



South Country Health Alliance
Provider Prior Authorization and Notification Requirements
Effective **January 1, 2020**

Cosmetic				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Tattooing	11920, 11921, 11922		All	
SubQ filling (collagen)	11950, 11951, 11952, 11954		All	
Punch graft for hair transplant	15775, 15776		All	
Dermabrasion	15780, 15781, 15782, 15783, 15786, 15787		All	
Chemical Peel	15788, 15789, 15792, 15793		All	
Cervicoplasty	15819		All	
Rhytidectomy	15824, 15825, 15826, 15828, 15829		All	
Excision of excessive subQ	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839		All	
Cryotherapy for acne	17340		All	
Chemical exfoliation for acne	17360		All	
Electrolysis epilation	17380		All	
Mastopexy	19316		All	
Removal of mammary implant	19328		All	
Correction of inverted nipples	19355		All	
Facial Osteoplasty	21208		All	
Malar augmentation	21270		All	
Dermal filler injection	G0429		All	
Planing of skin of nose	30120		All	
Correction of lid retraction	67911		All	
Correction of lagophthalmos	67912		All	
Otoplasty	69300		All	
Mandibular augmentation	21125, 21127		All	
Facial bones reduction	21209		All	
Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	0479T		All	

Cosmetic				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	0480T		All	
Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	15730		All	
Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	15733		All	
Repair of nasal vestibular lateral wall stenosis with implant(s)	C9749		All	
Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	15769		All	Code effective on SCHA PA grid as of 4/1/2020
Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	15771		All	Code effective on SCHA PA grid as of 4/1/2020

Cosmetic				
Service Type	CPT/HCPC	Threshold	Product List	Comments
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		All	Code effective on SCHA PA grid as of 4/1/2020
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		All	Code effective on SCHA PA grid as of 4/1/2020
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		All	Code effective on SCHA PA grid as of 4/1/2020

Medical Dental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
TMJ related services (excluding TMJ surgery)	21073, 21079, 21080, 21081, 21085, 21110, 21480, 21485, 21497, 29800	Initial office visit/consultation for evaluation and diagnostics related do not need auth, after that auth needed.	All	Initial office visit/consultation for evaluation and diagnostics related do not need auth, after that auth needed. Dg: M26.61 - M26.63; M26.69 - Any diagnosis outside of the ones listed her do not require authorization.
TMJ Surgery	21010, 21025, 21026, 21050, 21060, 21240, 21242, 21243, 21255, 21490, 29804	Initial office visit/consultation for evaluation and diagnostics related do not need auth, after that auth needed.	All	Initial office visit/consultation for evaluation and diagnostics related do not need auth, after that auth needed. Dg: M26.61 - M26.63; M26.69 - Any diagnosis outside of the ones listed her do not require authorization.
Miscellaneous dental code	41899		All	No authorization needed when billed for facility fees for dental services provided in outpatient hospital or ASC setting AND in combination with dental anesthesia. All other uses for misc code will still require authorization.

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Capsule Endoscopy	91110, 91111, 0355T		All	
Breast MRI	C8903, C8905, C8906, C8908, 77046, 77047, 77048, 77049		All	
CT Colonography	74261, 74262, 74263		All	
Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin	96931, 96932, 96933, 96934, 96935, 96936		All	
Mammogram or Mammography	G0279, 77061, 77062, 77063, 77065, 77066, 77067	<p>Medicaid: One screening mammogram for women age 40 and then annually after age 40, authorization required before age 40.</p> <p>Medicare: Medicare covers one screening mammogram between 35 and 39, auth required for more than one in that age group for dual eligible members</p>	All	
Colonoscopy	G0105, G0121	Ages 18-49 yrs of age require an authorization for screening colonoscopies only. Diagnostic codes do not require authorization.	All	
NEURO CSF PRION PRTN QUAL (Neurology (Prion Disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative)	0035U		All	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
VITAMIN D SRM MICROSAMP QUAN (Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative)	0038U		All	
DNA ANTB 2STRAND HI AVIDITY (DNA antibody, double stranded, high avidity)	0039U		All	
B BRGDRFERI ANTB 5 PRTN IGM (Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM)	0041U		All	
B BRGDRFERI ANTB 12 PRTN IGG (Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG)	0042U		All	
TBRF B GRP ANTB 4 PRTN IGM (Tick borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM)	0043U		All	
TBRF B GRP ANTB 4 PRTN IGG (Tick borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG)	0044U		All	
FLT3 GENE ITD VARIANTS QUAN	0046U		All	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
RX MNTR LC-MS/MS UR 31 PNL (Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service)	0051U		All	
RX MNTR 14+ DRUGS & SBSTS (Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service)	0054U		All	
CARD HRT TRANSPL 96 DNA SEQ (Cardiology (heart transplant), cell free DNA, PCR assay of 96 DNA target sequences, plasma)	0055U		All	
ONC MERKEL CLL CARC SRM QUAN (Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative)	0058U		All	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ONC MERKEL CLL CARC SRM +/- (Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative)	0059U		All	
TC MEAS 5 BMRK SFDI M-S ALYS (Transcutaneous measurement of five biomarkers and multi-spectral analysis)	0061U		All	
AI SLE IGG&IGM ALYS 80 BMRK	0062U		All	
NEURO AUTISM 32 AMINES ALG	0063U		All	
ONC BRST IMHCHEM PRFL 4 BMRK	0067U		All	
ONC CLRCT MICRORNA MIR-31- 3P	0069U		All	
ONC LNG 5 CLIN RSK FACTR ALG	0080U		All	
RX TEST DEF 90+ RX/SBSTS UR	0082U		All	
ONC RSPSE CHEMO CNTRST TOMOG	0083U		All	
Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	0115U		ALL	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	0116U		ALL	
Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	0117U		ALL	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	0120U		ALL	
Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21	0124U		ALL	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	0125U		ALL	
Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	0126U		ALL	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	0127U		ALL	
Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	0128U		ALL	
Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	0129U		ALL	

Diagnostics				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	0598T		ALL	New code as of 7/1/2020
Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	0599T		ALL	New code as of 7/1/2020
NEURO ALZHEIMER CELL AGGREGJ	0206U		ALL	New code as of 10/1/2020
NEURO ALZHEIMER QUAN IMAGING	0207U		ALL	New code as of 10/1/2020

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
All DME >\$1,500 requires prior authorization	ALL	\$1,500	ALL	
Lost or Stolen DMEPOS, Glasses, Hearing Aids, etc.			All	Replacement for lost or stolen DMEPOS, Glasses, Hearing Aids, etc need auth. This does not apply to children and lost/stolen glasses. They do not require authorization for 3rd or greater pair in a 2 year period.
Apnea Monitor, after 6 month rental	E0618, E0619		All	
Airway Clearance Devices: Chest Compression Vest, Vest Replacement, Cough Stimulator, Percussor	E0480, E0482, E0483, A7025		All	
Artificial Cornea	L8609		All	
Augmentative Communicative (AC) Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599		All	
Electronic Tablets as AC Devices	E2510 U3, E2511 U3, E2512 U3, E2599 U3		Medicaid	Providers are asked to use DHS-4535 Form when sending information.
Beds, Hospital: Semi-Electric	E0260, E0261, E0294, E0295, E0329		All	Manual Hospital beds do not require an auth.
Beds, Hospital: Electric	E0265, E0266, E0296, E0297, E0329		All	Manual Hospital beds do not require an auth.
Beds, Hospital:	E0301, E0302, E0303, E0304		All	Manual Hospital beds do not require an auth.
Enclosed Crib and Bed Enclosure	E0300, E0316		All	
Enclosed Crib and Bed Enclosure: oscillating, circulating	E0270		All	
Enclosed Crib and Bed Enclosure: rocking bed	E0462		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Bililights, after 1 month rental	E0202	Auth required after 1 month rental	All	
BIPAP, after 3 month rental	E0470, E0471, E0472	Auth required after 3 months rental	All	
Biofeedback Machine	E0746		All	
Blood glucose monitor, with special features: Continuous Blood Glucose Monitoring	E2100, E2101, A9277, A9276, A9278, K0553, K0554		All	
Breast Pump, heavy duty - after 3 month rental	E0604	Auth required after 3 months rental	All	
CPAP, after 3 months rental	E0601		All	
CPM (Continuous Passive Motion) Machine	E0935, E0936		All	
Disposable Diapers	T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538, T4541, T4542, T4543, T4544		Medicaid, MNCare	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4.
Dysfunction, Sexual: Male prosthetic (vacuum erection)	L7900		Medicaid	
Dysfunction, Sexual: Male prosthetic (vacuum erection): Tension Ring Replacement Only	L7902		Medicaid	
Dysfunction, sexual: Female prosthetic (EROS).	L7900		All	
Enema system manual pump operated system. Anal Irrigation System	A4459	If approved it will be for up to 2 units per year	All	Authorization required for members 2+. This is not covered for members less than 2.
Enteral Nutrition, after 1 month if oral administration (BO modifier)	B4034, B4035, B4036, B4087, B4088, B4100, B4102, B4103, B4104, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162		All	
External Defibrillators (AED)	E0617, K0606		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Foot Pressure off loading/supportive device	A9283	No auth needed for in-network	All	
Gait Trainer	E8000, E8001, E8002		All	
Geri Chair	E1031	All purchases and rental after the 3rd month require auth. Par providers do not require auth for the first 3 months of	All	
External ambulatory insulin delivery system. Omipods	A9274		All	
External ambulatory infusion pump, insulin	E0784		All	
Health & Safety Benefit	T2025		SCC	Use Health & Safety Benefit
Lift Devices: Lift Chair Mechanism - Electric	E0627	Auth required if service line total is greater than \$500.00.	All	
Lift Devices: Lift Chair Mechanism, Non-Electric	E0629	Auth required if service line total is greater than \$500.00.	All	
Lift Devices: Patient Lift Bathroom or Toilet	E0625		All	
Lift Devices: Patient Lifts: Hydraulic	E0630		All	
Lift Devices: Patient Lifts: Electric	E0635		All	
Lift Devices: PT Support and Positioning SYS	E0636		All	
Lift Devices: Moveable Patient Lift System	E0639		All	
Lift Devices: Patient Transfer System <300	E1035		All	
Lift Devices: Patient Transfer System >300	E1036		All	
Lift Devices: Fixed Patient Lift System	E0640		All	
Lift Devices: Combination Sit to Stand system	E0637		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Lift Devices: Standing Frame System	E0638		All	
Lift Devices: Multiposition Standing Frame System	E0641		All	
Lift Devices: Dynamic Standing Frame	E0642		All	
Light Therapy: Ultraviolet	E0691, E0692, E0693, E0694		All	
Light Therapy: SAD (Seasonal Affective Disorder) Light)	E0203		All	Auth required if service line total is greater than \$500.00 AND the diagnosis is not F33.
Mattress, pressure reducing : Group 2 (low air, powered, advanced)	E0193, E0277, E0371, E0372, E0373		All	
Mattress, pressure reducing : Group 3 (air fluidized)	E0194		All	
Miscellaneous DME	A4649, A9999, E1399		All	Auth required if allowed amount exceeds \$500. Miscellaneous codes should not be used if there is a more specific code that is appropriate.
Nebulizer, Ultrasonic	E0575		All	
Orthopedic Shoe Inserts	L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031	Authorization required for more than 3 pairs (6 units) in 12 months.	All	
Orthopedic Shoes	L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3201, L3202, L3203, L3204, L3206, L3207, L3215, L3216, L3217, L3219, L3221, L3222		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Lower Limb Orthotics, auth for more than 4 (2 sets of bilateral) per calendar year	L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, L1860, L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650, L2660, L2670, L2680, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L2840, L2850, L2861, L2999, L4350, L4360, L4361, L4370, L4386, L4387, L4392, L4394, L4396, L4397, L4398, L4631	Limit of 4 per calendar year. Authorization needed before the limit if the allowed amount on the claim is more than \$3,000. Starting the third set (bilateral) requires an authorization.	All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Upper Extremity Orthotics, auth for 4 (2 sets of bilateral) per calendar year	L3650, L3660, L3670, L3671, L3674, L3675, L3677, L3678, L3702, L3710, L3720, L3730, L3740, L3760, L3761, L3762, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3809, L3891, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3916, L3917, L3918, L3919, L3921, L3923, L3924, L3925, L3927, L3929, L3930, L3931, L3933, L3935, L3956, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3981, L3982, L3984, L3995, L3999	Limit of 4 per calendar year. Authorization needed before the limit if the allowed amount on the claim is more than \$3,000. Starting the third set (bilateral) requires an authorization.	All	
Cranial Remodeling Orthotic, auth for more than 2 for a member under 2 years old.	S1040	Authorization is needed for third (or more) cranial remodeling orthotic before 2 years old.	Medicaid, MNCare	
Oximeters and Probes - continuous oximeter	E0445	All purchases and any rental beyond 3 months require authorization	All	
Oximeters and Probes - continuous oximeter - Disposable oximeter probes	A4606	Authorization required for more than 5/month	All	
Oximeters and Probes - continuous oximeter - Durable Probes	A4606 U3	Authorization required for > 1 every 6 months	All	
Therapeutic Shoes, modifications and inserts. (used to prevent diabetic ulcers)	A5500, A5501, A5503, A5504, A5505, A5506, A5507		All	Members with Diabetes and PAR providers: Limited to 4 units/calendar year. Auth required after limit has been reached.

