

# Medical Prior Authorization | Arkansas State Employees / Public School Employees

January 1, 2026

- Inpatient Admissions Facility Charges ONLY (Ancillary charges do NOT require PA)
- Admission for routine vaginal or C-section delivery
- Hospital Stay > 48hrs for vaginal delivery or > 96 hours for c-section delivery
- Neonate: If neonate remains hospitalized beyond date of Mother's discharge or requires admission for non-routine nursery care
- Acute Inpatient Rehabilitation Admission (Ancillary charges do NOT require PA)
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility
- Prenatal care
- All transplant services and transplant-related services
  - Cornea transplants do not require a prior authorization

<b>ACUPUNCTURE</b>			
<b>CPT Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>End Prior Approval Date</b>
97811	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH A	12-12-2018	12-31-2025
97813	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 1	12-12-2018	12-31-2025
97814	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDI	12-12-2018	12-31-2025
<b>ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT</b>			
<b>CPT Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>End Prior Approval Date</b>
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	12-12-2018	
<b>Advance Care Planning</b>			
<b>CPT Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>End Prior Approval Date</b>
99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVA	12-12-2018	
<b>AUDITORY OSSEointegrated DEVICE,</b>			
<b>CPT Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>End Prior Approval Date</b>
L8690	AUDITORY OSSEointegrated DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	12-12-2018	
L8691	AUDITORY OSSEointegrated DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ ACTUATOR, REPLACEMENT ONLY, EACH	12-12-2018	



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AUDITORY OSSEointegrated DEVICE,**

CPT Code	Description	Effective Date	End Prior Approval Date
<b>L8693</b>	AUDITORY OSSEointegrated DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	12-12-2018	
<b>L8694</b>	AUDITORY OSSEointegrated DEVICE, TRANSDUCER/ ACTUATOR, REPLACEMENT ONLY, EACH	12-12-2018	

**AUDITORY SYSTEM**

CPT Code	Description	Effective Date	End Prior Approval Date
<b>69710</b>	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING	09-25-2023	
<b>69711</b>	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN	09-25-2023	
<b>69714</b>	IMPLANTATION, OSSEointegrated IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU	09-25-2023	
<b>69715</b>	IMPLANTATION, OSSEointegrated IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU	09-25-2023	
<b>69716</b>	IMPLANTATION, OSSEointegrated IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
<b>69717</b>	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEointegrated IM	09-25-2023	
<b>69718</b>	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEointegrated IM	09-25-2023	
<b>69719</b>	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEointegrated IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
<b>69726</b>	REMOVAL, OSSEointegrated IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
<b>69727</b>	REMOVAL, OSSEointegrated IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
<b>69728</b>	REMOVAL, ENTIRE OSSEointegrated IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	09-25-2023	



## AUDITORY SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
69729	IMPLANTATION, OSSEointegrated IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE OF THE MASTOID AND RESULTING IN REMOVAL OF GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	09-25-2023	
69730	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEointegrated IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	09-25-2023	

## Automatic External Defibrillator

CPT Code	Description	Effective Date	End Prior Approval Date
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	12-12-2018	

## Behavioral Health Integration Care Management

CPT Code	Description	Effective Date	End Prior Approval Date
99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW UP MONITORING, INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES; BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL/PSYCHIATRIC HEALTH PROBLEMS, INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES; FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY, PHARMACOTHERAPY, COUNSELING AND/OR PSYCHIATRIC CONSULTATION; AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM.	12-12-2018	



## Biofeedback

CPT Code	Description	Effective Date	End Prior Approval Date
90912	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY, WHEN PERFORMED; INITIAL 15 MINUTES OF ONE ON ONE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL CONTACT WITH THE PATIENT	12-12-2018	
90913	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY, WHEN PERFORMED; EACH ADDITIONAL 15 MINUTES OF ONE ON ONE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL CONTACT WITH THE PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12-12-2018	

