD DOS&DLV SIM MDL	1025T	12/31/2025
HRV SKN CLL SSP AGRFT 1ST 25	15011	12/31/2024
HRV SKN CLL SSP AGRFT EA ADD	15012	12/31/2024
PREPJ SKN CLL SSP AGRFT 1ST	15013	12/31/2024
PREPJ SKN CLL SSP AGRFT EA	15014	12/31/2024
APP SKN CL SSP AGRFT T/A/L 1	15015	12/31/2024
APP SKN CL SSP AGRF T/A/L EA	15016	12/31/2024
APP SKN CLL SSP F/N/G/HF 1ST	15017	12/31/2024
APP SKN CLL SSP F/N/G/HF EA	15018	12/31/2024
SKIN SUB GRAFT TRNK/ARM/	15271	9/13/2025
SKIN SUB GRAFT T/A/L ADD	15272	11/21/2025
SKIN SUB GRFT T/ARM/LG	15273	11/21/2025
SKN SUB GRFT T/A/L CHILD	15274	11/21/2025
SKN SUB GRAFT FACE/NK/HF	15275	9/13/2025
SKN SUB GRAFT F/N/HF/G A	15276	11/21/2025
SKN SUB GRFT F/N/HF/G CH	15277	11/21/2025
SKN SUB GRFT F/N/HF/G CH	15278	11/21/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
SKIN TISSUE PROCEDURE	17999	11/21/2025
BREAST SURGERY PROCEDURE	19499	11/21/2025
MUSCULOSKELETAL SURGERY	20999	11/21/2025
MNPJ OF TMJ W/ANESTH	21073	9/13/2025
CRANIO/MAXILLOFACIAL SUR	21299	11/21/2025
HEAD SURGERY PROCEDURE	21499	11/21/2025
REPAIR STERNUM/NUSS W/SC	21743	9/13/2025
MANIPULATION OF SPINE	22505	11/21/2025
ABDOMEN SURGERY PROCEDUR	22999	11/21/2025
SHOULDER SURGERY PROCEDU	23929	11/21/2025
MANIPULATE ELBOW W/ANEST	24300	11/21/2025
UPPER ARM/ELBOW SURGERY	24999	11/21/2025
MANIPULATE WRIST W/ANEST	25259	11/21/2025
FOREARM OR WRIST SURGERY	25999	11/21/2025
HAND/FINGER SURGERY	26989	11/21/2025
CLSD TX PELVIC RING FX	27198	11/21/2025
MANIPULATION OF HIP JOIN	27275	11/21/2025
PELVIS/HIP JOINT SURGERY	27299	11/21/2025
LEG SURGERY PROCEDURE	27599	11/21/2025
RECONSTRUCT ANKLE JOINT	27702	9/13/2025
RECONSTRUCTION ANKLE JOI	27703	11/21/2025
FIXATION OF ANKLE JOINT	27860	11/21/2025
LEG/ANKLE SURGERY PROCED	27899	11/21/2025
Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	28890	11/4/2019
FOOT/TOES SURGERY PROCED	28899	11/21/2025
ARTHROSCOPY OF JOINT	29999	11/21/2025
REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	30468	12/18/2020
Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	30469	11/21/2025
NASAL SURGERY PROCEDURE	30999	11/21/2025
SINUS SURGERY PROCEDURE	31299	11/21/2025
ABLATE ATRIA LMTD	33254	8/27/2022
ABLATE ATRIA W/O BYPASS	33255	8/27/2022

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
ABLATE ATRIA LMTD ENDO	33265	8/27/2022
ABLATE ATRIA X10SV ENDO	33266	8/27/2022
TCAT IMPL WRLS P-ART PRS SNR	33289	9/13/2025
CARDIAC SURGERY PROCEDUR	33999	11/21/2025
LAPAROSCOPE PROC LYMPHAT	38589	11/21/2025
BLOOD/LYMPH SYSTEM PROCE	38999	11/21/2025
TONGUE SUSPENSION]	41512	11/21/2025
TONGUE BASE VOL REDUCTIO	41530	11/21/2025
TONGUE AND MOUTH SURGERY	41599	11/21/2025
EXCISION OF UVULA	42140	9/13/2025
TREATMENT MOUTH ROOF LES	42160	11/21/2025
PALATE/UVULA SURGERY	42299	11/21/2025
EGD ESOPHAGOGASTRC FNDOPLSTY	43210	12/4/2021
Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treament of gastroesophageal reflu	43257	11/4/2019
LAPS ESOPHGL SPHNCTR AGMNTJ	43284	11/4/2019
LAPAROSCOPE PROC ESOPH	43289	11/21/2025
Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	43290	11/21/2025
ESOPHAGUS SURGERY PROCED	43499	11/21/2025
LAPAROSCOPE PROC STOM	43659	11/21/2025
STOMACH SURGERY PROCEDUR	43999	11/21/2025
LAPAROSCOPE PROC INTESTI	44238	11/21/2025
Repair anorectal fist w/plug	46707	11/4/2019
ANUS SURGERY PROCEDURE	46999	11/21/2025
PANCREAS SURGERY PROCEDU	48999	11/21/2025
LAPARO PROC HERNIA REPAI	49659	11/21/2025
ABDOMEN SURGERY PROCEDUR	49999	11/21/2025
INS TRURL ABLT TRNSDC THR US	51721	8/20/2025
Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	53451	11/21/2025
Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	53452	11/21/2025
ABLT TRURL PRST8 TIS THRM US	55881	8/20/2025
ABLT TRURL PRST8 TIS TRNSDCR	55882	8/20/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
GENITAL SURGERY PROCEDUR	55899	11/21/2025
LAPARO PROC UTERUS	58578	11/21/2025
HYSTEROSCOPE PROCEDURE	58579	11/21/2025
GENITAL SURGERY PROCEDUR	58999	11/21/2025
IMPLANT NEUROSTIM ARRAYS	61886	11/21/2025
IMPLANT NEUROELECTRODES	64555	11/21/2025
PERQ ELEC NRV FIELD STIMJ CN	64567	12/31/2025
IMPLANT NEUROELECTRODES	64575	11/21/2025
INSRT/REDO PERPH N GENER	64590	11/21/2025
Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	64596	11/21/2025
Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	64597	11/21/2025
1ST OPN IMPLT BAT MODULJ SYS	64654	12/31/2025
NERVE REPAIR W/ALLOGRAFT	64910	1/29/2026
NRV RPR W/NRV ALGRFT 1ST	64912	11/21/2025
NRV RPR W/NRV ALGRFT EA ADDL	64913	11/4/2019
CORNEAL TRANSPLANT	65710	9/13/2025
Keratomileusis	65760	11/4/2019
IMPLTJ NTRSTRML CRNL RNG SEG	65785	11/21/2025
IMPLANTATION IRIS PROSTHESIS	66683	11/21/2025
EYE SURGERY PROCEDURE	66999	11/21/2025
MIDDLE EAR SURGERY PROCE	69799	11/21/2025
CULTR OOCYTE/EMBRYO <4 D	89251	12/4/2021
CRYOPRESERVE TESTICULAR	89335	12/4/2021
STORAGE/YEAR REPROD TISS	89344	12/4/2021
THAW CRYOPRSVRD REPROD T	89354	12/4/2021
CARDIOVASCULAR PROCEDURE	93799	11/21/2025
LOW FREQUENCY NON-THERMAL US	97610	11/21/2025
HYPERBARIC OXYGEN THERAP	99183	11/21/2025
Xcellistem, per sq cm	A2004	12/30/2021
Microlyte matrix, per sq cm	A2005	12/30/2021
Ac5 wound system	A2020	4/29/2023
Neomatrix per sq cm	A2021	4/29/2023