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Therapeutic Shoes, modifications and inserts. (used to prevent diabetic ulcers)	A5510		All	Members with Diabetes and PAR providers: Limited to 4 units/calendar year. Auth required after limit reached.
Therapeutic Shoes, modifications and inserts. (used to prevent diabetic ulcers)	A5512, A5513, A5514		All	Members with Diabetes and PAR providers: Limited to 6 units/calendar year. Auth required after limit has been reached.
Oxygen concentrator, portable	E1392		Medicaid, MNCare	
Piercing device,skin	E0620		All	
Pneumatic compressor device	E0652, E0670, E0675		All	
Respiratory Assitive Devices: IPPB	E0500		All	
Stimulators, Other electrical: Bone Growth (Osteogenesis)	E0747, E0760, E0748		All	
Stimulators, Other electrical: Osteogenesis Stimulator Implanted	E0749		All	
Stimulators, Other electrical: Electrical Bone Stimulation	20975		All	
Stimulators, Other electrical: Cranial Electrotherapy Stimulator	E1399, 64550, E0720		All	
Stimulators, Other electrical: Interferential Current (IFC)/Sympathetic Therapy (STS)	S8130, S8131		All	
Stimulators, Other electrical: Joint	E0762		All	
Stimulators, Other electrical: Muscle/Neuromuscular	E0744, E0745, E0764, E0765		All	
Stimulators, Other electrical: Functional Electric stimulator	E0770		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Stimulators, Other electrical: Pelvic floor/Urinary incontinence device	E0740		All	
Stimulators, Other electrical: Spinal, External	E0748		All	
TENS Units	E0720, E0730, E0731		All	No Auth needed unless it's for a diganosis of low back pain (M54.5)
Uterine Monitor, Home	S9001		All	
Wheelchairs: Transport Chair All purchases require auth and rental after the 3rd month.	E1037, E1038, E1039		All	If member resides in nursing home, see row "Wheelchairs for Members Residing in NH/SNF"
Wheelchairs: Manual-Special	E1231, E1233, E1234, E1235, E1237, E1238, K0005, K0009		All	
Wheelchairs: Manual-Tilt/Recliner	E1161		All	
Wheelchairs: Adaptive Stroller	E1232, E1236		All	Face to face documentation required
Wheelchairs: POV (power operated vehicle)/Scooter	E1230, K0800, K0801, K0802, K0806, K0807, K0808, K0812		All	
Wheelchairs: Power/Electric	K0898, K0014		All	
Wheelchairs: Group 1	K0813, K0814, K0815, K0816		All	
Wheelchairs: Group 2 Standard	K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831		All	
Wheelchairs: Group 2 Single Power	K0835, K0836, K0837, K0838, K0839, K0840		All	
Wheelchairs: Group 2 Multiple Power	K0841, K0842, K0843		All	
Wheelchairs: Group 3 Standard	K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855		All	
Wheelchairs: Group 3 Single Power	K0856, K0857, K0858, K0859, K0860		All	
Wheelchairs: Group 3 Multiple Power	K0861, K0862, K0863, K0864		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Wheelchairs: Group 4 Standard	K0868, K0869, K0870, K0871		All	
Wheelchairs: Group 4 Single Power	K0877, K0878, K0879, K0880		All	
Wheelchairs: Group 4 Multiple Power	K0884, K0885, K0886		All	
Wheelchairs: Group 5 Pediatric	K0890, K0891, E1239		All	
Wheelchair Adaptations/Special Features: Seat Lift Mechanism	E0170, E0171, E0172, E0985		All	
Wheelchair Adaptations/Special Features: Power Assist for Manual w/c	E0986		All	
Wheelchair Adaptations/Special Features: seating tilt and recline (power seating) for power w/c	E1002, E1003, E1004, E1005, E1006, E1007, E1008		All	
Wheelchair Adaptations/Special Features: Center mount power elevating leg rest/platform, addition to power seating system	E1012		All	
Wheelchair Adaptations/Special Features: Reclining back	E1014, E1225, E1226		All	
Wheelchair Adaptations/Special Features: Special Height arms	E1227		All	
Wheelchair Adaptations/Special Features: Special back height	E1228		All	
Wheelchair Adaptations/Special Features: Gear reduction drive wheels	E2227		All	
Wheelchair Adaptations/Special Features: Seat elevation feature	E2300		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Wheelchair Adaptations/Special Features: Manual or Power standing system	E2230, E2301		All	
Wheelchair Adaptations/Special Features: Custom cushion	E2609, E2617		All	
Wheelchair Adaptations/Special Features: Powered seat cushion	E2610		All	
Wheelchairs for Members Residing in NH/SNF	K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0015, K0017, K0018, K0019, K0020, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0098, K0105, K0108, K0195		All	Many wheelchair and accessories codes are part of the per diem for members residing in the NH/SNF and therefore will not be covered outside of the per diem. All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
More Wheelchairs for Members Residing in NH/SNF	E0950, E0951, E0952, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0994, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1028, E1029, E1030, E1031, E1035, E1036, E1037, E1038, E1039, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1225, E1226, E1227, E1228, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220			Many wheelchair and accessories codes are part of the per diem for members residing in the NH/SNF and therefore will not be covered outside of the per diem. All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
More Wheelchairs for Members Residing in NH/SNF	E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2230, E2231, E2291, E2292, E2293, E2294, E2295, E2296, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368, E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E2601, 2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619, E2620, E2621, E2622, E2623, E2624, E2625			Many wheelchair and accessories codes are part of the per diem for members residing in the NH/SNF and therefore will not be covered outside of the per diem. All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.
Whirlpool, Portable	E1300		All	
Non-portable (built in type)	E1310		All	Face to face documentation required
Temporary replacement for patient-owned equipment being repaired, any type	K0462	Requires an auth if more than 1 month rental		

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
REPAIRS and MAINTENANCE	K0739, K0739 RB, K0740, K0740 RB, L4205, L4205 RB, L4210, L4210 RB, L7510, L7510 RB, L7520, L7520 RB,		All	Equipment that requires authorization for purchase, always requires authorization for repairs. For equipment not in the auth list, Auth needed if cost of parts and labor combined is more than \$500. All Wheelchair repairs for members who reside in a nursing facility require authorization regardless of \$\$ amount. Maintenance for equipment with no specific HCPCS code always requires authorization.
Customized Durable Medical Equipment (manual w/c)	K0008		All	
Customized Durable Medical Equipment (power w/c)	K0013		All	
Customized Durable Medical Equipment (other DME)	K0900		All	
SHANK FT W VERT LOAD PYLON	L5987		All	
FLEX FOOT SYSTEM	L5980		All	
REPLACE SOCKET ABOVE KNEE	L5701		All	
HIGH ACTIVITY KNEE FRAME	L5930		All	
KNE SING AXIS FRIC SHIN SACH	L5200		All	
MULTIAXIAL ANKLE W DORSIFLEX	L5968		All	
ENDO KNEE-SHIN FLUID SWG/STA	L5828		All	
Position Seat Special Ortho Need	T5001		All	
Gasket or seal, for use with prosthetic socket insert, any type, each	L7700		All	
Mult den insert dir carv/cam	K0903		All	

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Home vent multi-function	E0467		All	
Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	E0466		All	Effective 4/1/2020 E0466 will require pre-authorization.
Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	L8608	PA only required if cost is over \$1500	All	
Miscellaneous component, supply or accessory for use with total artificial heart system	L8698		All	
Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	L8701, L8702		All	
Incontinence product, disposable, penile wrap, each	T4545		All	
Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	E0466	Effective 4/1/2020 - authorization required for E0466 (Trilogy)	All	Effective 4/1/2020
External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	E0787	1 per 4 years (PA ALWAYS required)	All	Effective 4/1/2020
Wheelchair accessory, dynamic positioning hardware for back	E2398	1 per 5 years (PA ALWAYS required)	All	Effective 4/1/2020
Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	K1001		All	Effective 4/1/2020
Cranial electrotherapy stimulation (ces) system, includes all supplies and accessories, any type	K1002		All	Effective 4/1/2020
Whirlpool tub, walk-in, portable	K1003		All	Effective 4/1/2020

DME				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	K1004		All	Effective 4/1/2020
Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	L2006		All	Effective 4/1/2020
Nipple prosthesis, custom fabricated, reusable, any material, any type, each	L8033	Auth only required if cost is >\$3000.00	All	Effective 4/1/2020
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		All	Effective 10/1/2020