## BREAST MAMMOGRAPHY

CPT Code	Description	Effective Date	End Prior Approval Date
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATER	12-12-2018	01-04-2019
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATER	12-12-2018	01-04-2019

## CARDIOVASCULAR

CPT Code	Description	Effective Date	End Prior Approval Date
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETA	12-12-2018	
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, W	12-12-2018	
93040	RHYTHM ECG, 1-3 LEADS; WITH INTERPRETATION AND REPORT	12-12-2018	
93041	RHYTHM ECG, 1-3 LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	12-12-2018	
93042	RHYTHM ECG, 1-3 LEADS; INTERPRETATION AND REPORT ONLY	12-12-2018	
93792	PATIENT/CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIONAL NORMALIZED RATIO (INR) MONITORING UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE TO FACE, INCLUDING USE AND CARE OF THE INR MONITOR, OBTAINING BLOOD SAMPLE, INSTRUCTIONS FOR REPORTING HOME INR TEST RESULTS, AND DOCUMENTATION OF PATIENT'S/CAREGIVER'S ABILITY TO PERFORM TESTING AND REPORT RESULTS	12-12-2018	



## CARDIOVASCULAR SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	12-12-2018	
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	12-12-2018	
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	12-12-2018	
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHEOFEMORAL JUNCTIO	12-12-2018	
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	12-12-2018	
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM	12-12-2018	
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOU	12-12-2018	
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND	12-12-2018	
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	12-12-2018	
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISION	12-12-2018	
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHEOPPOPLOPLITEAL JUNC	12-12-2018	
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	12-12-2018	

## CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

CPT Code	Description	Effective Date	End Prior Approval Date
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTION	12-12-2018	
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTION	12-12-2018	
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY, SPEECH AN	12-12-2018	



## CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

CPT Code	Description	Effective Date	End Prior Approval Date
96111	DEVELOPMENTAL TESTING, (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL)	12-12-2018	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING)	12-12-2018	
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT)	12-12-2018	
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT)	12-12-2018	
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED	12-12-2018	
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCEDURE)	12-12-2018	
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTION INVENTORY)	12-12-2018	

## COMPLEX CHRONIC CARE COORDINATION SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
99489	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED	12-12-2018	
99490	CHRONIC CARE MANAGEMENT SERVICES, AT LEAST 20 MINUTES OF CLINICAL STAFF	12-12-2018	

## DIAGNOSTIC/SCREENING PROCESSES OR RESULTS

CPT Code	Description	Effective Date	End Prior Approval Date
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING	12-12-2018	

## DIGESTIVE SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, 1-STAGE	12-12-2018	
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, 1 OF 2	12-12-2018	
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION	12-12-2018	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	12-21-2018	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	12-12-2018	
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	12-12-2018	



## DIGESTIVE SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	12-12-2018	
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	12-12-2018	
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	12-12-2018	
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	12-12-2018	
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTI	12-12-2018	
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR	12-12-2018	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJ	12-12-2018	
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJU	12-12-2018	
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	12-12-2018	
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPL	12-12-2018	
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	12-12-2018	
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GAS	12-12-2018	
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	12-12-2018	
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	12-12-2018	
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESER	12-12-2018	
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	12-12-2018	
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	12-12-2018	
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O	12-12-2018	
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONST	12-12-2018	
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONST	12-12-2018	
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANT	12-12-2018	



## DIGESTIVE SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPE	12-12-2018	
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	12-12-2018	
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	12-12-2018	

## DOMICILIARY, REST HOME (ASSISTED LIVING FACILITY), OR HOME CARE PLAN OVERSIGHT SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	

## ENTERAL AND PARENTHAL PUMPS

CPT Code	Description	Effective Date	End Prior Approval Date
B9000	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	12-12-2018	
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	12-12-2018	
B9998	NOC FOR ENTERAL SUPPLIES	12-12-2018	

## ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES

CPT Code	Description	Effective Date	End Prior Approval Date
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	12-12-2018	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	12-12-2018	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	12-12-2018	
B4081	NASOGASTRIC TUBING WITH STYLET	12-12-2018	
B4082	NASOGASTRIC TUBING WITHOUT STYLET	12-12-2018	
B4083	STOMACH TUBE LEVINE TYPE	12-12-2018	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	12-12-2018	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW PROFILE, ANY MATERIAL, ANY TYPE, EACH	12-12-2018	



## ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>B4100</b>	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	12-12-2018	
<b>B4102</b>	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	12-12-2018	
<b>B4103</b>	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	12-12-2018	
<b>B4104</b>	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	12-12-2018	
<b>B4149</b>	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	12-12-2018	
<b>B4150</b>	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	12-12-2018	
<b>B4151</b>	ENTERAL FORMULAE; CATEGORY I; NATURAL INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	12-12-2018	
<b>B4162</b>	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	12-12-2018	



## Evaluation and Management

CPT Code	Description	Effective Date	End Prior Approval Date
99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE OFFICE OR OTHER OUTPATIENT, HOME OR DOMICILIARY OR REST HOME, WITH ALL OF THE FOLLOWING REQUIRED ELEMENTS: COGNITION FOCUSED EVALUATION INCLUDING A PERTINENT HISTORY AND EXAMINATION; MEDICAL DECISION MAKING OF MODERATE OR HIGH COMPLEXITY; FUNCTIONAL ASSESSMENT (EG, BASIC AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING), INCLUDING DECISION MAKING CAPACITY; USE OF STANDARDIZED INSTRUMENTS FOR STAGING OF DEMENTIA (EG, FUNCTIONAL ASSESSMENT STAGING TEST [FAST], CLINICAL DEMENTIA RATING [CDR]); MEDICATION RECONCILIATION AND REVIEW FOR HIGH RISK MEDICATIONS; EVALUATION FOR NEUROPSYCHIATRIC AND BEHAVIORAL SYMPTOMS, INCLUDING DEPRESSION, INCLUDING USE OF STANDARDIZED SCREENING INSTRUMENT(S); EVALUATION OF SAFETY (EG, HOME), INCLUDING MOTOR VEHICLE OPERATION; IDENTIFICATION OF CAREGIVER(S), CAREGIVER KNOWLEDGE, CAREGIVER NEEDS, SOCIAL SUPPORTS, AND THE WILLINGNESS OF CAREGIVER TO TAKE	12-12-2018	



## Evaluation and Management

CPT Code	Description	Effective Date	End Prior Approval Date
99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 60 MINUTES IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: TRACKING PATIENT FOLLOW UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION; PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT; ONGOING COLLABORATION WITH AND COORDINATION OF THE PATIENT'S MENTAL HEALTH CARE WITH THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND ANY OTHER TREATING MENTAL HEALTH PROVIDERS; ADDITIONAL REVIEW OF PROGRESS AND RECOMMENDATIONS FOR CHANGES IN TREATMENT, AS INDICATED, INCLUDING MEDICATIONS, BASED ON RECOMMENDATIONS PROVIDED BY THE PSYCHIATRIC CONSULTANT; PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TR	12-12-2018	
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	12-12-2018	

## EYE AND OCULAR ADNEXA

CPT Code	Description	Effective Date	End Prior Approval Date
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	12-12-2018	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	12/12/2018	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	12/12/2018	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	12/12/2018	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	12/12/2018	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	12/12/2018	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	12/12/2018	



## EYE AND OCULAR ADNEXA

CPT Code	Description	Effective Date	End Prior Approval Date
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	12-12-2018	

## GENETIC COUNSELING

CPT Code	Description	Effective Date	End Prior Approval Date
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTION	12-12-2018	

## HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

CPT Code	Description	Effective Date	End Prior Approval Date
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	12-12-2018	
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIV	12-12-2018	
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP	12-12-2018	
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMIL	12-12-2018	
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMIL	12-12-2018	
96160	PATIENT-FOCUSED HLTH RISK ASSMT	12-12-2018	
96161	CAREGIVER HEALTH RISK ASSMT	12-12-2018	