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Iris prosthesis	C1839	1/23/2020
IMPLANT/INSERT DEVICE, NOC	C1889	11/21/2025
Wireless pressure sensor	C2624	11/4/2019
Prep skin cell susp, automtd	C8002	11/21/2025
Imp extar knee shck absrb	C8003	12/31/2024
NEURAGEN NERVE GUIDE, PE	C9352	11/4/2019
NEURAWRAP NERVE PROTECTO	C9353	11/4/2019
Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	C9358	11/4/2019
Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	C9360	11/4/2019
Porcine implant, Permacol, per square centimeter	C9364	11/4/2019
Insertion of implants into the soft palate; minimum of three implants	C9727	11/4/2019
U/S TRTMT, NOT LEIOMYOMA	C9734	11/21/2025
Endo outlet restrict w/tube	C9785	11/21/2025
Nerve stim non-opioid dev	C9807	11/21/2025
Cryo probe non-opioid dev	C9808	12/31/2024
Cryo needle non-opioid dev	C9809	12/31/2024
INTRPULMNRY PERCUSS VENT	E0481	12/4/2021
Non pneum seq comp trunk	E0677	9/13/2025
Non pneum seq comp full leg	E0678	11/21/2025
Non pneum seq comp half leg	E0679	11/21/2025
Non pneum comp control cal	E0680	11/21/2025
Non pneum compress full arm	E0682	11/21/2025
Non pneu peristalic comp pmp	E0683	11/21/2025
Trans elec stim auricular	E0721	11/21/2025
Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	E0738	11/21/2025
Rehab sys active assist rt	E0739	11/21/2025
Intrabuc am rf emf cancer tx	E0767	11/21/2025
DURABLE MEDI EQUIP MISC	E1399	9/13/2025
Vr cbt therapy	E1905	11/21/2025
HBOT, FULL BODY CHAMBER, 30M	G0277	11/21/2025
Replacment pt electronic sys	G0555	12/31/2024
Bilateral hip, knee, ankle, foot 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	K1007	11/21/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Kaf sng/dbl swg/stn mcpr cus	L2006	1/23/2020
Ank mcrop plant & dorsi flex	L2221	5/15/2026
Ue add ext power myoel	L6700	4/26/2025
METATARSAL JOINT IMPLANT	L8641	11/21/2025
HALLUX IMPLANT	L8642	11/21/2025
Ewh s/d uprt micro sensor	L8702	11/21/2025
Injection, Radiesse, 0.1 ML	Q2026	11/4/2019
Skin Substitute, Oasis Burn Matriz, Per Square Centimeter	Q4103	11/4/2019
Allograft, Graft Jacket Express, Injectable, 1CC	Q4113	11/4/2019
Allograft, Integra Flowable Wound Matrix, Injectable, 1CC	Q4114	11/4/2019
MatriStem micromatrix, 1 mg	Q4118	11/4/2019
ARTHROFLEX, PER SQUARE CENTIMETER	Q4125	11/4/2019
MEMODERM, PER SQUARE CENTIMETER	Q4126	11/4/2019
FLEXHD OR ALLOPATCH HD, PER SQUARE CENTIMETER	Q4128	11/4/2019
STRATTICE TM, PER SQUARE CENTIMETER	Q4130	11/4/2019
GRAFIX PRIME	Q4133	9/13/2025
AMNIOEXCEL OR BIODEXCEL, 1CM	Q4137	11/4/2019
BIODFENCE DRYFLEX, 1CM	Q4138	11/4/2019
AMNIO OR BIODMATRIX, INJ 1CC	Q4139	11/4/2019
BIODFENCE 1CM	Q4140	11/4/2019
NEOX 1K, 1CM	Q4148	11/4/2019
Allowrap ds or dry 1 sq cm	Q4150	11/4/2019
Dermapure 1 square cm	Q4152	11/4/2019
Neoxflo or clarixflo 1 mg	Q4155	11/4/2019
Neox 100 1 square cm	Q4156	11/4/2019
Affinity1 square cm	Q4159	11/4/2019
Nushield 1 square cm	Q4160	11/4/2019
Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Q4162	11/4/2019
Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Q4163	11/4/2019
Helicoll, per square centimeter	Q4164	11/4/2019
CYTAL, PER SQUARE CENTIMETER	Q4166	11/21/2025
AMNIOBAND, 1 MG	Q4168	11/21/2025
CYGNUS, PER SQ CM	Q4170	11/21/2025
PALINGEN OR PALINGEN XPLUS	Q4173	9/13/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
PALINGEN OR PROMATRX	Q4174	9/13/2025
Revita, per sq cm	Q4180	11/4/2019
Epicord 1 sq cm	Q4187	11/4/2019
Artacent ac, 1 mg	Q4189	11/4/2019
Restorigin, 1 cc	Q4192	11/4/2019
Coll-e-derm 1 sq cm	Q4193	11/4/2019
Puraply 1 sq cm	Q4195	11/4/2019
Puraply am 1 sq cm	Q4196	11/4/2019
Axolotl ambient, cryo 0.1 mg	Q4215	11/4/2019
Progenamatrix, per sq cm	Q4222	11/4/2019
Amniocore, per square centimeter.	Q4227	7/11/2020
Cogenex amniotic membrane, per square centimeter.	Q4229	7/11/2020
Xcellerate, per square centimeter.	Q4234	7/11/2020
Amniorepair or altiply, per square centimeter.	Q4235	7/11/2020
Carepatch, per square centimeter	Q4236	11/21/2025
Amnio-maxx or Amnio-maxx lite, per square centimeter	Q4239	7/11/2020
Coretext or Protext, per cc.	Q4246	7/11/2020
AmnioAMP- MP, per square centimeter	Q4250	11/21/2025
Zenith amniotic membrane, per square centimeter	Q4253	10/9/2021
Novafix DL, per square centimeter	Q4254	11/21/2025
Dual layer impax, per sq cm	Q4262	11/21/2025
Surgraft tl, per sq cm	Q4263	11/21/2025
Cocoon membrane, per sq cm	Q4264	11/21/2025
Neostim tl, per square centimeter	Q4265	4/29/2023
Neostim membrane, per square centimeter	Q4266	4/29/2023
Neostim dl, per square centimeter	Q4267	4/29/2023
Surgraft ft, per square centimeter	Q4268	4/29/2023
Surgraft xt, per square centimeter	Q4269	4/29/2023
Complete sl, per square centimeter	Q4270	4/29/2023
Complete ft, per square centimeter	Q4271	4/29/2023
Esano a, per sq cm	Q4272	7/29/2023
Esano aaa, per sq cm	Q4273	7/29/2023
Esano ac, per sq cm	Q4274	7/29/2023
Esano aca, per sq cm	Q4275	7/29/2023
Orion, per sq cm	Q4276	7/29/2023