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	0489T		All	
Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	0490T		All	
Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	20939		All	
Transmyocardial laser revascularization	33140, 33141		All	
Angioscopy	35400		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Cranial Electrotherapy Stimulator - AKA cerebral electrotherapy, craniofacial electrostimulation, electric cerebral stimulation, electrosleep, electrotherapeutic sleep, transcerebral electrotherapy, transcranial electrotherapy, as well as the Liss Body Stimulator that is used to treat alcoholism	E0720, E0730, E1399		All	Not covered if the service being performed is Cranial Electrotherapy Stimulation as it is considered investigational
Penile revascularization	37788		All	
Penile venous occlusive proc	37790		All	
Tongue Ablation, radiofrequency	41530		All	
Endoscopic implant to urethra	51715		All	
Insertion of testicular prosthesis	54660		All	
Trancervical intro of cath to fallopian tube	58345		All	
Biomechanical mapping, transvaginal, with report	0487T		All	
Neurostimulator implants	61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886, 64553, 64555, 64561, 64566, 64568, 64575, 64580, 64581, 64590		All	
Neurostimulator Additions	L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695		All	
Placement for Posterior Intrafacet Implant(s)	0219T, 0220T, 0221T, 0222T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Chemodenervation Procedures	46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, S2340, S2341		All	NO AUTH required for the procedure but if they use Botulinum Toxin as the agent, then Botulinum Toxin requires an auth.
Chemodenervation Procedures	67345		All	
Cornea shape altering	65760, 65765, 65767, 65770		All	
Correction of surgically induced astigmatism	65772, 65775		All	
Temporal bone implant	69714, 69715, 69717, 69718		All	
LHR test	86343		All	
Rhinomanometry	92512		All	
Signal averaged ECG	93278		All	
External counterpulsation	G0166		All	
PRK Photorefractive keratectomy	S0810		All	
In utero fetus surgeries	S2400, S2401, S2402, S2403, S2404, S2405, S2409		All	
Fetoscopic laser tx	S2411		All	
Subcutaneous implantable defibrillator	33270, 33271, 33240, 33241, 33262, 33263, 33264, 33272, 33273, 93260, 93261		All	
Monitoring Intraocular pressure, continuous	0329T		All	
Tear film imaging	0330T		All	
Myocardial contrast perfusion echocardiography	0439T		All	
Myocardial sympathetic innervation imaging	0331T, 0332T		All	
Visual screening, automated	0333T		All	
Subtalar joint implant	0335T		All	
Ablation of uterine fibroids, radiofrequency	58674, 0404T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Transcatheter renal sympathetic denervation	0338T, 0339T		All	
Therapeutic apherisis	0342T		All	
Transcatheter mitral valve repair, percutaneous	0345T, 33418, 33419		All	
Radiostereometric Analysis	0347T, 0348T, 0349T, 0350T		All	
Optical Coherence Tomography, Breast	0351T, 0352T, 0353T, 0354T		All	
Insertion of drug eluting implant, lacrimal canal	0356T		All	
Bioelectrical Impedance Analysis	0358T		All	
Cystourethroscopy with transprostatic implant	C9739, C9740		All	
Artificial Parncreas Device System	S1034, S1035, S1036, S1037		All	
Bronchial valve insertion/removal	31647, 31648, 31649, 31651		All	
External heart rate monitoring to diagnose nocturnal epilepsy	0381T, 0382T, 0383T, 0384T, 0385T, 0386T		All	
High Dose Rate (HDR) electronic brachytherapy	0394T, 0395T		All	
Kinetic balance sensor during knee replacement arthroscopy	0396T		All	
Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy	0397T		All	
Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracrania	0398T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Multi-spectral digital skin lesion analysis	0400T, 0401T		All	
Corneal Collagen Cross-Linking	0402T		All	
Oversight of the care of an extracorporeal liver assist system	0405T		All	
Cardiac contractility modulation system	0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T		All	
Destruction neurofibroma, extensive	0419T, 0420T		All	
Transurethral waterjet ablation of prostat	0421T		All	
Tactile breast imaging by computer-aided tactile sensors	0422T		All	
Secretory type II phospholipase A2 (sPLA2-IIA)	0423T		All	
Neurostimulator system for treatment of central sleep apnea	0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T		All	
Implantation of non-biologic or synthetic implant for fascial reinforcement of the abdominal wall	0437T		All	
Ablation, percutaneous, cryoablation; upper or lower extremity distal/peripheral nerve; or nerve plexus or other truncal nerve.	0440T, 0441T, 0442T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Real time spectral analysis of prostate tissue by fluorescence spectroscopy	0443T		All	
Placement of a drug-eluting ocular insert	0444T, 0445T		All	
Relocation/Repositioning of skin pocket/device of implanted aortic counterpulsation ventricular assist device	0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T		All	
Visual Evoked Potential (VEP) testing for glaucoma	0464T		All	
Suprachoroidal injection of pharmacologic agent.	0465T		All	
Insertion of aqueous drainage device.	0449T, 0450T		All	
Insertion, revision, replacement or removal of chest wall respiratory sensor electrode or electrode array.	0466T, 0467T, 0468T		All	
Insertion of interbody or intervertebral biomechanical device with or without interbody arthrodesis	22853, 22854, 22859		All	
Insertion of interlaminar/interspinous process stabilization/distraction device without fusion	22867, 22868, 22869, 22870		All	
Endoscopic decompression of spinal cord nerve roots	62380		All	
Retinal Polarization Scan	0469T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Optical Coherence Tomography (OCT) of the skin (image acquisition, interpretation and report, first lesion)	0470T		All	
Optical Coherence Tomography (OCT) of the skin (image acquisition, interpretation and report, each additional lesion)	0471T		All	
Optical coherence tomography (OCT of the middle ear, with interpretation and report: unilateral)	0485T		All	
Optical coherence tomography (OCT of the middle ear, with interpretation and report: bilateral)	0486T		All	
Device evaluation and interrogation of intra-ocular retinal electrode array (eg: retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional.	0472T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Device evaluation and interrogation of intra-ocular retinal electrode array (eg: retinal prosthesis) in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional.	0473T		All	
Insertion of anterior segment aqueous drainage device	0474T		All	
Recording of fetal magnetic cardiac signal using at least 3 channels. (patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional).	0475T		All	
Recording of fetal magnetic cardiac signal using at least 3 channels. (patient recording, data scanning with raw electronic signal transfer of data and storage)	0476T		All	
Recording of fetal magnetic cardiac signal using at least 3 channels. (signal extraction, technical analysis, and result)	0477T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Recording of fetal magnetic cardiac signal using at least 3 channels. (review, interpretation, report by physician or other health care professional).	0478T		All	
Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	0483T		All	
Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	0484T		All	
Esophageal spincter augmentation device (LINX Reflex Management System)	43284, 43285		All	
Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area: first 20 sq cm or less	0491T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area: each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)	0492T		All	
Near-infrared spectroscopy studies of lower extremity wounds (eg:for oxyhemoglobin measurement)	0493T		All	
External patient-activated, physician-or other qualified health care professional- prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring: in-office connection	0497T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
External patient-activated, physician-or other qualified health care professional- prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	0498T		All	
Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	0501T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	0502T		All	
Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	0503T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	0504T		All	
Transperineal placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed	55874		All	
Nerve repair; with nerve allograft, each nerve, first strand (cable)	64912		All	
Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	64913		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	95249		All	
Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	32994		All	
EV FEMPOP ARTL REVSC (Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method)	0505T		All	
MAC PGMPT OPT DNS MEAS HFP (macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report)	0506T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
NEAR IFR 2IMG MIBMN GLND I&R (Near-infrared dual imaging (ir, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report)	0507T		All	
PLS ECHO US B1 DNS MEAS TIB (Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia)	0508T		All	
Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	33274		All	
Transcatheter removal of permanent leadless pacemaker, right ventricular	33275		All	
Electroretinography (ERG) with interpretation and report, pattern (PERG)	0509T		All	
Removal of sinus tarsi implant	0510T		All	
Removal and reinsertion of sinus tarsi implant	0511T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	0515T		All	
Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	0516T		All	
Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	0517T		All	
Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	0518T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	0519T		All	
Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	0520T		All	
Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	0521T		All	
Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	0522T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	0523T		All	
Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	0524T		All	
Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	0525T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	0526T		All	
Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	0527T		All	
Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	0528T		All	
Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	0529T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	0530T		All	
Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	0531T		All	
Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	0532T		All	
Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	0533T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	0534T		All	
Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	0535T		All	
Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	0536T		All	
Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	0537T		All	
Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	0538T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	0539T		All	
Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	0540T		All	
Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	0541T		All	
Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	0542T		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	20932		All	
Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	20933		All	
Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	20934		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	33289		All	
Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	33440		All	
Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	53854		All	
Magnetic resonance (eg, vibration) elastography	76391		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	93264		All	
Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	95836		All	
Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	A4563		All	
Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	C9751		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	C9752		All	
Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	C9753		All	
Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, non-covered experimental therapy), performed in an approved ide-based clinical trial, per treatment session	G2000		All	
Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	0087U		All	
Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	0088U		All	

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	0094U		All	
Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	0559T		All	
Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	0560T		All	
Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	0561T		All	
Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	0562T		All	
Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	0565T		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	0566T		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20
Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	0587T		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20
Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	0588T		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20
Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	0589T		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	0590T		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	34717		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20

Experimental				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	34718		ALL	New code as of 1/1/2020, effective on SCHA PA grid as of 4/1/20

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ALL Genetic Testing (including ones not indicated below) require a PA:	ALL		ALL	Any codes that fall in the following ranges will require PA: 81105-81205 and 81209-81479
Gene Analysis and Molecular Pathology	81161, 81162, 81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81235, 81238, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81272, 81273, 81275, 81276, 81283, 81287, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81311, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81330, 81331, 81332, 81334, 81335,		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
More Gene Analysis and Molecular Pathology	81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479			
Acetylcholinesterase	82013		All	
Chromosome analysis	88245, 88248, 88249, 88267, 88269, 88280, 88283, 88285, 88289		All	
Cytogenetics - In situ hybridization analysis	88271, 88272, 88273, 88274, 88275, 88291, 88299, 88364, 88365, 88366, 88367, 88368, 88369, 88373, 88374, 88377		All	
Genomic Sequencing	81410, 81411, 81412, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81440, 81442, 81445, 81450, 81455, 81460, 81465, 81470, 81471		All	
Multianalyte Assays	81490, 81493, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81512, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81539, 81540, 81541, 81551, 81599		All	Authorization is not required for Cologuard (81528)
Gene expression profiling for breast cancer treatment	S3854		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Others Not Covered	S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870		All	
SEPT9 (Septin9) methylation analysis	81327		All	
Cardiac Ion Channelopathies	81413, 81414		All	
Fetal Chromosomal Microdeletion Genomic Sequence Analysis	81422		All	
Inherited Cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel	81439		All	
Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	81539		All	
Precise Type HEA Test, Immucor, Inc.. - Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	0001U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
PolypDX, Atlantic Diagnostic Laboratories, LLC, Metabolomic Technologies Inc.. - Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps.	0002U		All	
Overa (OVA1 Next Generation), Aspira labs, Inc., Vermillion, Inc.. - Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	0003U		All	
ExosomeDX Prostate (IntelliScore), Exosome Diagnostics, Inc.. - Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	0005U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service	0006U		All	
Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	0007U		All	
Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin	0008U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	0009U		All	
Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	0010U		All	
Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	0011U		All	
Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	0012U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	0013U		All	
Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	0014U		All	
Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support	0015U			
Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	0016U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	0017U		All	
Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	0018U		All	
Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	0019U		All	
Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	0020U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	0021U		All	
Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	0022U		All	
Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	0023U		All	
GLYCA NUC MR SPECTRSC QUAN	0024U			
TENOFOVIR LIQ CHROM UR QUAN	0025U			
ONC THYR DNA&MRNA 112 GENES	0026U			
JAK2 GENE TRGT SEQ ALYS	0027U			