## Health Behavior Assessment and Intervention

CPT Code	Description	Effective Date	End Prior Approval Date
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE ON ONE) PATIENT CONTACT; INITIAL 15 MINUTES	12-12-2018	12-31-2025



## Health Behavior Assessment and Intervention

CPT Code	Description	Effective Date	End Prior Approval Date
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE ON ONE) PATIENT CONTACT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12-12-2018	12-31-2025

## HEMIC AND LYMPHATIC SYSTEMS

CPT Code	Description	Effective Date	End Prior Approval Date
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND	12-12-2018	
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA	12-12-2018	
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF P	12-12-2018	
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF P	12-12-2018	
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL	12-12-2018	
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL D	12-12-2018	
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEP	12-12-2018	
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLU	12-12-2018	
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENT	12-12-2018	
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	12-12-2018	
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	12-12-2018	
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DO	12-12-2018	
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	12-12-2018	
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	12-12-2018	
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	12-12-2018	



**HOME HEALTH**

<b>CPT Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>End Prior Approval Date</b>
<b>R0023</b>	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) HOME HEALTH PPS	12-12-2018	

**HOME HEALTH SERVICES**

<b>CPT Code</b>	<b>Description</b>	<b>Effective Date</b>	<b>End Prior Approval Date</b>
<b>99342</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
<b>99343</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
<b>99344</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
<b>99345</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
<b>99347</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
<b>99348</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
<b>99349</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
<b>99350</b>	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
<b>99500</b>	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEA	12-12-2018	
<b>99501</b>	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	12-12-2018	
<b>99502</b>	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	12-12-2018	
<b>99503</b>	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN TH)	12-12-2018	
<b>99504</b>	HOME VISIT FOR MECHANICAL VENTILATION CARE	12-12-2018	
<b>99505</b>	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYST	12-12-2018	
<b>99506</b>	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	12-12-2018	
<b>99509</b>	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL	12-12-2018	
<b>99510</b>	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	12-12-2018	
<b>99511</b>	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	12-12-2018	
<b>99512</b>	HOME VISIT FOR HEMODIALYSIS	12-12-2018	
<b>99600</b>	UNLISTED HOME VISIT SERVICE OR PROCEDURE	01-15-2019	



## HOME VISIT IM INJECTION

CPT Code	Description	Effective Date	End Prior Approval Date
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAIN)	12-12-2018	

## Implantable Breast prosthesis

CPT Code	Description	Effective Date	End Prior Approval Date
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	12-12-2018	

## Implantable Neurostimulator Pulse generator

CPT Code	Description	Effective Date	End Prior Approval Date
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	

## Implantable Neurostimulators and Components

CPT Code	Description	Effective Date	End Prior Approval Date
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	12-12-2018	

## INFUSION THERAPY

CPT Code	Description	Effective Date	End Prior Approval Date
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PR)	12-12-2018	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	12-12-2018	

## INJECTION CODES FOR EPO

CPT Code	Description	Effective Date	End Prior Approval Date
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	12-12-2018	
Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING FACILITY	12-12-2018	



## INJECTION CODES FOR EPO

CPT Code	Description	Effective Date	End Prior Approval Date
<b>Q5003</b>	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON SKILLED NURSING FACILITY (NF)	12-12-2018	
<b>Q5004</b>	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	12-12-2018	
<b>Q5005</b>	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	12-12-2018	
<b>Q5006</b>	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	12-12-2018	
<b>Q5007</b>	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	12-12-2018	
<b>Q5008</b>	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	12-12-2018	
<b>Q5009</b>	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	12-12-2018	
<b>Q5010</b>	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	12-12-2018	