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Axolotl graft, per square centimeter	Q4331	11/21/2025
Axolotl dualgraft, per square centimeter	Q4332	11/21/2025
Matrix hd allogrft per sq cm	Q4345	11/2/2024
Epiexpress, per square centimeter	Q4361	3/29/2025
Seg pneum comp head neck che	Q4383	10/18/2025
Scoliosis orth s-c custom	Q4385	10/18/2025
Add low ext man aut vol any	Q4386	10/18/2025
Prosthetic digit mechanical	Q4388	10/18/2025
Prosthetic thumb mechanical	Q4389	10/18/2025
Surgraft ac, per square centimeter	Q4393	10/18/2025
Surgraft aca, per square centimeter	Q4394	10/18/2025
Acelagraft, per square centimeter	Q4395	10/18/2025
Natalin, per square centimeter	Q4396	10/18/2025
Summit aaa, per square centimeter	Q4397	10/18/2025
Summit ac, per square centimeter	Q4398	12/31/2025
Summit fx, per square centimeter	Q4399	12/31/2025
Polygon3 membrane, per square centimeter	Q4400	12/31/2025
Absolv3 membrane, per square centimeter	Q4401	12/31/2025
Amchomatrixdl, per square centimeter	Q4410	12/31/2025
Amniomatrixf4x, per square centimeter	Q4411	12/31/2025
Cygnus solo, per square centimeter	Q4413	12/31/2025
Nuform, per square centimeter	Q4420	12/31/2025
A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	Q4422	4/11/2026
Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	Q4423	4/11/2026
Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	Q4424	4/11/2026
Renati ac membrane, per square centimeter	Q4436	4/11/2026
Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	Q4437	4/11/2026
Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	Q4438	4/11/2026
Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	Q4440	4/11/2026
Arthroereisis, Subtalar	S2117	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Spinal Procedures		
REV ARTIFIC DISC ADDL	0098T	11/2/2024
PERQ SACRAL AUGMT UNILAT	0200T	11/2/2024
PERQ SACRAL AUGMT BILAT	0201T	11/2/2024
PERQ NJX ALGC FLUOR LMBR 1ST	0627T	11/2/2024
PERQ NJX ALGC FLUOR LMBR EA	0628T	11/2/2024
PERQ NJX ALGC CT LMBR 1ST	0629T	11/2/2024
VRT BDY TETHERING ANT <7 SEG	0656T	11/2/2024
VRT BDY TETHERING ANT 8+ SEG	0657T	11/2/2024
SP BONE ALGRFT MORSEL ADD-ON	20930	11/2/2024
SP BONE ALGRFT STRUCT ADD-ON	20931	11/2/2024
SPINAL BONE AUTOGRAFT	20936	11/2/2024
SPINAL BONE AUTOGRAFT	20937	11/2/2024
SPINAL BONE AUTOGRAFT	20938	11/2/2024
BONE MARROW ASPIR BONE GRFG	20939	11/2/2024
ELECTRICAL BONE STIMULAT	20975	11/2/2024
CUT SPINE 3 COL LUMB	22207	11/2/2024
CUT SPINE 3 COL ADDL SEG	22208	11/2/2024
REVISION OF NECK SPINE	22210	11/2/2024
REVISION OF LUMBAR SPINE	22214	11/2/2024
REVISE EXTRA SPINE SEGME	22216	11/2/2024
REVISION OF NECK SPINE	22220	11/2/2024
REVISION OF LUMBAR SPINE	22224	11/2/2024
REVISE EXTRA SPINE SEGME	22226	11/2/2024
PERQ CERVICOTHORACIC INJECT	22510	11/2/2024
PERQ LUMBOSACRAL INJECTION	22511	11/2/2024
VERTEBROPLASTY ADDL INJECT	22512	11/2/2024
PERQ VERTEBRAL AUGMENTATION	22513	11/2/2024
PERQ VERTEBRAL AUGMENTATION	22514	11/2/2024
PERQ VERTEBRAL AUGMENTATION	22515	11/2/2024
IDET SINGLE LEVEL	22526	11/2/2024
IDET 1 OR MORE LEVELS	22527	11/2/2024
LAT LUMBAR SPINE FUSION	22533	11/2/2024
LAT THOR/LUMB ADDL SEG	22534	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
NECK SPINE FUSE&REMOVE ADDL	22551	11/2/2024
ADDL NECK SPINE FUSION	22552	11/2/2024
NECK SPINE FUSION	22554	11/2/2024
THORAX SPINE FUSION	22556	11/2/2024
LUMBAR SPINE FUSION	22558	11/2/2024
ADDITIONAL SPINAL FUSION	22585	11/2/2024
Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	22586	11/2/2024
Arthrodesis, posterior technique, atlas-axis (C1-C2)	22595	11/2/2024
NECK SPINE FUSION	22600	11/2/2024
Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22610	11/2/2024
LUMBAR SPINE FUSION	22612	11/2/2024
Arthrodesis, Posterior Or Posterolateral Technique, Single Interspace; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	22614	11/2/2024
LUMBAR SPINE FUSION	22630	11/2/2024
Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	22632	11/2/2024
LUMBAR SPINE FUSION COMB	22633	11/2/2024
Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List sep	22634	11/2/2024
Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	22800	11/2/2024
Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	22802	11/2/2024
Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	22804	11/2/2024
FUSION OF SPINE	22808	11/2/2024
Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	22810	11/2/2024
Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	22812	11/2/2024
Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	22836	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	22837	11/2/2024
Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	22838	11/2/2024
INSERT SPINE FIXATION DEVICE	22840	11/2/2024
INSERT SPINE FIXATION DE	22841	11/2/2024
Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	22842	11/2/2024
Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	22843	11/2/2024
Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	22844	11/2/2024
INSERT SPINE FIXATION DE	22845	11/2/2024
INSERT SPINE FIXATION DE	22846	11/2/2024
INSERT SPINE FIXATION DE	22847	11/2/2024
Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)	22848	11/2/2024
REINSERT SPINAL FIXATION	22849	11/2/2024
REMOVE SPINE FIXATION DE	22850	11/2/2024
REMOVE SPINE FIXATION DE	22852	11/2/2024
INSJ BIOMECHANICAL DEVICE	22853	11/2/2024
INSJ BIOMECHANICAL DEVICE	22854	11/2/2024
REMOVE SPINE FIXATION DE	22855	11/2/2024
CERV ARTIFIC DISKECTOMY	22856	11/2/2024
LUMBAR ARTIF DISKECTOMY	22857	11/2/2024
SECOND LEVEL CER DISKECTOMY	22858	11/2/2024
INSJ BIOMECHANICAL DEVICE	22859	11/2/2024
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	22860	11/2/2024
REVISE CERV ARTIFIC DISC	22861	11/2/2024
REVISE LUMBAR ARTIF DISC	22862	11/2/2024
INSJ STABLJ DEV W/DCMPRN	22867	11/2/2024
INSJ STABLJ DEV W/DCMPRN	22868	11/2/2024
INSJ STABLJ DEV W/O DCMPRN	22869	11/2/2024