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
CYP2D6 GENE CPY NMR CMN VRNT	0028U			
RX METAB ADVRS TRGT SEQ ALYS	0029U			
RX METAB WARF TRGT SEQ ALYS	0030U			
CYP1A2 GENE	0031U			
COMT GENE	0032U			
HTR2A HTR2C GENES	0033U			
TPMT NUDT15 GENES	0034U			
Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) ie, genotyping	0500T		All	
HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	81258		All	
HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	81259		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	81269		All	
IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	81283		All	
SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	81328		All	
RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	81334		All	
TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	81335		All	
TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	81346		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	81361		All	
HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	81362		All	
HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	81363		All	
HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	81364		All	
Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	81448		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	81520		All	
Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	81521		All	
Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	81541		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	81551		All	
Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	81105		All	
Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	81106		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	81107		All	
Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	81108		All	
Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	81109		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	81110		All	
Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	81111		All	
Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	81112		All	
IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	81120		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	81121		All	
ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	81175		All	
ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	81176		All	
CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	81230		All	
CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	81231		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	81232		All	
F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	81238		All	
G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	81247		All	
G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	81248		All	
G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	81249		All	
Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	0011M		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
XOME TUM & NML SPEC SEQ ALYS (Exome (ie somatic mutations), paired formalin-fixed paraffin- embedded tumor tissue and normal specimen sequence analysis)	0036U		All	
TRGT GEN SEQ DNA 324 GENES (Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden)	0037U		All	
BCR/ABL1 GENE MAJOR BP QUAN (BCR/ABL1 (eg chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative)	0040U		All	
ONC BRST DUX CARC IS 12 GENE (Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT- PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin- fixed paraffin-embedded tissue, algorithm reported as recurrence score)	0045U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ONC PRST8 MRNA 17 GENE ALG (Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as risk score)	0047U		All	
ONC SLD ORG NEO DNA 468 GENE (Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s))	0048U		All	
NPM1 GENE ANALYSIS QUAN (NPM1(nucleophosmin) (eg acute myeloid leukemia) gene analysis, quantitative)	0049U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
TRGT GEN SEQ DNA 194 GENES (Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements)	0050U		All	
LPOPRTN BLD W/5 MAJ CLASSES (Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL and VLDL by vertical auto profile ultracentrifugation)	0052U		All	
ONC PRST8 CA FISH ALYS 4 GEN (Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, DHAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade)	0053U		All	
HEM AML DNA GENE REARGMT (Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangements)	0056U		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ONC SLD ORG NEO MRNA 51 GENE (Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as normalized percentile rank)	0057U		All	
TWN ZYG GEN SEQ ALYS CHRMS2 (Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood)	0060U		All	
ONC MRNA 5 GEN RSK URTHL CA (Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2[CDK1], IGFBP5 and CXCR2), utilizing urine, algorithm report as a risk score for having urothelial carcinoma)	0012M		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ONC MRNA 5 GEN RECR URTHL CA (Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2[CDK1], IGFBP5 and CXCR2), utilizing urine, algorithm report as a risk score for having recurrent urothelial carcinoma)	0013M		All	
CYP2D6 GEN COM&SLCT RAR VRNT	0070U		All	
CYP2D6 FULL GENE SEQUENCE	0071U		All	
CYP2D6 GEN CYP2D6-2D7 HYBRID	0072U		All	
CYP2D6 GEN CYP2D7-2D6 HYBRID	0073U		All	
CYP2D6 NONDUPLICATED GENE	0074U		All	
CYP2D6 5' GENE DUP/MLT	0075U		All	
CYP2D6 3' GENE DUP/MLT	0076U		All	
PAIN MGT OPI USE GNOTYP PNL	0078U		All	
CMPRTV DNA ALYS MLT SNPS	0079U		All	
BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	81163		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	81164		All	
BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	81165		All	
BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	81166		All	
BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	81167		All	
AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81171		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	81172		All	
AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	81173		All	
AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	81174		All	
ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81177		All	
ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81178		All	
ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81179		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81180		All	
ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81181		All	
ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81182		All	
ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81183		All	
CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81184		All	
CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	81185		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	81186		All	
CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81187		All	
CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81188		All	
CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	81189		All	
CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	81190		All	
AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	81204		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	81233		All	
DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	81234		All	
EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	81236		All	
EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	81237		All	
DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	81239		All	
HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	81271		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	81274		All	
FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	81284		All	
FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	81285		All	
FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	81286		All	
FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	81289		All	
MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	81305		All	
NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	81306		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81312		All	
PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	81320		All	
SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	81329		All	
TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	81333		All	
SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	81336		All	
SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	81337		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81343		All	
TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	81344		All	
TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	81345		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	81443		All	
Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	81518		All	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	81596		All	
Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	0115U		ALL	
Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	0116U		ALL	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	0117U		ALL	
Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	0120U		ALL	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21	0124U		ALL	
Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	0125U		ALL	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	0126U		ALL	
Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	0127U		ALL	

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	0128U		ALL	
Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	0129U		ALL	
Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	0139U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	0154U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)	0155U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Copy number (eg, intellectual disability, dysmorphology), sequence analysis	0156U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	0157U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	0158U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	0159U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	0160U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	0161U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	0162U		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	81277		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	81307		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	81308		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	81309		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	81522		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	81542		ALL	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	81552		All	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	0163U		All	New code as of 4/1/2020
Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	0164U		All	New code as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	0165U		All	New code as of 4/1/2020
Liver disease, 10 biochemical assays (α 2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	0166U		All	New code as of 4/1/2020
Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	0167U		All	New code as of 4/1/2020
Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	0168U		All	New code as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
NUDT15 (nudix hydrolase 15) and TPMT (thiopurine Smethyltransferase) (eg, drug metabolism) gene analysis, common variants	0169U		All	New code as of 4/1/2020
Neurology (autism spectrum disorder [ASD]), RNA, nextgeneration sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	0170U		All	New code as of 4/1/2020
Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as resence/absence	0171U		All	New code as of 4/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	87632		All	PA requirement added as of 5/1/2020
Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	87633		All	PA requirement added as of 5/1/2020
Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	0173U		All	New code as of 7/1/20

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	0175U		All	New code as of 7/1/20
Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	0180U		All	New code as of 7/1/20
Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	0181U		All	New code as of 7/1/20
Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	0182U		All	New code as of 7/1/20
Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	0183U		All	New code as of 7/1/20
Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	0184U		All	New code as of 7/1/20

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	0185U		All	New code as of 7/1/20
Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	0186U		All	New code as of 7/1/20
Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	0187U		All	New code as of 7/1/20
Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	0188U		All	New code as of 7/1/20
Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	0189U		All	New code as of 7/1/20
Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	0190U		All	New code as of 7/1/20

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3,	0191U		All	New code as of 7/1/20
Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	0192U		All	New code as of 7/1/20
Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	0193U		All	New code as of 7/1/20
Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	0194U		All	New code as of 7/1/20
KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	0195U		All	New code as of 7/1/20
Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	0196U		All	New code as of 7/1/20

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	0197U		All	New code as of 7/1/20
Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	0198U		All	New code as of 7/1/20
Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	0199U		All	New code as of 7/1/20
Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	0200U		All	New code as of 7/1/20
Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	0201U		All	New code as of 7/1/20

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae)	0098U		All	Effective on PA grid as of 9/1/2020.

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydomphila pneumonia, Mycoplasma pneumoniae)	0099U		All	Effective on PA grid as of 9/1/2020.

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)	0100U		All	Effective on PA grid as of 9/1/2020.
AI IBD MRNA XPRSN PRFL 17	0203U		ALL	New code as of 10/1/2020
ONC THYR MRNA XPRSN ALYS 593	0204U		ALL	New code as of 10/1/2020
OPH AMD ALYS 3 GENE VARIANTS	0205U		ALL	New code as of 10/1/2020
ONC MTC MRNA XPRSN ALYS 108	0208U		ALL	New code as of 10/1/2020
CYTOG CONST ALYS INTERROG	0209U		ALL	New code as of 10/1/2020
ONC PAN-TUM DNA&RNA GNRJ SEQ	0211U		ALL	New code as of 10/1/2020

Genetic Testing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
RARE DS GEN DNA ALYS PROBAND	0212U		ALL	New code as of 10/1/2020
RARE DS GEN DNA ALYS EA COMP	0213U		ALL	New code as of 10/1/2020
RARE DS XOM DNA ALYS PROBAND	0214U		ALL	New code as of 10/1/2020
RARE DS XOM DNA ALYS EA COMP	0215U		ALL	New code as of 10/1/2020
NEURO INH ATAXIA DNA 12 COM	0216U		ALL	New code as of 10/1/2020
NEURO INH ATAXIA DNA 51 GENE	0217U		ALL	New code as of 10/1/2020
NEURO MUSC DYS DMD SEQ ALYS	0218U		ALL	New code as of 10/1/2020
NFCT AGT HIV GNRJ SEQ ALYS	0219U		ALL	New code as of 10/1/2020
ABO GNOTYP NEXT GNRJ SEQ ABO	0221U		ALL	New code as of 10/1/2020
RHD&RHCE GNTYP NEXT GNRJ SEQ	0222U		ALL	New code as of 10/1/2020
ONC BLADDER MRNA 209 GEN ALG	0016M		ALL	New code as of 10/1/2020

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Urethroplasty, reconstruction of female urethra	53430	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Amputation of penis; complete	54125	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Amputation of penis; partial	54520	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical; orchiectomy	54690	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	55866	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Intersex surgery; male to female	55970	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Plastic repair of introitus	56800	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Clitoroplasty for intersex state	56805	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Construction of artificial vagina; without graft	57291	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Construction of artificial vagina; with graft	57292	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Revision (including removal) of prosthetic vaginal graft; vaginal approach	57295	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Revision (including removal) of prosthetic vaginal graft; open abdominal approach	57296	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginoplasty for intersex state	57335	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	57426	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Unlisted procedure, female genital system (nonobstetrical)	58999	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Mammoplasty, augmentation; without prosthetic implant	19324	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Mammoplasty, augmentation; with prosthetic implant	19325	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Male to Female transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	19302	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Mastectomy, simple, complete	19303	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	53420	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	53425	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Urethroplasty, reconstruction of female urethra	53430	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Insertion of penile prosthesis; non-inflatable (semi-rigid)	54400	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Insertion of penile prosthesis; inflatable (self-contained)	54401	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	54405	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Insertion of testicular prosthesis (separate procedure)	54660	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Scrotoplasty; simple	55175	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Scrotoplasty; complicated	55180	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Unlisted procedure, male genital system	55899	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Intersex surgery; female to male	55980	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Vulvectomy simple; complete	56625	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginectomy, partial removal of vaginal wall;	57106	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginectomy, complete removal of vaginal wall	57110	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	58150	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	58180	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Vaginal hysterectomy, for uterus 250 g or less;	58260	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	58262	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginal hysterectomy, with total or partial vaginectomy;	58275	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginal hysterectomy, for uterus greater than 250 g;	58290	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	58291	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	58541	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58542	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	58543	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	58544	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	58550	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58552	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	58553	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	58554	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	58570	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	58571	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	58572	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	58573	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)
Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	58720	Auth is ONLY required if this is for a gender confirming surgery. See Surgery/cosmetic tab for other diagnosis.	ALL	Gender Confirmation codes that are covered for Female to Male transition. All gender confirmation codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)

Gender Confirming Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Gender Confirmation codes not a covered benefit for SCHA	15200, 15775, 15776, 15820, 15821, 15822, 15823, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 17380, 17999, 19316, 19318, 19324, 19325, 19340, 19342, 19350, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 53400, 53400, 53405, 53410, 53415, 53420, 53425, 58661, 58700, 58953, 58956, 19324, 19325, S9128, G0153 (fact 4)		ALL	These codes are not a covered benefit for Gender Dysphoria, but may be covered for other diagnosis and may require authorization (see surgery or cosmetic tab). Cosmetic is not covered but if the surgery is needed due to illness, injury, disease or for treatment or repair of birth anomalies, we will review for medical need.
Gender Confirmation codes not a covered benefit for SCHA	11950, 11951, 11952, 11954, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15826, 15728, 15829, 15876, 15877, 15878, 15879, 21087, 21120, 21121, 21122, 21123, 21125, 21127, 21270, 21899, 31599, 31899, 40799, 67900, 92507, 92508		ALL	These codes were listed under the Gender Confirming Surgery as never covered benefit and are not a covered benefit for SCHA members. For example, brow lift, chemical peels, calf implant, unless it is absolutely medically necessary and authorization would always be required.