## INTEGUMENTARY SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
<b>10060</b>	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI	12-12-2018	
<b>10061</b>	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI	12-12-2018	
<b>10120</b>	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	12-12-2018	
<b>10121</b>	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATE	12-12-2018	
<b>10140</b>	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	12-12-2018	
<b>10160</b>	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	12-12-2018	
<b>11719</b>	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	12-12-2018	
<b>11920</b>	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CO	12-12-2018	
<b>11921</b>	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CO	12-12-2018	
<b>11922</b>	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CO	12-12-2018	
<b>11970</b>	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	12-12-2018	
<b>11971</b>	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	12-12-2018	
<b>15240</b>	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FO	12-12-2018	



## INTEGUMENTARY SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	12-12-2018	
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	12-12-2018	
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, N	12-12-2018	
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	12-12-2018	
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACCELLULAR DERMAL MATRIX) FOR SOF	12-12-2018	
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTI	12-12-2018	
15781	DERMABRASION; SEGMENTAL, FACE	12-12-2018	
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	12-12-2018	
15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)	12-12-2018	
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	12-12-2018	
15787	ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITI	12-12-2018	
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	12-12-2018	
15789	CHEMICAL PEEL, FACIAL; DERMAL	12-12-2018	
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	12-12-2018	
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	12-12-2018	
15820	Blepharoplasty, lower eyelid;	12-12-2018	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	12-12-2018	
15822	Blepharoplasty, upper eyelid;	12-12-2018	
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	12-12-2018	
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY);	12-12-2018	
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY),	12-12-2018	
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	12-12-2018	
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TEC	12-12-2018	
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TEC	12-12-2018	
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TEC	12-12-2018	
19300	Mastectomy for gynecomastia	12-21-2018	



## INTEGUMENTARY SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
19316	MASTOPEXY	12-12-2018	
19318	REDUCTION MAMMAPLASTY	12-12-2018	
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	12-12-2018	
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	12-12-2018	
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY	12-12-2018	
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY	12-12-2018	
19350	NIPPLE/AREOLA RECONSTRUCTION	12-12-2018	
19355	CORRECTION OF INVERTED NIPPLES	12-12-2018	
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INC	12-12-2018	
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC I	12-12-2018	
19364	BREAST RECONSTRUCTION WITH FREE FLAP	12-12-2018	
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	12-12-2018	
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	12-12-2018	
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	12-12-2018	
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	12-12-2018	
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	12-12-2018	
19380	REVISION OF RECONSTRUCTED BREAST	12-12-2018	
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	12-12-2018	

## MAGNETIC RESONANCE

CPT Code	Description	Effective Date	End Prior Approval Date
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	01-04-2019	
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	01-04-2019	

## MALE GENITAL SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	12-12-2018	



## MALE GENITAL SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	12-12-2018	
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING	12-12-2018	
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	12-12-2018	

## MEDICAL AND SURGICAL SUPPLIES

CPT Code	Description	Effective Date	End Prior Approval Date
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	12-12-2018	
A4239	SUPPLY ALLOWANCE FOR NON ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	12-12-2018	
E2102	ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	12-12-2018	
E2103	NON ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	12-12-2018	

## MEDICAL NUTRITION THERAPY

CPT Code	Description	Effective Date	End Prior Approval Date
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	12-12-2018	
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MI	12-12-2018	
97810	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIA	12-12-2018	12-31-2025

## MEDICAL RADIATION PHYSICS, DOSIMETRY,

CPT Code	Description	Effective Date	End Prior Approval Date
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAM	12-12-2018	
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATIO	12-12-2018	



## MISCELLANEOUS AND EXPERIMENTAL

CPT Code	Description	Effective Date	End Prior Approval Date
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	12-12-2018	
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	12-12-2018	
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	12-12-2018	

## MISCELLANEOUS PATHOLOGY AND LABORATORY TESTS

CPT Code	Description	Effective Date	End Prior Approval Date
P9020	PLATELET RICH PLASMA, EACH UNIT	12-12-2018	
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	12-12-2018	
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) (MULTIPLE PATIENTS)	12-12-2018	