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
INSJ STABLJ DEV W/O DCMPRN	22870	11/2/2024
SPINE SURGERY PROCEDURE	22899	11/2/2024
Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	27278	11/2/2024
ARTHRODESIS SACROILIAC JOINT	27279	11/2/2024
Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	27280	11/2/2024
PERCUTANEOUS DISKECTOMY	62287	11/2/2024
INJECT FOR SPINE DISK X-	62290	11/2/2024
NDSC DCMPRN 1 NTRSPC LUMBAR	62380	11/2/2024
REMOVAL OF SPINAL LAMINA	63001	11/2/2024
REMOVAL OF SPINAL LAMINA	63005	11/2/2024
REMOVAL OF SPINAL LAMINA	63012	11/2/2024
REMOVAL OF SPINAL LAMINA	63015	11/2/2024
REMOVAL OF SPINAL LAMINA	63016	11/2/2024
REMOVAL OF SPINAL LAMINA	63017	11/2/2024
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	63020	11/2/2024
LOW BACK DISK SURGERY	63030	11/2/2024
LAMINOTOMY SINGLE LUMBAR	63042	11/2/2024
LAMINOTOMY ADDL LUMBAR	63044	11/2/2024
Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical	63045	11/2/2024
REMOVAL OF SPINAL LAMINA	63047	11/2/2024
REMOVE SPINAL LAMINA ADD	63048	11/2/2024
DECOMPRESS SPINAL CORD	63056	11/2/2024
DECOMPRESS SPINE CORD AD	63057	11/2/2024
SPINE DISK SURGERY THORA	63077	11/2/2024
SPINE DISK SURGERY THORA	63078	11/2/2024
REMOVAL OF VERTEBRAL BOD	63081	11/2/2024
REMOVE VERTEBRAL BODY AD	63082	11/2/2024
REMOVAL OF VERTEBRAL BOD	63087	11/2/2024
REMOVE VERTEBRAL BODY AD	63088	11/2/2024
REMOVAL OF VERTEBRAL BOD	63090	11/2/2024

Pre-certification category/service description	CPT/HCPC code(s)	Effective Date
REMOVE VERTEBRAL BODY AD	63091	11/2/2024
EXCISE INTRASPINAL LESIO	63267	11/2/2024
Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	64628	11/2/2024
Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	64629	11/2/2024
NERVOUS SYSTEM SURGERY	64999	11/2/2024
Intravertebral fx aug impl	C1062	11/2/2024
INTERSPINOUS IMPLANT	C1821	11/2/2024
PROBE, PERC LUMB DISC	C2614	11/2/2024
Spinal Services		
Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	62263	11/4/2019
Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	62264	11/4/2019
Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Non-Programmable Pump	62361	11/4/2019
Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	62362	11/4/2019
IMPLANT NEUROELECTRODES	63650	12/4/2021
IMPLANT NEUROELECTRODES	63655	12/4/2021
INSRT/REDO SPINE N GENER	63685	12/4/2021
IMPLANT NEUROELECTRODES	64553	12/4/2021
INC FOR VAGUS N ELECT IMPL	64568	12/4/2021
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	64633	11/4/2019
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	64634	11/4/2019
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	64635	11/4/2019
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	64636	11/4/2019
REVISE LOW BACK NERVE(S)	64714	1/23/2020

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Therapeutic Radiology		
High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	0395T	11/4/2019
CAR ABLT RAD ARR N-INVAS LOC	0745T	12/29/2022
CAR ABLT RAD ARR CNV LOC MAP	0746T	12/29/2022
CAR ABLT RAD ARRHYT DLVR RAD	0747T	12/29/2022
PREP TUM CAV IORT PRTL MAST	19294	5/31/2025
PLACE PO BREAST CATH FOR	19296	5/31/2025
PLACE BREAST CATH FOR RA	19297	5/31/2025
PLACE BREAST RAD TUBE/CA	19298	5/31/2025
INS MARK THOR FOR RT PER	32553	5/31/2025
PLACE NEEDLES H&N FOR RT	41019	5/31/2025
INS MARK ABD/PEL FOR RT	49411	5/31/2025
INS DEVICE FOR RT GUIDE OPEN	49412	5/31/2025
TRANSPERI NEEDLE PLACE P	55875	5/31/2025
PLACE RT DEVICE/MARKER P	55876	5/31/2025
PLACE NEEDLES PELVIC FOR	55920	5/31/2025
INSERT UTERI TANDEM/OVOI	57155	5/31/2025
INS VAG BRACHYTX DEVICE	57156	5/31/2025
INSERT HEYMAN UTERI CAPS	58346	5/31/2025
SRS CRANIAL LESION SIMPL	61796	5/31/2025
SRS CRAN LES SIMPLE ADDL	61797	5/31/2025
SRS CRANIAL LESION COMPL	61798	5/31/2025
SRS CRAN LES COMPLEX ADD	61799	5/31/2025
APPLY SRS HEADFRAME ADD-	61800	5/31/2025
Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	63620	11/4/2019
Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	63621	11/4/2019
ECHOGRAP TRANS R PROS ST	76873	5/31/2025
ECHO GUIDANCE RADIOTHERA	76965	5/31/2025
THER RADIOLOGY TX PLNG SMPL	77261	5/31/2025
THER RADIOLOGY TX PLNG INTRM	77262	5/31/2025
THER RADIOLOGY TX PLNG CPLX	77263	5/31/2025
THER RAD SIMULAJ FIELD SMPL	77280	5/31/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
THER RAD SIMULAJ FIELD INTRM	77285	5/31/2025
THER RAD SIMULAJ FIELD CPLX	77290	5/31/2025
RESPIRATOR MOTION MGMT SIMUL	77293	12/4/2021
SET RADIATION THERAPY FI	77295	5/31/2025
RADIATION THERAPY DOSE P	77300	5/31/2025
RADIOTHERAPY DOSE PLAN I	77301	5/31/2025
TELETHX ISODOSE PLAN SIMPLE	77306	5/31/2025
TELETHX ISODOSE PLAN CPLX	77307	5/31/2025
BRACHYTX ISODOSE PLAN SIMPLE	77316	5/31/2025
BRACHYTX ISODOSE INTERMED	77317	5/31/2025
BRACHYTX ISODOSE COMPLEX	77318	5/31/2025
SPECIAL TELETX PORT PLAN	77321	5/31/2025
SPECIAL RADIATION DOSIME	77331	5/31/2025
RADIATION TREATMENT AID(	77332	5/31/2025
RADIATION TREATMENT AID(	77333	5/31/2025
RADIATION TREATMENT AID(	77334	5/31/2025
RADIATION PHYSICS CONSUL	77336	5/31/2025
DESIGN MLC DEVICE FOR IM	77338	5/31/2025
RADIATION PHYSICS CONSUL	77370	5/31/2025
SRS MULTISOURCE	77371	5/31/2025
SRS LINEAR BASED	77372	5/31/2025
SBRT DELIVERY	77373	12/4/2021
GUIDANCE FOR RADIAJ TX DLVR	77387	5/31/2025
EXTERNAL RADIATION DOSIM	77399	5/31/2025
RADIATION TX DELIVERY SIMPLE	77402	5/31/2025
RADIATION TX DELIVERY INTRM	77407	5/31/2025
RADIATION TX DELIVERY COMPLX	77412	5/31/2025
THER RADIOLOGY PORT IMAGE(S)	77417	5/31/2025
NEUTRON BEAM TX COMPLEX	77423	5/31/2025
IO RAD TX DELIVERY BY X-	77424	5/31/2025
IO RAD TX DELIVER BY ELC	77425	5/31/2025
RADIATION TX MANAGEMENT	77427	5/31/2025
RADIATION THERAPY MANAGE	77431	5/31/2025
STEREOTACTIC RADIATION T	77432	5/31/2025
SBRT MANAGEMENT	77435	5/31/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
SURF RADJ THER TX PLANNING	77436	12/31/2025
SURF RADJ THER SUPFC<=150KV	77437	12/31/2025
SURF RAD THR ORTHVLT>150-500	77438	12/31/2025
SURF RAD THR IMG GDN US PLMT	77439	12/31/2025
IO RADIATION TX MANAGEME	77469	5/31/2025
SPECIAL RADIATION TREATMENT	77470	5/31/2025
RADIATION THERAPY MANAGE	77499	5/31/2025
Proton treatment delivery; simple, without compensation	77520	11/4/2019
Proton treatment delivery; simple, with compensation	77522	11/4/2019
Proton treatment delivery; intermediate	77523	11/4/2019
Proton treatment delivery; complex	77525	11/4/2019
APPLY INTRCAV RADIAT SIM	77761	5/31/2025
APPLY INTRCAV RADIAT INT	77762	5/31/2025
APPLY INTRCAV RADIAT COM	77763	5/31/2025
Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	77767	11/4/2019
Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	77768	11/4/2019
HDR RDNCL NTRSTL/ICAV BRCHTX	77770	5/31/2025
HDR RDNCL NTRSTL/ICAV BRCHTX	77771	5/31/2025
HDR RDNCL NTRSTL/ICAV BRCHTX	77772	5/31/2025
APPLY INTERSTIT RADIAT C	77778	5/31/2025
APPLY SURFACE RADIATION	77789	5/31/2025
RADIATION HANDLING	77790	5/31/2025
RADIUM/RADIOISOTOPE THER	77799	6/28/2025
NUCLEAR RX ORAL ADMIN	79005	11/4/2019
NUCLEAR RX IV ADMIN	79101	10/18/2025
LUTETIUM LU 177 DOTATAT THER	A9513	5/31/2025
RADIUM RA223 DICHLORIDE THER	A9606	5/31/2025
Lutetium lu 177 vipivotide	A9607	10/1/2022
RADIOPHARM RX AGENT NOC	A9699	6/28/2025
BRACHYTX SOURCE, YTTRIUM	C2616	10/18/2025
RXT BREAST APPL PLACE/RE	C9726	11/4/2019
ROBOT RADIOSUR COMPL/1ST	G0339	12/4/2021
ROBOT LINEAR STERORADIO	G0340	12/4/2021