Hearing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Hearing aid repair	V5014	>\$400 requires authorization	All	
Hearing Aids	V5030, V5040, V5050, V5060, V5120, V5130, V5140, V5180, V5246, V5247, V5252, V5253, V5256, V5257, V5260, V5261, V5298	PA required if replacing in less than 5 years	All	For lost or stolen reasons, hearing aids may be replaced up to a maximum of 2 times in 5 years (with prior authorization).
Hearing aid in glasses, air conductive	V5070		All	
Hearing aid in glasses, bone conductive	V5080		All	
Hearing aid in glasses, binaural	V5150		All	
CROS, in glasses	V5190		All	
BICROS, in glasses	V5230		All	
Assistive listening device, NOS	V5274		All	
Assistive listening device dispensing fee	V5090		All	
Pocket Talker	V5100		All	
Pocket talker dispensing fee	V5110		All	
Assisted Listening Devices: FM Systems	V5281, V5282, V5283, V8284, V5285, V8286, V5287, V5288, V5289, V5290		All	
Cochlear Device and BAHA	L8614, L8619, L8627, L8628, L8629, L8690, L8691, L8692, L8693		All	
Hearing device implant/ removal	69710, 69711		All	
Cochlear implant	69930		All	
Ear mold/insert, not disposable, any type	V5264	Benefit limit of once every 3 months	All	PA not required unless receiving more than once every 3 months.
Hearing aid, contralateral routing device, monaural, in the ear (ite)	V5171	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing device, monaural, in the canal (itc)	V5172	PA required if replacing in less than 5 years	All	

Hearing				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Hearing aid, contralateral routing device, monaural, behind the ear (bte)	V5181	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing system, binaural, ite/ite	V5211	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing system, binaural, ite/itc	V5212	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing system, binaural, ite/bte	V5213	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing system, binaural, itc/itc	V5214	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing system, binaural, itc/bte	V5215	PA required if replacing in less than 5 years	All	
Hearing aid, contralateral routing system, binaural, bte/bte	V5221	PA required if replacing in less than 5 years	All	

Home Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Skilled Nurse Visits (SN) after 9 visits (RN)	T1030 (RN) and T1031 (LPN)	Limit of 9 - authorization required after 9 visits (this is a combined total for T1030 and T1031)	PMap, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).
Physical Therapy (PT) after 9 visits	S9131	Limit of 9 - authorization required after 9 visits	PMap, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).
PT Assistant after 9 visits	S9131 TF	Limit of 9 - authorization required after 9 visits	PMap, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).

Home Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Occupational Therapy (OT) after 9 visits	S9129	Limit of 9 - authorization required after 9 visits	PMap, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).
COTA after 9 visits	S9129 TF	Limit of 9 - authorization required after 9 visits	PMap, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).
Speech Therapy (ST) after 9 visits	S9128	Limit of 9 - authorization required after 9 visits	PMap, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).

Home Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Respiratory Therapy (RT)	S5181		PMAP, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).
Home Health Aide (HHA) after 9 visits	T1021	Limit of 9 - authorization required after 9 visits	PMAP, MNCare, SingleCare, SharedCare	If the member is not on a waiver - MSHO, MSC+, AbilityCare: no auth needed (unless provider is OON). If member is on a DSD waiver, submit DHS-5841 (County to submit) for notification of services (notification is needed for claims payment).
PCA assessment after 2 a year	T1001	2 per year	All	Can only be done by PHN
PHN service for updated PCA assessment or for temporary PCA increase after 1 a year	T1001 TS, T1001 U6		All	Can only be done by PHN
PCA (personal care attendant)	T1019		Effective 4/1/2020 -MSHO, MSC+ (non-waiver) will require authorization for T1019 and T1019 UA (submit form #5207). If MSHO/ MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.

Home Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
PCA shared 1:2	T1019 TT		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
PCA shared 1:3	T1019 HQ		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
PCA transitional decrease in units	T1019 U5		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
PCA temporary increase in units	T1019 U6		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
PCA Supervision	T1019 UA		Effective 4/1/2020 -MSHO,MSC+ (non-waiver) will require authorization for T1019 and T1019 UA. If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
Home Care Nursing (HCN) LPN	T1003		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.

Home Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Home Care Nursing (HCN)LPN shared 1:2	T1003 TT		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
Home Care Nursing (HCN)LPN, complex	T1003 TG		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
Home Care Nursing (HCN), RN	T1002		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
Home Care Nursing (HCN)RN shared 1:2	T1002 TT		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
Home Care Nursing (HCN)RN, Complex	T1002 TG		MSHO,MSC+ no auth needed (unless provider is OON). If MSHO/MSC+ are on a DSD waiver, then notification is required on DHS-5841.	PMAP/MNCare and SNBC - billed directly to DHS.
Adult Day Care Bath	S5100		All who do not have EW	No auth needed for Senior members who have elderly waiver benefits.

Inpatient				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Inpatient stays (Medical and Mental Health) in MN and bordering states of ND, SD, IA and WI do not require prior authorization.			All	
Inpatient stay < 48 hours (may be subject to monthly retrospective review)			All	All out of state out of network providers
Acute Inpatient Rehabilitation admission	admitting dx, revenue codes		All	All out of state out of network providers
Long Term Acute Care admission	admitting dx, revenue codes		All	Out of state facilities
Mental Health admission	admitting dx, revenue codes		All	All out of state out of network providers
If Medicare is primary payer	admitting dx, revenue codes			No authorization needed if Medicare is primary and if Medicare A will pay as primary. (This does not apply to MSHO or SNBC when SCHA administers the Medicare benefit.) It DOES apply to the newest SNBC enrollees (as of Jan 1, 2012) who have Medicare as their primary coverage, and SCHA only for their Medicaid coverage). If Medicare denies payment or coverage, auth will be needed.

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
ARANESP (darbepoetin)	J0881		All	
Aripiprazole lauroxil (Aristada Initio)	J1943		All	
Aripiprazole lauroxil (Aristada)	J1944		All	Previously billed with J1942 - this is a deleted code as of 10/1/19
BACLOFEN	J0475		All	
Injection, avelumab, 10 mg (Bavencio)	J9023		All	
BENLYSTA (belimumab)	J0490		All	
BERINERT, CINRYZE, RUCONEST, Haegarda(C1 esterase inhibitor)	J0596, J0597, J0598, J0599		All	
Inj, bezlotoxumab, 10 mg (Zinplava)	J0565		All	
BONIVA (oral or injection)	J1740		All	
BOTULINUM	J0585, J0586, J0587, J0588		All	
CARTICEL (chondrocytes, autologous cultured)	J7330		All	
CIMZIA (certolizumab pegol)	J0717		All	
CINQAIR (reslizumab)	J2786		All	
CRESEMBA (isavuconazoniu m sulfate 1 mg injection)	J1833		All	
CYRAMZA (ramu cirumab 5mg)	J9308		All	
DARZALEX (daratumumab)	J9145		All	
ENBREL (etanercept)	J1438		All	
ENTYVIO (vedoli zumab 1mg)	J3380		All	
ERTAPENEM	J1335		All	
EXONDYS 51 (eteplirsen)	J1428		All	
EXTAVIA (interferon beta-1b)	Q3027, Q3028		All	
EYLEA	J0178		All	
Factor VIII products	J7182, J7185, J7186, J7187, J7188, J7190, J7192, J7202, J7205, J7207, J7209, J7210, J7211		All	
FERAHEME (Inj Ferumoxytol)	Q0138, Q0139		All	

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Injection, chorionic gonadotropin, per 1,000 USP units	J0725		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Injection, leuprolide acetate (for depot suspension), per 3.75 mg	J1950		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Injection, urofollitropin, 75 iu	J3355		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Unclassified drugs	J3490		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Prescription drug, oral, non chemotherapeutic, nos	J8499		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Leuprolide acetate (for depot suspension), 7.5 mg	J9217		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Leuprolide acetate, per 1 mg	J9218		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Leuprolide acetate implant, 65 mg	J9219		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Injection, menotropins, 75 iu	S0122		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Injection, follitropin alfa, 75 iu	S0126		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Injection, follitropin beta, 75 iu	S0128		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
Injection, ganirelix acetate, 250 mcg	S0132		All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility
FILGRASTIM	J1442		All	
Gemtuzumab ozogamicin 0.1 mg (Mylotarg)	J9203		All	

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Growth hormone: INCRELEX (mecasermin)	J2170		All	
Growth hormone: PROTROPIN (somatrem)	J2940		All	
Growth hormone: SEROSTIM (somatropin)	J2941		All	
HUMIRA (adalimumab)	J0135		All	
IGG (immunoglobulin G)	J1459, J1460, J1555, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572		All	
Implantable/inser table device for device intensive procedure, not otherwise classified	C1889		All	
INJECTAFER (ferric caboxymaltose)	J1439		All	
Interferon	J9214, J9215, J9216		All	
JETREA (ocriplasmin)	J7316		All	
KADCYLA (ado-trastuzumab emtansine)	J9354		All	
KALBITOR (ecallantide)	J1290		All	
KEYTRUDA (pembrolizumab)	J9271		All	
KINERET (anakinra)	J3590		All	J3590 is an unclassified drug code - PA required for these codes only when cost exceeds \$300
KRYSTEXXA (pegloticase)	J2507		All	
LEMTRADA (alemtuzumab 1 mg injection)	J0202		All	
LUCENTIS	J2778		All	
NEULASTA	J2505		All	
NUCALA (Injectio n, mepolizumab)	J2182		All	
Inj, nusinersen, 0.1mg (Spinraza)	J2326		All	
OCREVUS (ocrelizumab)	J2350, J3490, J3590		All	J3490 and J3590 are unclassified drug codes - PA required for these codes only when cost exceeds \$300

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
OCTREOTIDE	J2353		All	
OPDIVO (nivolumab)	J9299		All	
ORENCIA (abatacept)	J0129		All	
PERJETA (pertuzumab)	J9306		All	
PROLIA (denosumab)	J0897		All	
PROVENGE (siuleucel-T)	Q2043		All	
REMICADE (infliximab) - brand requires auth	J1745		All	
Sculptra	Q2028		All	
SIMPONI (golimumab)	J1602		All	
SIVEXTRO (Inj tedizolid phosphate)	J3090		All	
SOLIRIS (eculizumab)	J1300		All	
STELARA (ustekinumab)	J3357, J3358		All	
STIRIPENTOL	J3490		All	J3490 is an unclassified drug code - PA required for these codes only when cost exceeds \$300
SUPARTZ	J7321		All	
SYNAGIS (palivizumab)	90378		All	
SYNVISC ONE	J7325		All	
THYROGEN	J3240		All	
TYSABRI (natalizumab)	J2323		All	
UNCLASSIFIED ABOVE \$300	J3490, J3590, J3535, J7599, J7699, J7799, J7999, J8498, J8499, J8597, J8999, J9999, Q4082, C9399	PA required if cost exceeds \$300	All	
VENOFOR	J1756		All	
XGEVA (denosumab)	J0897		All	
ZIAFLEX	J0775		All	
XOLAIR (omalizumab)	J2357		All	
YERVOY (ipilimumab)	J9228		All	
YESCARTA(axic abtagene ciloleucel)	Q2041		All	
YONDELIS (trabectedin)	J9352		All	
ZALTRAP (ziv-aflibercept)	J9400		All	
ZOMETA	J3489		All	

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Buprenorphine Implant 74.2 mg	J0570		All	
Corticotropin, up to 40 units, Injection	J0800		All	
Histrelin Implant 50 mg	J9226		All	
Tocilizumab Injection	J3262		All	
Brentuximab Vedotin 1 mg Injection	J9042		All	
Irinotecan Liposome 1 mg Injection	J9205		All	
Injection, delafloxacin	C9462		All	
Injection, zarxio (REVISED TEXT)	Q5101		All	
INJ., BUPRENORPH XR 100 MG OR LESS	Q9991		All	
INJ., BUPRENORPHINE XR OVER 100 MG	Q9992		All	
INJ RETACRIT NON-ESRD USE	Q5106		All	
Inj, Fulphila	Q5108		All	
Nivestym	Q5110		All	
Ozurdex	J7312		All	
Euflexxa	J7323		All	
Orthovisc	J7324		All	
Herceptin	J9355		All	
Injection, burosumab-twza 1 mg	J0584		All	
Injection, ibalizumab-uiyk, 10 mg	J1746		All	
Injection, tildrakizumab, 1 mg	J3245		All	
Injection, vestronidase alfa-vjvk, 1 mg	J3397		All	
Injection, human fibrinogen concentrate (fibryga), 1 mg	J7177		All	
Injection, rituximab, 10 mg	J9312		All	
Injection, pegaptanib sodium, 0.3 mg (Macugen)	J2503		All	
Besponsa (Inj. inotuzumab ozogamicin)	J9229		All	
BRINEURA (cerliponase alfa)	J0567 injection, 1 mg		All	
Injection, durvalumab, 10 mg (Imfinzi)	J9173		All	
Injection, edaravone, 1 mg (Radicava)	J1301		All	