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
LDR PROSTATE BRACHY COMP	G0458	5/31/2025
TRANSCATH EMBOLIZ-YTTRIU	S2095	5/31/2025
TANTALUM RING APPLICATN	S8030	5/31/2025
Transplant		
CRD HRT TRNSPL MRNA 1283 GEN	0087U	6/28/2025
TRNSPLJ KDN ALGRFT REJ 1494	0088U	6/28/2025
TRNSPL MED QUAN DD-CFDNA NGS	0493U	8/20/2025
TRNSPLJ MED QUAN DD-CFDNA	0540U	3/29/2025
TRNSPLJ MED LAR RTPCR 4GENES	0575U	10/18/2025
TRNSPLJ MED LAR QUAN DDCFDNA	0576U	10/18/2025
BBRGDRFERI ANTB DETC 24RPRTN	0581U	10/18/2025
PERQ ISLET CELL TRANSPLANT	0584T	11/4/2019
LAPS ISLET CELL TRANSPLANT	0585T	11/4/2019
OPEN ISLET CELL TRANSPLANT	0586T	11/4/2019
DON HYSTERECTOMY OPEN CDVR	0664T	6/26/2021
DON HYSTERECTOMY OPEN LIV	0665T	6/26/2021
DON HYSTERECTOMY LAPS LIV	0666T	6/26/2021
DON HYSTERECTOMY RCP UTER	0667T	6/26/2021
DON HYSTERECTOMY RCP UTER	0668T	6/26/2021
BKBENCH RCNSTJ DON UTER VEN	0669T	6/26/2021
BKBENCH RCNSTJ DON UTER ARTL	0670T	6/26/2021
DONOR PNEUMONECTOMY	32850	11/4/2019
Lung transplant, single; without cardiopulmonary bypass	32851	11/4/2019
Lung transplant, single; with cardiopulmonary bypass	32852	11/4/2019
Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	32853	11/4/2019
Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	32854	11/4/2019
PREPARE DONOR LUNG SINGL	32855	8/31/2024
PREPARE DONOR LUNG DOUBL	32856	8/31/2024
REMOVAL OF DONOR HEART/L	33930	8/31/2024
PREPARE DONOR HEART/LUNG	33933	8/31/2024
Heart-lung transplant with recipient cardiectomy-pneumonectomy	33935	11/4/2019
REMOVAL OF DONOR HEART	33940	8/31/2024
PREPARE DONOR HEART	33944	8/31/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Heart transplant, with or without recipient cardiectomy	33945	11/4/2019
IMPLANT VENTRICULAR DEVI	33975	11/4/2019
IMPLANT VENTRICULAR DEVI	33976	11/4/2019
INSERT INTRACORPOREAL DE	33979	11/4/2019
REPLACE VAD PUMP EXT	33981	11/4/2019
REPLACE VAD INTRA W/O BP	33982	11/4/2019
REPLACE VAD INTRA W/BP	33983	11/4/2019
Management of recipient hematopoietic progenitor cell donor search and cell acquisition	38204	11/4/2019
Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	38205	11/4/2019
Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	38206	11/4/2019
Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	38207	11/4/2019
Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	38208	11/4/2019
Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	38209	11/4/2019
Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	38210	11/4/2019
Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	38211	11/4/2019
Transplant preparation of hematopoietic progenitor cells; red blood cell removal	38212	11/4/2019
Transplant preparation of hematopoietic progenitor cells; platelet depletion	38213	11/4/2019
Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	38214	11/4/2019
Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	38215	11/4/2019
CAR-T HRV BLD-DRV T LYMPHCYT	38225	12/31/2024
CAR-T PREP T LYMPHCYT F/TRNS	38226	12/31/2024
CAR-T RECEIPT&PREPJ ADMN	38227	12/31/2024
CAR-T ADMN AUTOLOGOUS	38228	12/31/2024
Bone marrow harvesting for transplantation	38230	11/4/2019
Bone marrow harvesting for transplantation; autologous	38232	11/4/2019
Bone marrow or blood derived peripheral stem cell transplantation, allogenic	38240	11/4/2019
Bone marrow or blood derived peripheral stem cell, transplantation autologous	38241	11/4/2019
Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	38242	11/4/2019
Hematopoietic progenitor cell (HPC); HPC boost	38243	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
ENTERECTOMY CADAVER DONO	44132	11/4/2019
ENTERECTOMY LIVE DONOR	44133	11/4/2019
INTESTINE TRANSPLNT CADA	44135	11/4/2019
Intestinal allotransplantation; from living donor	44136	11/4/2019
REMOVE INTESTINAL ALLOGR	44137	8/31/2024
Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	44715	11/4/2019
Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	44720	11/4/2019
Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each	44721	11/4/2019
REMOVAL OF DONOR LIVER	47133	8/31/2024
Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	47135	11/4/2019
Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	47140	11/4/2019
Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	47141	11/4/2019
Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)	47142	11/4/2019
PREP DONOR LIVER WHOLE	47143	11/4/2019
PREP DONOR LIVER 3-SEGME	47144	11/4/2019
PREP DONOR LIVER LOBE SP	47145	11/4/2019
Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	47146	11/4/2019
Backbench reconstruciton of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	47147	11/4/2019
Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	48160	11/4/2019
DONOR PANCREATECTOMY	48550	11/4/2019
PREP DONOR PANCREAS	48551	11/4/2019
PREP DONOR PANCREAS/VENO	48552	11/4/2019
Transplantation of pancreatic allograft	48554	11/4/2019
Removal of transplanted pancreatic allograft	48556	11/4/2019
REMOVE CADAVER DONOR KID	50300	8/31/2024
Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	50320	11/4/2019
PREP CADAVER RENAL ALLOG	50323	8/31/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
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 nec	50325	11/4/2019
Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	50327	11/4/2019
Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	50328	11/4/2019
Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	50329	11/4/2019
Recipient nephrectomy (separate procedure)	50340	11/4/2019
Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	50360	11/4/2019
Renal allotransplantation, implantation of graft; with recipient nephrectomy	50365	11/4/2019
Removal of transplanted renal allograft	50370	11/4/2019
Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	50547	11/4/2019
TRNSPL REJ KDN MRNA QPCR 139	81558	6/28/2025
CARDIOLOGY HRT TRNSPL MRNA	81595	6/28/2025
Percutaneous islet cell transplant, includes portal vein catheterization and infusion	G0341	11/4/2019
Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	G0342	11/4/2019
Laparoscopy for islet cell transplant, includes porgal vein catheterization and infusion	G0343	11/4/2019
Injection, remestemcel-l-rknd, per therapeutic dose	J3402	9/13/2025
Axicabtagene ciloleucel car+	Q2041	11/4/2019
Tisagenlecleucel car-pos t	Q2042	11/4/2019
Brexucabtagene car pos t	Q2053	5/1/2021
Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose.	Q2054	10/9/2021
Idecabtagene vicleucel car	Q2055	12/30/2021
Ciltacabtagene car-pos t	Q2056	10/1/2022
Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Q2057	3/29/2025
Obecbtge autol up to 400 mil	Q2058	6/28/2025
Transplantation of small intestine and liver allografts	S2053	11/4/2019
Transplantation of multivisceral organs	S2054	11/4/2019
Lobar lung transplantation	S2060	11/4/2019
Donor lobectomy (lung) for transplantation, living donor	S2061	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Simultaneous pancreas kidney transplantation	S2065	11/4/2019
Islet cell tissue transplant from pancreas; allogenic	S2102	11/4/2019
Cord blood harvesting for transplantation, allogeneic	S2140	11/4/2019
Cord blood-derived stem-cell transplantation, allogeneic	S2142	11/4/2019
Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and the number of days of post-transplant care in the global definition (including drugs; hospitalizatio	S2150	11/4/2019
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, dia	S2152	11/4/2019
Unlisted Procedures		
Unlisted maxillofacial procedure	21089	11/4/2019
Unlisted procedure, neck or thorax	21899	11/4/2019
Unlisted procedure, larynx	31599	11/4/2019
Unlisted procedure, trachea, bronchi	31899	11/4/2019
Unlisted procedure, lungs and pleura	32999	11/4/2019
Unlisted laparoscopy procedure, spleen	38129	11/4/2019
Unlisted procedure, diaphragm	39599	11/4/2019
Unlisted procedure, lips	40799	11/4/2019
Unlisted procedure, dentoalveolar structures	41899	11/4/2019
Unlisted procedure, salivary glands or ducts	42699	11/4/2019
Unlisted procedure, pharynx, adenoids, or tonsils	42999	11/4/2019
Unlisted procedure, intestine	44799	11/4/2019
Unlisted laparoscopy procedure, appendix	44979	11/4/2019
UNLISTED PROCEDURE COLON	45399	11/4/2019
Unlisted procedure, rectum	45999	11/4/2019
Unlisted laparoscopic procedure, live	47379	11/4/2019
Unlisted procedure, liver	47399	11/4/2019
Unlisted laparoscopy procedure, biliary tract	47579	11/4/2019
Unlisted procedure, biliary tract	47999	11/4/2019
Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	49329	11/4/2019
Unlisted laparoscopy procedure, ureter	50949	11/4/2019
Unlisted procedure, urinary system	53899	11/4/2019
Unlisted laparoscopy procedure, oviduct, ovary	58679	11/4/2019

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
Unlisted fetal invasive procedure, including ultrasound guidance	59897	11/4/2019
Unlisted procedure, endocrine system	60699	11/4/2019
Unlisted procedure, posterior segment	67299	11/4/2019
Unlisted procedure, eyelids	67999	11/4/2019
Unlisted procedure, lacrimal system	68899	11/4/2019
Unlisted procedure, external ear	69399	11/4/2019
Unlisted procedure, inner ear	69949	11/4/2019
IMMUNE GLOBULIN	90399	12/4/2021
Unlisted diagnostic gastroenterology procedure	91299	11/4/2019
Unlisted pulmonary service or procedure	94799	11/4/2019
Unlisted special service, procedure or report	99199	11/4/2019
Lower Extremity Prosthesis, Not Otherwise Specified	L5999	11/4/2019
Unlisted Procedure Misc Prosth	L8499	11/4/2019
Vascular Interventions		
PERQ STENT/CHEST VERT AR	0075T	11/2/2024
EVASC RPR N/A A-ILIAC NDGFT	34718	11/2/2024
NJX NONCMPND SCLRSNT 1 VEIN	36465	11/2/2024
NJX NONCMPND SCLRSNT MLT VN	36466	11/2/2024
INJECTION(S) SPIDER VEIN	36468	11/2/2024
INJECTION THERAPY OF VEI	36471	11/2/2024
ENDOVENOUS MCHNCHEM 1ST VEIN	36473	11/2/2024
ENDOVENOUS MCHNCHEM ADD-ON	36474	11/2/2024
ENDOVENOUS RF 1ST VEIN	36475	11/2/2024
ENDOVENOUS RF VEIN ADD-O	36476	11/2/2024
ENDOVENOUS LASER 1ST VEI	36478	11/2/2024
ENDOVENOUS LASER VEIN AD	36479	11/2/2024
ENDOVEN THER CHEM ADHES 1ST	36482	11/2/2024
ENDOVEN THER CHEM ADHES SBSQ	36483	11/2/2024
TRANSCATH STENT CCA W/EP	37215	11/2/2024
TRANSCATH STENT CCA W/O	37216	11/2/2024
STENT PLACEMT ANTE CAROTID	37218	11/2/2024
OPEN/PERQ PLACE STENT SAME	37238	11/2/2024
OPEN/PERQ PLACE STENT EA ADD	37239	11/2/2024
VASC EMBOLIZE/OCCLUDE VENOUS	37241	11/2/2024