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
guselkumab 1mg inj (Tremfya)	J1628		All	
KYMRIAH (tisagenlecleucel) -see notes	Q2042		All	
Injection, Durolane	J7318		All	
Injection, benralizumab	J0517		All	
Inj rituximab hyaluronidase	J9311		All	
Inj triamcinolone acetonide	J3304		All	
INJ., EMICIZUMAB-KXWH, 0.5 MG	J7170		All	
INJ COPANLISIB	J9057		All	
LUTETIUM LU 177 DOTATATE, TX	A9513		All	
VORETIGENE NEPARVOVEC-RZYL	J3398		All	
Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	J1454		All	
Inj., belrapzo 1 mg	J9036		All	
Injection, levoleucovorin	J0641		All	Previously billed under C9043
Factor viii pegylated-aucl	J7208		All	Previously billed under C9141 - this is a deleted code as of 7/1/19 and replaced with J7208.
Fluorescence lymph map w/ICG	C9756		All	
Revefenacin inh non-com 1mcg	J7677		All	
Inj. herceptin hylecta, 10mg	J9356		All	
EMEND (aprepitant)	J8501		All	
Injection, patisiran, 0.1 mg	J0222		All	
Injection, plazomicin, 5 mg	J0291		All	
Inj., lanadelumab-flyo, 1 mg	J0593		All	
Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	J1096		All	
Phenylep ketorolac oph soln, 1 ml	J1097		All	
Injection, ravulizumab-cwvz, 10 mg	J1303		All	
Injection, risperidone, (Perseris), 0.5 mg	J2798		All	
Injection, fremanezumab-vfrm, 1 mg	J3031		All	
Injection, romosozumab-aqqg, 1 mg	J3111		All	
Injection, yutiq, 0.01 mg	J7314		All	

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Injection, synojoynt, 1 mg	J7331		All	
Injection, triluron, 1 mg	J7332		All	
Mometasone furoate sinus implant, 10 mcg	J7401		All	
Injection, calaspargase pegol-mknl, 10 units	J9118		All	
Injection, cemiplimab-rwlc, 1 mg	J9119		All	
Injection, mogamulizumab-kpkc, 1 mg	J9204		All	
Injection, emapalumab-lzsg, 1 mg	J9210		All	
Injection, tagraxofusp-erzs, 10 mcg	J9269		All	
Injection, moxetumomab pasudotox-tdfk, 0.01 mg	J9313		All	
Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Q5116		All	
Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Q5117		All	
Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Q5118		All	
Omegaven, 10 grams lipids	B4187		All	New code as of 1/1/2020 - effective on SCHA PA grid as of 4/1/2020
Injection, lefamulin (xenleta), 1 mg	C9054		All	New code as of 1/1/2020 - effective on SCHA PA grid as of 4/1/2020. Deleted code as of 7/1/20 - see J0691 for correct billing (J0691 does not require PA)
Injection, brexanolone, 1mg	C9055 - deleted code as of 10/1/2020 - replacement code J1632 will not require a PA beginning 10/1/2020		All	New code as of 1/1/2020 - effective on SCHA PA grid as of 4/1/2020. Inactive code as of 10/1/2020
Injection, brolocizumab-dblj, 1 mg	J0179		All	New code as of 1/1/2020 - effective on SCHA PA grid as of 4/1/2020

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Injection, crizanlizumab-tmca, 1 mg	C9053		All	New code as of 4/1/2020
Injection, givosiran, 0.5 mg	C9056		All	New code as of 4/1/2020. Deleted code as of 7/1/20 - see J0223 for correct billing
Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo) 0.5 mg	C9058		All	New code as of 4/1/2020. Deleted code as of 7/1/20 - see Q5120 for correct billing
Injection, meloxicam, 1 mg	C9059 - inactive code as of 10/1/2020. Replacement code J1738 will not require a PA.		All	New code as of 7/1/2020. Inactive code as of 10/1/2020
Injection, teprotumumab-trbw, 10 mg	C9061 - deleted code as of 10/1/2020. See replacement code J3241 for services starting 10/1/2020		All	New code as of 7/1/2020. Inactive code as of 10/1/2020
Injection, eptinezumab-jjmr, 1 mg	C9063 - deleted code as of 10/1/2020. See replacement code J3032 for services starting 10/1/2020		All	New code as of 7/1/2020. Inactive code as of 10/1/2020
Mometasone furoate sinus implant, 10 micrograms (sinuva)	C9122		All	New code as of 7/1/2020
Injection, givosiran, 0.5 mg	J0223		All	New code as of 7/1/2020 - replaces C9056
Injection, deoxycholic acid, 1 mg	J0591		All	New code as of 7/1/2020
Injection, crizanlizumab-tmca, 5 mg	J0791		All	New code as of 7/1/2020 - replaces C9053
Injection, luspatercept-aamt, 0.25 mg	J0896		All	New code as of 7/1/2020
Injection, golodirsen, 10 mg	J1429		All	New code as of 7/1/2020
Injection, immune globulin (xembify), 100 mg	J1558		All	New code as of 7/1/2020
Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	J3399		All	New code as of 7/1/2020

Medical Pharmacy				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu	J7204		All	New code as of 7/1/2020
Hyaluronan or derivative, visco-3, for intra-articular injection, per dose	J7333		All	New code as of 7/1/2020
Injection, enfortumab vedotin-ejfv, 0.25 mg	J9177		All	New code as of 7/1/2020
Injection, gemcitabine hydrochloride, (infugem), 100 mg	J9198		All	New code as of 7/1/2020
Injection, melphalan (evomela), 1 mg	J9246		All	New code as of 7/1/2020
Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	J9358		All	New code as of 7/1/2020
Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Q5119		All	New code as of 7/1/2020
Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Q5120		All	New code as of 7/1/2020 - replaces C9058)
Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Q5121		All	New code as of 7/1/2020
Injection, ferric derisomaltose, 10 mg	J1437		All	New code as of 10/1/2020
Injection, eptinezumab-jjmr, 1 mg	J3032		All	New code as of 10/1/2020
Injection, teprotumumab-trbw, 10 mg	J3241		All	New code as of 10/1/2020
Injection, bimatoprost, intracameral implant, 1 microgram	J7351		All	New code as of 10/1/2020

Mental Health/Substance Use Disorder					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
Dialectic Behavioral Therapy (DBT)- Initial & concurrent	H2019 U1 H2019 U1 HN H2019 U1 HQ H2019 U1 HQ HN	Initial or Continued DBT Form #4498	26 hrs/individual and 78 hrs/group	All	Prior authorization required
Clinical Care Consultation	90899	DHS 4695	15 hrs/calendar year	All	Auth needed once threshold is met
CTSS [Children's Therapeutic Services and Supports]	H0031 UA H0032 UA	CTSS Authorization Form #4390	H0031 - limited to 200 hours/calendar year. H0032UA - Limited to 24 sessions/calendar year and counts toward total 200 hrs/calendar year.	All	Auth needed once threshold is met
CTSS: DBT	H2019 UA, UA HM, UA HE	CTSS Authorization Form #4390	counts toward total 200 hrs/calendar year	All	Auth needed once threshold is met
CTSS: Behavioral Health Day Treatment	H2012 UA H2012 UA HK U6	CTSS Authorization Form #4390	counts toward total 200 hrs/calendar year H2012 UA HK - limited to 203 hours/day, 15 hours/week, total of 150 hours per year	All	Auth needed once threshold is met
CTSS: Crisis Assistance	H2015 UA	CTSS Authorization Form #4390	counts toward total 200 hrs/calendar year	All	Auth needed once threshold is met
CTSS: Skills Training/Development	H2014 UA, UA HQ, UA HR	CTSS Authorization Form #4390	counts toward total 200 hrs/calendar year	All	Auth needed once threshold is met
IRTS (Intensive residential treatment services)	H0019	Behavioral Health Notification Form #4398 For greater than 90 days - use Outpatient BH Authorizations form #4381	90 days - auth required after 90 days	All members 18 and over.	Notification required upon admit. Auth is required for extension past 90 days and clinical review every 30 days.
CMHRTS (Children's Mental Health Residential Treatment Services); Rule 5	H0019	BH Admission Form #4398	LOC within 10 days; can auth for 30 days and continue 30 days reviews	MA and MNCare members under age 18	Notification needed upon admit. AKA: Rule 5 [under age 18].

Mental Health/Substance Use Disorder					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
Psychiatric Residential Treatment Facility (PRTF) - under age 21	R0101	(N) Behavioral Health Admission Worksheet #4398	Initial 90 day auth (When initial POC is received within 14 days of admit), then plan of care review every 90 days. Plan of Care must be submitted 10 days before the end of the current authorization.	MA and MNCare members under 21 years of age.	Requesting Provider must submit the following — South Country's Initial Behavioral Health Notification Form (Form #4398) along with referring documentation and DA completed within the last 180 days. Plan of care must be submitted within 14 days of admission; continued stay requests must be completed every 90 days and include an updated POC. POC must be submitted 10 days before the end of the current authorization.
Partial Hospitalization (PHP)	H0035	Notification - use BH Notification form #4398 For greater than 21 day stay or readmission within 45 days of previous discharge from PHP- use Outpatient BH Authorizations #4381	Greater than 21 day stay requires auth	All	Notification is required upon admit. Authorization needed once threshold is met or for readmission within 45 days of a previous discharge from PHP.
ARMHS (Adult Rehabilitative Mental Health Services)	H2017 H0031, H0031 TS H0032, H0032 TS H0034 90882 (HK modifier for crisis intervention)	Outpatient BH Authorizations #4381	H2017 - 300/hrs/calendar year H0031 - 6 sessions/calendar year H0032 - 4 sessions/calendar year H0034 - 26 hrs/calendar year 90882 - 10 sessions/month or 72 sessions/year	All	Auth required once threshold is met

Mental Health/Substance Use Disorder					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
Residential Treatment:Committed and Complex Level of Care	H2036 HK	SUD Admission and Discharge form #4505		All	Notification is required at admit and discharge. Please submit admit notice on form #4505 and discharge notice, along with discharge summary on form #4505 at discharge. Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI).
Outpatient Program - Individual therapy (SUD Treatment Non Residential Tx Services)	H2035 + (one of these) R0944 [Drug] R0945 [Alcohol] R0953 [Drug&Alcohol]		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
Outpatient Program - Group therapy (SUD Treatment Non Residential Tx Services)	H2035 + HQ modifier + (one of these) R0944 [Drug] R0945 [Alcohol] R0953 [Drug&Alcohol]		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
Medication Assisted Therapy (MAT) - Methadone	H0020		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
Medication Assisted Therapy (MAT) - Methadone plus a minimum of 9 hours counseling services per week.	H0020 UA		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)