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
VASC EMBOLIZE/OCCLUDE ARTERY	37242	11/2/2024
VASC EMBOLIZE/OCCLUDE ORGAN	37243	11/2/2024
VASC EMBOLIZE/OCCLUDE BLEED	37244	11/2/2024
TRLUML BALO ANGIOP 1ST VEIN	37248	11/2/2024
TRLUML BALO ANGIOP ADDL VEIN	37249	11/2/2024
REVSC EVASC IVT ANGIO SF 1ST	37254	12/31/2025
REVSC EVASC IVT ANGIO SF EA	37255	12/31/2025
REVSC EVASC IVT ANGIO CPLX 1	37256	12/31/2025
REVSC EVSC IVT ANGIO CPLX EA	37257	12/31/2025
REVSC EVASC IVT STENT SF 1ST	37258	12/31/2025
REVSC EVASC IVT STENT SF EA	37259	12/31/2025
REVSC EVASC IVT ST CPLX 1ST	37260	12/31/2025
REVSC EVASC IVT ST CPLX EA	37261	12/31/2025
IV LITHOTRP IVT W/IN SM ART	37262	12/31/2025
REVSC EVASC FPVT ANGIO SF 1	37263	12/31/2025
REVSC EVASC FPVT ANGIO SF EA	37264	12/31/2025
REVSC EVSC FPVT ANGIO CPLX 1	37265	12/31/2025
RVSC EVSC FPVT ANGIO CPLX EA	37266	12/31/2025
REVSC EVSC FPVT STENT SF 1ST	37267	12/31/2025
REVSC EVASC FPVT STENT SF EA	37268	12/31/2025
REVSC EVASC FPVT ST CPLX 1ST	37269	12/31/2025
REVSC EVASC FPVT ST CPLX EA	37270	12/31/2025
REVSC EVSC FPVT ATHRC SF 1ST	37271	12/31/2025
REVSC EVSC FPVT ATHRC SF EA	37272	12/31/2025
REVSC EVSC FPVT ATHRC CPLX 1	37273	12/31/2025
RVSC EVSC FPVT ATHRC CPLX EA	37274	12/31/2025
RVSC EVSC FPVT ST ATHRC SF 1	37275	12/31/2025
RVSC EVSC FPVT ST ATHR SF EA	37276	12/31/2025
RVSC EVSC FPVT ST ATHR CPX 1	37277	12/31/2025
RVSC EVSC FPVT ST ATH CPX EA	37278	12/31/2025
IV LITHOTRP FPVT W/IN SM ART	37279	12/31/2025
REVSC EVSC TPVT ANGIO SF 1ST	37280	12/31/2025
REVSC EVSC TPVT ANGIO SF EA	37281	12/31/2025
RVSC EVSC TPVT ANGIO CPLX 1	37282	12/31/2025
RVSC EVSC TPVT ANGIO CPLX EA	37283	12/31/2025

Pre-certicification category/service description	CPT/HCPC code(s)	Effective Date
REVSC EVASC TPVT ST SF 1ST	37284	12/31/2025
REVSC EVASC TPVT ST SF EA	37285	12/31/2025
REVSC EVASC TPVT ST CPLX 1ST	37286	12/31/2025
REVSC EVASC TPVT ST CPLX EA	37287	12/31/2025
REVSC EVSC TPVT ATHRC SF 1ST	37288	12/31/2025
REVSC EVSC TPVT ATHRC SF EA	37289	12/31/2025
REVSC EVSC TPVT ATHRC CPLX 1	37290	12/31/2025
REVSC EVSC TPVT ATHR CPLX EA	37291	12/31/2025
RVSC EVSC TPVT ST ATHRC SF 1	37292	12/31/2025
RVSC EVSC TPVT ST ATHR SF EA	37293	12/31/2025
RVSC EVSC TPVT ST ATHR CPX 1	37294	12/31/2025
RVSC EVSC TPVT ST ATH CPX EA	37295	12/31/2025
REVSC EVASC IMVT ANGIO SF 1	37296	12/31/2025
REVSC EVASC IMVT ANGIO SF EA	37297	12/31/2025
REVSC EVSC IMVT ANGIO CPLX 1	37298	12/31/2025
REVSC EVSC IMVT ANGIO CPX EA	37299	12/31/2025
REVISE LEG VEIN	37700	11/2/2024
LIGATE/STRIP SHORT LEG V	37718	11/2/2024
LIGATE/STRIP LONG LEG VE	37722	11/2/2024
REMOVAL OF LEG VEINS/LES	37735	11/2/2024
STAB PHLEB VEINS XTR 10-	37765	11/2/2024
PHLEB VEINS EXTREM 20+	37766	11/2/2024
REVISION OF LEG VEIN	37780	11/2/2024
LIGATE/DIVIDE/EXCISE VEI	37785	11/2/2024
VASCULAR SURGERY PROCEDU	37799	11/2/2024
TRANSCATH OCCLUSION CNS	61624	11/2/2024
INTRACRANIAL ANGIOPLASTY	61630	11/2/2024
INTRACRAN ANGIOPLSTY W/S	61635	11/2/2024
Pc plm pm c ctd emb prtc	C8010	5/15/2026
Revasc intravasc lithotripsy	C9764	11/2/2024
Revasc lithotrip-stent-ather	C9767	11/2/2024
Revasc lithotrip tibi/perone	C9772	11/2/2024

Drugs covered by pharmacy benefit only

How to request | Services | **Drugs covered**

The following medications are covered on the Pharmacy Benefit ONLY and **will be excluded from coverage under the medical benefit effective 1/1/2025**. Please consult the Express Scripts Formulary for coverage. You can contact Express Scripts for details at 877.608.0355.

Category	Drug Name	Code	Effective Date
Asthma	Fasenra Pen	J0517	2/1/2024
Botulinum Toxins	DYSPORT	J0586	2/1/2024
Botulinum Toxins	MYOBLOC	J0587	2/1/2024
Botulinum Toxins	XEOMIN	J0588	2/1/2024
Botulinum Toxins	Daxxify	J0589	1/1/2025
Hereditary Angioedema	HAEGARDA	J0599	2/1/2024
Endocrine Disorders - Other	Acthar	J0801	1/1/2025
Endocrine Disorders - Other	Cortrophin	J0802	1/1/2025
Lysosomal Storage Disorder	Opfolda	J1202	1/1/2025
Alpha-glucodidase Deficiency	Pombiliti	J1203	1/1/2025
Pulmonary Arterial Hypertension	Epoprostenol Sodium	J1325	2/1/2024
Pulmonary Arterial Hypertension	Flolan	J1325	2/1/2024
Pulmonary Arterial Hypertension	Veletri	J1325	2/1/2024
Hemophilia	Hemgenix	J1411	2/1/2024
Lysosomal Storage Disorder	ELAPRASE	J1743	1/1/2025
Growth Hormone and Related Disorders	Increlex	J2170	1/1/2025
Asthma	Nucala	J2182	2/1/2024
Asthma	XOLAIR	J2357	2/1/2024
Lysosomal Storage Disorder	Kanuma	J2840	1/1/2025
Growth Hormone	Genotropin	J2941	1/1/2025
Growth Hormone	Humatrope	J2941	1/1/2025
Growth Hormone	Norditropin Flexpro	J2941	1/1/2025
Growth Hormone	Norditropin Nordiflex	J2941	1/1/2025
Growth Hormone	Nutropin	J2941	1/1/2025
Growth Hormone	Omnitrope	J2941	1/1/2025