Mental Health/Substance Use Disorder					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
Medication Assisted Therapy (MAT – All other) - Buprenorphine, or naltrexone, or antabuse	H0047		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
Medication Assisted Therapy (MAT – All other) - Buprenorphine, or naltrexone, or antabuse plus a minimum of 9 hours counseling services per week.	H0047 UB		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit EIDBI Intervention [under 21]	97153, 97154, 97155, 97156, 97157, 97158	(A) DHS 7108 Treatment Plan/Progress Monitoring: DHS 7109 EIDBI (SCHA form) #4894	DHS Billing Grid	MA and MNCare under age 21	Prior authorization required
EIDBI: ITP Development and Monitoring	H0032	(A) DHS 7108 Treatment Plan/Progress Monitoring: DHS 7109 EIDBI (SCHA form) #4894	Limited to 60 units/calendar year. Auth required when limit is reached.	MA and MNCare under age 22	Authorization required when limit is reached.
Comprehensive Multi-Disciplinary Evaluation (CMDE): Behavior identification assessment	97151	DHS 7108 EIDBI (SCHA Form) #4894	Limited to 40 units/rolling year. Auth required when limit is reached.	MA and MNCare under age 21	Authorization required when limit is reached.
Psychoeducation Family [Individual]	H2027	Outpatient BH Authorizations #4381	max 4 units/day [104 units/year]	All	Auth required once threshold is met
Psychoeducation Family [Group]	H2027 HQ	Outpatient BH Authorizations #4381	52 sessions/calendar year	All	Auth required once threshold is met
Psychoeducation Family [Family w Member]	H2027 HR	Outpatient BH Authorizations #4381	26 sessions/calendar year	All	Auth required once threshold is met
Psychoeducation Family [Family w/o member]	H2027 HS	Outpatient BH Authorizations #4381	26 sessions/calendar year	All	Auth required once threshold is met
Psychoeducation Family [Multiple families with member]	H2027 HQ HR	Outpatient BH Authorizations #4381	10 sessions/calendar year	All	Auth required once threshold is met
Psychoeducation Family [Multiple families w/o member]	H2027 HQ HS	Outpatient BH Authorizations #4381	10 sessions/calendar year	All	Auth required once threshold is met

Mental Health/Substance Use Disorder					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
Psychological Testing	96130 96131 96136 96137 96138 96139 96146	Request for Psychological Testing Auth Form #4395	8 cumulative maximum hours per calendar year. Threshold for 96146 is 1 session per day.	All	Auth required once threshold is met
Neuropsychological Services	96116 96121 96132 96133 96136 96137 96138 96139 96146	Request for Psychological Testing Auth Form #4395	15 cumulative hours of 96116, 96121, 96132, 96133, 96136, 96137, 96138 and 96139 in a calendar year. 5 sessions of 96146 in a calendar year	All	Auth required once threshold is met
Day Treatment (Adult)	H2012	Outpatient BH Authorizations #4381	115 hrs/calendar year; or 15 hrs/wk	All	Auth required once threshold is met
Cognitive rehabilitation - Behavioral Health Day Treatment	H2012 HK	Outpatient BH Authorizations #4381	Limited to 4 hours/day. 390 hours/calendar day	All	Auth required once threshold is met
Diagnostic Assessment	90791 90792	Outpatient BH Authorizations #4381	4 max/calendar year	All	Auth required once threshold is met
Treatment Coordination	T1016 with U8 and HN modifiers		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
Peer Recovery Support Services	H0038 with U8 modifier		No authorization is needed for in network providers	All	Auth is only required if provider is out of network (outside of the 5 state area - ND, SD, IA, WI). If OON request, need: SUD Request Form+Rule 25 (#4506) Level of Care (#4505) Complexities Grid (#4507)
CPSS - Certified Peer Specialist Services	H0038 U5, HQ	Outpatient BH Authorizations #4381	300 hours/calendar year	All	Auth required once threshold is met
CFPS - Certified Family Peer Specialist	H0038 HA, HA HQ	Outpatient BH Authorizations #4381	300 hours/calendar year	All	Auth required once threshold is met

Mental Health/Substance Use Disorder					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
Notification Only					
Healthy Pathways Programs	G9006	Healthy Pathways Initial Request Form #4536 Healthy Pathways Renewal Request Form or End of Service Notification Form #5202		All	Notification Required - Fax to South Country Send all initial requests/notification to South Country via form #4536 and all renewals or end of service notifications to South Country via form #5202
Intensive Treatment in Foster Care	S5145	Outpatient BH Authorizations #4381		MA, MNCare	Notification Only - Fax to South Country
Behavioral Health Admission		Inpatient Notification Form #4492		All	Notification Only - Fax to South Country
Assertive Community Treatment (ACT) Adult & Youth	H0040	Behavioral Health Notification Form # 4398	1 visit per day	All	Notification Only - Fax to South Country
Mental Health Targeted Case Management	T2023	MHTCM Form #4532		All	Notification Only - Fax to South Country

Out-Of-Network				
Service Type	CPT/HCPC	Threshold	Product List	Comments
<p>**Out of network Chiropractors provider chiropractic services require an auth even if in MN. Codes affected include: 98940, 98941, 98942, 72020, 72040, 72070, 72080, 72100, 99201, 99202, 99203, 99211, 99212, 99213</p>				
<p>Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI.</p>				
<p>NOTE: direct access specialists are in Minnesota or surrounding states (ND, SD, IA, WI). If request is for elsewhere in the US, it needs authorization. Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI.</p> <p>Direct Access: NO AUTH REQUIRED FOR THESE SPECIALISTS (as long as they are located in MN, ND, SD, IA & WI - other locations would require an authorization</p>		<p>Any service that is on the service auth list will require an auth. Office visits and diagnostic not included on the service auth list will not require an auth.</p>	All	<p>Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI.</p>
Dermatology			All	
DDS Oral Surgeon			All	

Out-Of-Network				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Dental Including: General Practitioner, Hygiene, collaborative practice dental hygienist, Collaborative practice dental therapist, Dentist or Dental Clinic			All	
Gastroenterology			All	
Infectious Disease			All	
Internal Medicine/Oncology			All	
Neurosurgery			All	
Neurological Surgery			All	
Neurology (general)			All	
Oncology including: Medical Oncology, Surgical Oncology, Gynecologic Oncology, Radiation Oncology			All	
Oral Maxillofacial Surgery			All	
Oral Surgery			All	
Orthodontics			All	
Pediatric Dentist			All	
Pediatric Dermatology			All	
Pediatric Gastroenterology			All	
Pediatric Infectious Disease			All	
Pediatric Rheumatology			All	
Pediatric Hematology-Oncology			All	
Pedodontics			All	
Periodontics			All	
Plastic Surgery			All	
Prosthodontics			All	
Hematology			All	
Rheumatology			All	

Skilled Nursing Facility					
Service Type	CPT/HCPC	Forms	Threshold	Product List	Comments
NF - Custodial Care	Admitting Dx, Revenue codes	Nursing Home Communication form #DHS-4461	180 day benefit for new admissions (MSHO, MSC+) 100 day benefit for new admissions (SNBC)	MSC+, SeniorCare Complete (MSHO), Ability Care, SharedCare, Single Care	Must submit notification via NH communication form (No auth required).
SNF - Intensive Service Days	Admitting Dx, Revenue codes	Nursing Home Communication form #DHS-4461	180 day benefit for new admissions (MSHO, MSC+) 100 day benefit for new admissions (SNBC)	MSC+, SeniorCare Complete (MSHO), Ability Care, SharedCare, Single Care	Must submit notification via NH communication form. For SharedCare and MSC+ , South Country requires RUG codes as follows: CMS PDPM and DHS Case Mix as generated by MDS assessment.
SNF or NF - Private Room	R0110	Private Room Request form #4496		MSC+, SeniorCare Complete (MSHO), Ability Care, SharedCare, Single Care	Must submit private room request form and meet medical necessity
Swing Bed	Admitting Dx, Revenue codes	Must submit Swing Bed notification form #4495 with NH communication form #DHS-4461	180 day benefit for new admissions (MSHO, MSC+) 100 day benefit for new admissions (SNBC)	SeniorCare Complete, Ability Care, Single Care (not covered for PMAP, MNCare, MSC+ - Shared Care should contact their Medicare Provider)	
Nursing Home stays, exception.	Admitting dx, revenue codes			MNCare	Other groups: only approved as exception thru UM committee (PMAP (MA) DHS covers this service, as NH to bill DHS and obtain auth from DHS. Number at DHS for the provider to call is 1-800-366-5411). The auth process for this starts with the County Financial Worker that determines eligibility and must complete a 1503 Form to be submitted to DHS.
Hospice		Hospice Notification Form #4735		ALL	Notification required

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Staged Surgery	If any procedure in the auth list will be a staged procedure, we require the plan to be attached to the prior auth request. Several codes.			
Circumcision	54150, 54160, 54161		All	
Cholecystectomy w/ transduodenal sphincterotomy or sphincterplasty	47620		All	
Deep brain stimulation	61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886		All	
Disc replacement-Artificial	0095T, 0098T, 0163T, 22856, 22857, 22858, 22861, 22862, 22864, 22865		All	Not covered. If a request is received to go outside of the benefit set, an auth would be approved or denied. Pay if auth approved.
Electric stimulator (bone), implant	20975		All	
Keratoprosthesis	65770		All	
Laminectomy	63001		All	
Laminectomy - Hemilaminectomy	63003, 63005, 63011, 63015, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048		All	Requires authorization effective 10/22/2016
LVAD(left ventricular assistive device)/VAD (ventricular assis.device)	33975, 33976, 33979, 33981, 33982, 33983, Q0478, Q0479, Q0480, Q0481, Q0482, Q0483, Q0484, Q0488, Q0489, Q0490, Q0491, Q0495, Q0496, Q0502, Q0503, Q0504, Q0506		All	
Mastopexy	19316		All	
Neurostimulator implant, subcortical	61863, 61864, 61867, 61868		All	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Refractive Surgery (LASIK(laser in situ keratomileusis),RK (radial keratotomy), Corneal relaxing, corneal wedge resection, LRI, CLR)	S0800, 65770, 65771, 65772, 65775		All	
Salabrasions scars	15780, 15781, 15782		All	
SCS spinal cord stimulator insertion	63650, 63655, 63685		All	
Septoplasty	30520		All	
Arthroscopy, shoulder, surgical; with rotator cuff repair	29827		All	
Skin Peels	15788, 15789, 15792, 15793		All	
Spinal Fusions	22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812		All	
Insertion of interbody or intervertebral biomechanical device with or without interbody arthrodesis	22853, 22854, 22859		All	
Suction Lipectomy	15876, 15877, 15878, 15879		All	Not covered for cosmetic purposes
Blue light cysto imaging agent (Adjunctive blue light cystoscopy with fluorescent imaging agent)	C9738		All	
Tattooing or tattoo removal	11920, 11921, 11922, 15783		All	
Vagus Nerve stimulation	64568, 65469, 64570		All	
LAUP (Laser Assisted Uvulopalatoplasty)	S2080		All	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Pillar Palatal Implant/Palatal Implant for Sleep Apnea	C9727		All	
Tongue base suspension	41512		All	
UPPP (Uvulopalatopharyngoplasty)	42145		All	
Hyoid Myotomy	21685		All	
Uvulectomy	42140		All	
Gastric Bypass/ Bariatric Surgery	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43659, 43999		All	43659 and 43999 are nonspecific procedures of the stomach and only requires an authorization if used to perform weight loss surgery for morbid obesity.
Gastric restriction-subcutaneous port	43886, 43887, 43888		All	
Gastric Bypass Revision	43848, 43850, 43855, 43860, 43865		All	
Gastric neurostimulator electrodes	43647, 43648, 43881, 43882, 64590		All	
RECONSTRUCTIVE (not cosmetic), list below is not all inclusive:	Codes not inclusive:	All reconstructive vs cosmetic needs auth, cosmetic is not covered	All	
Abdominoplasty/panniculectomy	15830, 15847		All	
Blepharoplasty	15820, 15821, 15822, 15823		All	
Breast Implant Removal	19328, 19330		All	
Breast Reconstruction	19324, 19325, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, 19369		All	No auth for breast cancer or history of breast ca
Gynecomastia Surgery Male(mastectomy)	19300		All	
Lesion destruction	17000, 17003, 17004, 17106, 17107, 17108		All	Pay for all diagnosis except 695.3. Auth needed if Rosacea (695.3 ICD 9 or L71.8 ICD 10) diagnosis.

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Lipectomy (not cosmetic)	15876, 15877, 15878, 15879		All	
Lung removal for lung volume reduction	32491		All	
Mandible, Coronoidectomy	21070		All	
Maxilla, osteotomy	21206, 21299		All	
Midface Reconstruction: other	21188		All	(This is for other than Lefort)
Lefort I	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151		All	
Lefort II	21150, 21251		All	
Orthognaathic Surgery/ mandible reconstruction	21193, 21194, 21195, 21196		All	
Orthognaathic Surgery/ mandible reconstruction with osteotomy segmental	21198		All	
Orthognaathic Surgery/ mandible reconstruction with transosteal bone plat	21244		All	
Subperiostal implant	21245, 21246		All	
Subperiostal implant with autografts	21247		All	
Endosteal implant	21248, 21249		All	
Penile implant insertion	54400, 54401, 54405		All	
Ptosis Repair	67901, 67902, 67903, 67904, 67906, 67908		All	
Brow ptosis	67900		All	
Brow ptosis - reduction of overcorrection	67909		All	
Reduction Mammoplasty/ Breast Reduction (female or male)	19318		All	
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450		All	
Sclerotherapy for varicose veins	36470, 36471		All	
Sclerotherapy for spider veins	36468		All	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Endovenous Radiofrequency Ablation	36475, 36476, 36478, 36479		All	
Hypothermia in Neonate	99184		All Newborns	
Endoprosthesis for aorta repair	34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848		All	
Transcatheter Aortic Valve Replacement TAVR/TAVI	33366, 33361, 33362, 33363, 33364, 33365, 33367, 33368, 33369		All	
Transcatheter Mitral Valve Repair (TMVR)	33418, 33419		All	
Gender Reassignment Surgery	55970, 55980			
Sacroiliac joint stabilization, percutaneous	27279		All	
GI transit/pressure measurement, wireless capsule	91112		All	
Closed treatment of posterior pelvic ring fracture with manipulation	27198		All	
Laryngoplasty for laryngeal stenosis, with graft	31551, 31552, 31553, 31554		All	
Laryngoscopy, flexible, with ablation of destruction (2), with chemodenervation agent corticosteroid (3), or with injection for autmentation	31572, 31573, 31574		All	
Laryngoplasty, medialization, unilateral	31591		All	
Cricotracheal resection	31592		All	
Left atrial appendage closure	33340		All	
Valvuloplasty	33390		All	
Valvuloplasty, aortic valve, complex	33391		All	
Partial exchange transfusion, newborn	36456		All	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Endovenous ablation therapy of incompetent vein	36473, 36747		All	
Transluminal balloon angioplasty (except lower extremity arter) 8-9 except dialysis circuit	37246, 37247, 37248, 37249		All	
Laparoscopy, surgical, ablation of uterine fibroid	58674		All	
Fluorescein angiography and indocyanin-green angiography	92242		All	
Application of on-body injector (includes cannula insertion) for times subcutaneous injection	96377		All	
Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	0479T		ALL, infants and children	
Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	0480T		ALL, infants and children	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	0499T		ALL	
Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	15730		All	
Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	15733		All	
Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein	36465, 36466		All	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	36482		All	
Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	36483		All	
Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	19294		All	

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	96573		All	
Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	96574		All	
Transplantation of Pancreatic Allograft	48554		All	
Implantation of Intrastromal Corneal Ring Segment	65785		All	
Pelvis/Hip Joint Surgery	27299		All	
Lap Radical Hysterectomy	58548		All	
Repair nasal stenosis w/imp	C9749		All	
Generator, cardiac contractility modulation (implantable)	C1824		All	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	C9757		All	New code as of 1/1/2020 - effective on SCHA grid as of 4/1/2020
Percutaneous arteriovenous fistula creation (avf), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	G2170		All	New code as of 7/1/2020

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Percutaneous arteriovenous fistula creation (avf), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed	G2171		All	New code as of 7/1/2020
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 lengthening device	0594T		All	New code as of 7/1/2020
Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	0616T		All	New code as of 7/1/2020

Surgery				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	0617T		All	New code as of 7/1/2020
Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	0618T		All	New code as of 7/1/2020

Transplants				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Bone Marrow/Stem Cell	38240, 38241		All	
Allo Lymphocytes	38242		All	
Heart	33945		All	
Implantation of a total replacement heart system	33927		All	
Removal and replacement of total replacement heart system	33928		All	
Removal of a total replacement heart system for heart transplantation	33929		All	
Artificial Heart Transplant	NA		All	Not Covered
Heart-Lung	33935		All	
Intestine	44135, 44136		All	
Intestine-Liver	S2053		All	
Kidney (Renal)	50360, 50365		All	
Kidney autotransplantation	50380		All	
Liver	47135		All	
Liver Surgery Procedure	47399		All	
Lung	32851, 32852, 32853, 32854		All	
Pancreas	48160, 48554		All	
Pancreatic Islet Cells	0141T, 0142T, 0143T		All	
Pancreas-Kidney	S2065		All	
Injection(s), autologous white blood cell concentrate	0481T		All	
Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	0584T		All	New code as of 1/1/2020-effective on SCHA grid as of 4/1/2020

Transplants				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	0585T		All	New code as of 1/1/2020-effective on SCHA grid as of 4/1/2020
Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	0586T		All	New code as of 1/1/2020-effective on SCHA grid as of 4/1/2020

Transportation				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Air ambulance	A0430, A0431, A0435, A0436, A0888		All	Service auth is required only if originating or final destination is an out-of-state non-contracted facility.
Special Transportation Services (STS)	T2003, T2005, S0209, S0215, T2049, A0130		All	Member's residing in SNF do no require prior authorization for STS. Mileage codes do not require prior auth but are not payable if the encounter code was denied for lack of authorization. Member residing in SNFs do not require prior auth for STS.
Medical Transportation	ALL		EW Members	Members on EW require an auth for all medical transportation with current LONA

Wound Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Skin Substitutes	Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204		All	
Electric stimulator for wound treatment	E0769		All	
Pump or Wound Vac	E2402, K0743		All	
Hyperbaric Oxygen Therapy (Topical Application for treatment of chronic wounds)	A4575, E0446		All	
Low frequency, non-contract, non-thermal ultrasound, including topical application(s)	97610		All	
Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	0512T, 0513T		All	
Membrane graft or membrane wrap, per sq cm	Q4205		All	

Wound Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Fluid Flow or Fluid GF, 1 cc	Q4206		All	
Novafix, per sq cm	Q4208		All	
SurGraft, per sq cm	Q4209		All	
Axotl graf dualgraf sq cm	Q4210		All	
Amnion bio or axobio sq cm	Q4211		All	
Allogen, per cc	Q4212		All	
Ascent, 0.5 mg	Q4213		All	
Cellesta cord per sq cm	Q4214		All	
Axotl ambient, cryo 0.1 mg	Q4215		All	
Artacent cord per sq cm	Q4216		All	
Woundfix biowound plus xplus	Q4217		All	
SurgiCORD, per sq cm	Q4218		All	
SurgiGRAFT-DUAL, per sq cm	Q4219		All	
BellaCell HD or Surederm, per sq cm	Q4220		All	
Amnio Wrap2, per sq cm	Q4221		All	
ProgenaMatrix, per sq cm	Q4222		All	
Myown skin, includes harv prep proc sq cm	Q4226		All	
Skin substitute, synthetic, resorbable, per square centimeter	C1849		All	New code as of 7/1/2020
Amniocore, per square centimeter	Q4227		All	New code as of 7/1/2020
Bionextpatch, per square centimeter	Q4228		All	New code as of 7/1/2020
Cogenex amniotic membrane, per square centimeter	Q4229		All	New code as of 7/1/2020
Cogenex flowable amnion, per 0.5 cc	Q4230		All	New code as of 7/1/2020
Corplex p, per cc	Q4231		All	New code as of 7/1/2020
Corplex, per square centimeter	Q4232		All	New code as of 7/1/2020
Surfactor or nudyn, per 0.5 cc	Q4233		All	New code as of 7/1/2020

Wound Care				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Xcellerate, per square centimeter	Q4234		All	New code as of 7/1/2020
Amniorepair or altiply, per square centimeter	Q4235		All	New code as of 7/1/2020
Carepatch, per square centimeter	Q4236		All	New code as of 7/1/2020
Cryo-cord, per square centimeter	Q4237		All	New code as of 7/1/2020
Derm-maxx, per square centimeter	Q4238		All	New code as of 7/1/2020
Amnio-maxx or amnio-maxx lite, per square centimeter	Q4239		All	New code as of 7/1/2020
Corecyte, for topical use only, per 0.5 cc	Q4240		All	New code as of 7/1/2020
Polycyte, for topical use only, per 0.5 cc	Q4241		All	New code as of 7/1/2020
Amniocyte plus, per 0.5 cc	Q4242		All	New code as of 7/1/2020
Procenta, per 200 mg	Q4244		All	New code as of 7/1/2020
Amniotext, per cc	Q4245		All	New code as of 7/1/2020
Coretext or protext, per cc	Q4246		All	New code as of 7/1/2020
Amniotext patch, per square centimeter	Q4247		All	New code as of 7/1/2020
Dermacyte amniotic membrane allograft, per square centimeter	Q4248		All	New code as of 7/1/2020
Amniplay, for topical use only, per square centimeter	Q4249		All	New code as of 10/1/2020
Amnioamp-mp, per square centimeter	Q4250		All	New code as of 10/1/2020
Novafix dl, per square centimeter	Q4254		All	New code as of 10/1/2020
Reguard, for topical use only, per square centimeter	Q4255		All	New code as of 10/1/2020

Vision				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Contact Lenses	V2500, V2501, V2502, V2503, V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2529, V2530, V2531, V2599, S0500, S0512, S0514, 92310, 92314, 92325, 92326		All	Exception: no auth needed for : Aphakia (379.31, H27.03, 743.35, Q12.3), Aniseikonia (367.32, H52.32), Keratoconus (371.60, H18.609, 371.61, H18.619, 371.62, H18.629)
Industrial/Sport/Educational Glasses	S0504, S0506, S0508, S0510, S0581, V2786		All	
Tinted and Polarized Lenses	V2744, V2745, V2755, V2762		All	Exception, no auth needed for all member groups for the following diagnosis: Albinism E70.3XXX Achromatopsia H53.51 Aniridia Q13.1 Blue cone monochromatism H53.51 Cystinosis E72.04 Retinitis pigmentosa H35.52 All other diagnosis will require authorization
Contact lens, hydrophilic, spherical, photochromic additive, per lens	V2524		All	New code as of 10/1/2020

Chiropractic/Acupuncture Services				
Service Type	CPT/HCPC	Threshold	Product List	Comments
Acupuncture Services	97810, 97811, 97813, 97814	up to 20 units per calendar year	All	SCHA allows up to 20 units of acupuncture services per calendar year without authorization. Request authorization if additional units are needed.
Chiropractic Services	98940, 98941, 98942	6 units per 30 days or 24 units per calendar year	All	Authorization is required for any combination of procedure codes 98940, 98941 and 98942 in excess of six per month or 24 per calendar year. Submit the authorization request for only the number of units in excess of the benefit coverage allowed.