Category	Drug Name	Code	Effective Date
Growth Hormone	Saizen	J2941	1/1/2025
Growth Hormone	Saizenprep	J2941	1/1/2025
Growth Hormone	Serostim	J2941	1/1/2025
Growth Hormone	Skytrofa	J2941	1/1/2025
Growth Hormone	Sogroya	J2941	1/1/2025
Growth Hormone	Zomacton	J2941	1/1/2025
Growth Hormone	Zorbtive	J2941	1/1/2025
Pulmonary Arterial Hypertension	REMODULIN	J3285	2/1/2024
Pulmonary Arterial Hypertension	Treprostinil	J3285	2/1/2024
Atopic Dermatitis	Adbry	J3490	1/1/2025
Hemophilia	Beqvez	J3490	1/1/2025
Asthma/Atopic Dermatitis	Dupixent	J3490	1/1/2025
Growth Hormone And Related Disorders	EGRIFTA	J3490	1/1/2025
Bone Disorders - Other	Voxzogo	J3490	1/1/2025
Hemophilia	Hemlibra	J7170	2/1/2024
Hemophilia	Coagadex	J7175	1/1/2025
Hemophilia	Fibryga	J7177	1/1/2025
Hemophilia	RiaSTAP	J7178	1/1/2025
Hemophilia	VONVENDI	J7179	1/1/2025
Hemophilia	Tretten	J7181	1/1/2025
Hemophilia	Novoeight	J7182	2/1/2024
Hemophilia	Wilate	J7183	2/1/2024
Hemophilia	XYNTHA	J7185	2/1/2024
Hemophilia	Xyntha Solofuse	J7185	2/1/2024
Hemophilia	Alphanate	J7186	2/1/2024
Hemophilia	HUMATE-P	J7187	2/1/2024
Hemophilia	Obizur	J7188	2/1/2024
Hemophilia	NovoSeven RT	J7189	1/1/2025
Hemophilia	Hemofil M	J7190	2/1/2024
Hemophilia	Koate	J7190	2/1/2024
Hemophilia	Advate	J7192	2/1/2024
Hemophilia	Kogenate FS	J7192	2/1/2024

Category	Drug Name	Code	Effective Date
Hemophilia	Recombinate	J7192	2/1/2024
Hemophilia	AlphaNine SD	J7193	1/1/2025
Hemophilia	PROFILNINE	J7194	1/1/2025
Hemophilia	BeneFIX	J7195	2/1/2024
Hemophilia	Feiba	J7198	1/1/2025
Hemophilia	Rixubis	J7200	1/1/2025
Hemophilia	Alprolix	J7201	2/1/2024
Hemophilia	Idelvion	J7202	2/1/2024
Hemophilia	Rebinyn	J7203	2/1/2024
Hemophilia	Esperoct	J7204	2/1/2024
Hemophilia	Eloctate	J7205	2/1/2024
Hemophilia	Adynovate	J7207	2/1/2024
Hemophilia	Jivi	J7208	2/1/2024
Hemophilia	Nuwiq	J7209	2/1/2024
Hemophilia	Afstyla	J7210	2/1/2024
Hemophilia	Kovaltry	J7211	2/1/2024
Hemophilia	Sevenfact	J7212	1/1/2025
Hemophilia	Ixinity	J7213	2/1/2024
Hemophilia	Altuviiio	J7214	1/1/2025
Osteoarthritis	Durolane	J7318	2/1/2024
Osteoarthritis	GenVisc 850	J7320	2/1/2024
Osteoarthritis	Hyalgan	J7321	2/1/2024
Osteoarthritis	Supartz FX	J7321	2/1/2024
Osteoarthritis	Visco-3	J7321	2/1/2024
Osteoarthritis	HYMOVIS	J7322	2/1/2024
Osteoarthritis	Euflexxa	J7323	2/1/2024
Osteoarthritis	ORTHOVISC	J7324	2/1/2024
Osteoarthritis	SYNVISC	J7325	2/1/2024
Osteoarthritis	SYNVISC ONE	J7325	2/1/2024
Osteoarthritis	GEL-ONE	J7326	2/1/2024
Osteoarthritis	MONOVISC	J7327	2/1/2024
Osteoarthritis	GELSYN-3	J7328	2/1/2024
Osteoarthritis	TriVisc	J7329	2/1/2024
Osteoarthritis	SynoJoynt	J7331	2/1/2024
Osteoarthritis	Triluron	J7332	2/1/2024

Change Log

Effective Date	Change	CPT Codes
3/8/2024	Added Codes	0425U, 0426U, 0803T, 0813T, 0823T, 0824T, 0825T, 0865T, 0866T, 22836, 22837, 22838, 27278, 61889, 61891, 63011, 63020, 63045, 64596, 64597, 64598, 81457, 81458, 81459, 81462, 81463, 81464, E0492, E0530, E0678, E0679, E0680, E0682
	Deleted Codes	0424T, 0715T, 0775T, 0809T, 75580, 81407, 81408, C9771, K1001, K1024, K1025, K1032, K1033
5/31/2024	Added Codes	0443U, 0445U, 0448U, 0449U, 0707T, 22595, 22610, 22800, A4271, C9796, E0468, E0736, E0738, E0739
	Deleted Codes	0378U, 36299, 64598, 81210, 81233, 81288, 81309, 88299
8/16/24	Deleted Codes	J0585 (from pharmacy-only benefit)
8/31/24	Added Codes	0020M, 0457U, 0459U, 0464U, 0467U, 0469U, 0471U, 0473U, 0869T, 0889T, 0898T, 0899T, 0900T, 32855, 32856, 33930, 33933, 33940, 33944, 44137, 47133, 50300, 50323, 63082, 86950, A9506, C9791, H0045, J0885, J1449, J3315, J9196, J9216, Q4331, Q4332, Q5106, Q5115, Q5119, Q5123, Q5125, S0148, S5150, S5151, T1005
	Deleted Codes	22595, 22610, 22800, A4271, C7516, C7517, C7518, C7519, C7520, C7521, C7522, C7523, C7524, C7525, C7526, C7527, C7528, C7529, E0656, E0657, E0670, Q4210, S8035
12/20/24	Added Effective 1/1/25	**Drugs Covered by Pharmacy Benefit:** J0180, J0218, J0219, J0221, J0257, J0589, J0801, J0802, J1202, J1203, J1290, J1322, J1458, J1743, J1931, J2170, J2840, J2941, J3357, J7175, J7177
		Excluded Drugs: J0178, J1442, J1447, J1449, J3262, J1745, J9035, J9312, J9355, Q5111, Q5116, Q5122, Q5125, Q5126, Q5129, Q5130