## MUSCULOSKELETAL SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	12-12-2018	
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	12-12-2018	
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	12-12-2018	
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	12-12-2018	
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	09-09-2021	
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	12-12-2018	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	12-12-2018	
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, C	12-12-2018	
97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/ OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AND/OR TRUNK, SUBSEQUENT ORTHOTIC(S)/PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	12-12-2018	12-31-2025



## NERVOUS SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	12-12-2018	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADD	12-12-2018	
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULS	12-12-2018	
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	12-12-2018	

## NEUROLOGY AND NEUROMUSCULAR PROCEDURES

CPT Code	Description	Effective Date	End Prior Approval Date
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EX)	12-12-2018	
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR	12-12-2018	
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT	12-12-2018	
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT	12-12-2018	
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXT	12-12-2018	12-31-2025
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WI	12-12-2018	12-31-2025
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	12-12-2018	
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUV	12-12-2018	12-31-2025
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3D KI	12-12-2018	

## OTHER SERVICES AND PROCEDURES

CPT Code	Description	Effective Date	End Prior Approval Date
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	12-12-2018	

## PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Effective Date	End Prior Approval Date
97002	PHYSICAL THERAPY RE-EVALUATION	12-12-2018	12-31-2025
97003	OCCUPATIONAL THERAPY EVALUATION	12-12-2018	11-01-2019
97004	OCCUPATIONAL THERAPY RE-EVALUATION	12-12-2018	01-01-2019
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	12-12-2018	12-31-2025



## PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Effective Date	End Prior Approval Date
97012	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL	12-12-2018	12-31-2025
97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (	12-12-2018	12-31-2025
97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	12-12-2018	12-31-2025
97018	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH	12-12-2018	12-31-2025
97022	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL	12-12-2018	12-31-2025
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE	12-12-2018	12-31-2025
97026	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; INFRARED	12-12-2018	12-31-2025
97028	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRAVIOLET	12-12-2018	12-31-2025
97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (	12-12-2018	12-31-2025
97033	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 M	12-12-2018	12-31-2025
97034	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EACH 15	12-12-2018	12-31-2025
97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINU	12-12-2018	12-31-2025
97036	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, EACH 15 MI	12-12-2018	12-31-2025
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	12-12-2018	12-31-2025
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC E	12-12-2018	12-31-2025
97112	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	12-12-2018	12-31-2025
97113	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERA	12-12-2018	12-31-2025
97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	12-12-2018	12-31-2025
97124	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCL	12-12-2018	12-31-2025
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	12-12-2018	12-31-2025
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMP	12-12-2018	12-31-2025



## PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Effective Date	End Prior Approval Date
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	12-12-2018	12-31-2025
97161	PT EVAL LOW COMPLEX 20 MIN	12-12-2018	12-31-2025
97162	PT EVAL MOD COMPLEX 30 MIN	12-12-2018	12-31-2025
97163	PT EVAL HIGH COMPLEX 45 MIN	12-12-2018	12-31-2025
97164	PT RE-EVAL EST PLAN CARE	12-12-2018	12-31-2025
97165	OT EVAL LOW COMPLEX 30 MIN	12-12-2018	12-31-2025
97166	OT EVAL MOD COMPLEX 45 MIN	12-12-2018	12-31-2025
97167	OT EVAL HIGH COMPLEX 60 MIN	12-12-2018	12-31-2025
97168	OT RE-EVAL EST PLAN CARE	12-12-2018	12-31-2025
97169	ATHLETIC TRN EVAL LOW CMPLX	12-12-2018	12-31-2025
97170	ATHLETIC TRN EVAL MOD CMPLX	12-12-2018	12-31-2025
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DY	12-12-2018	12-31-2025
97531	KINETIC ACTIVITIES 1 AREA; EA ADD 15 MIN	12-12-2018	12-31-2025
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM	12-12-2018	12-31-2025
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO	12-12-2018	12-31-2025
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD	12-12-2018	12-31-2025
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, M	12-12-2018	12-31-2025
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN	12-12-2018	
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	12-12-2018	
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN	12-12-2018	
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/ WITHOUT SUCTION, SHARP SE	12-12-2018	
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/ WITHOUT SUCTION, SHARP SE	12-12-2018	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT	12-12-2018	
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI	12-12-2018	
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI	12-12-2018	
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECT	12-12-2018	
97608	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECT	12-12-2018	



## PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Effective Date	End Prior Approval Date
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL	12-12-2018	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIO	12-12-2018	12-31-2025
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE	12-12-2018	12-31-2025
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING	12-12-2018	12-31-2025
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	12-12-2018	12-31-2025
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MIN	12-12-2018	12-31-2025
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	12-12-2018	12-31-2025
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVI	12-12-2018	

## POWER OPERATED VEHICLE

CPT Code	Description	Effective Date	End Prior Approval Date
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	12-12-2018	

### Power Wheelchair

CPT Code	Description	Effective Date	End Prior Approval Date
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	12-12-2018	



## Power Wheelchair

CPT Code	Description	Effective Date	End Prior Approval Date
<b>K0813</b>	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0814</b>	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0815</b>	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0816</b>	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0820</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0821</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0822</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0823</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0824</b>	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0825</b>	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0826</b>	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0827</b>	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0828</b>	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
<b>K0829</b>	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	12-12-2018	



## Power Wheelchair

CPT Code	Description	Effective Date	End Prior Approval Date
<b>K0830</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0831</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0835</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0836</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0837</b>	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0838</b>	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0839</b>	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0840</b>	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
<b>K0841</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0842</b>	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0843</b>	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0848</b>	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0849</b>	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0850</b>	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	



## Power Wheelchair

CPT Code	Description	Effective Date	End Prior Approval Date
<b>K0851</b>	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0852</b>	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0853</b>	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0854</b>	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
<b>K0855</b>	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
<b>K0856</b>	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0857</b>	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0858</b>	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	12-12-2018	
<b>K0859</b>	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0860</b>	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0861</b>	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0862</b>	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0863</b>	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0864</b>	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	



## Power Wheelchair

CPT Code	Description	Effective Date	End Prior Approval Date
<b>K0868</b>	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0869</b>	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0870</b>	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0871</b>	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
<b>K0877</b>	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0878</b>	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0879</b>	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0880</b>	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	12-12-2018	
<b>K0884</b>	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0885</b>	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
<b>K0886</b>	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
<b>K0890</b>	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	12-12-2018	
<b>K0891</b>	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	12-12-2018	
<b>K0898</b>	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	12-12-2018	
<b>K0899</b>	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	12-12-2018	



## POWER WHEELCHAIR ACCESSORIES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>E2402</b>	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	12-12-2018	

## PRIVATE PAYER CODES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>S1030</b>	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)	12-12-2018	
<b>S1031</b>	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL, INCLUDING SENSOR, SENSOR REPLACEMENT, AND DOWNLOAD TO MONITOR (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)	12-12-2018	
<b>S2065</b>	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	12-12-2018	
<b>S2066</b>	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	12-12-2018	
<b>S2067</b>	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	12-12-2018	
<b>S2068</b>	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	12-12-2018	
<b>S2083</b>	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE	12-12-2018	
<b>S2140</b>	CORD BLOOD HARVESTING FOR TRANSPLANTATION, ALLOGENEIC	12-12-2018	
<b>S2142</b>	CORD BLOOD DERIVED STEM CELL TRANSPLANTATION, ALLOGENEIC	12-12-2018	



## PRIVATE PAYER CODES

CPT Code	Description	Effective Date	End Prior Approval Date
S2150	BONE MARROW OR BLOOD DERIVED STEM CELLS (PERIPHERAL OR UMBILICAL), ALLOGENEIC OR AUTOLOGOUS, HARVESTING, TRANSPLANTATION, AND RELATED COMPLICATIONS; INCLUDING: PHERESIS AND CELL PREPARATION/STORAGE; MARROW ABLATIVE THERAPY; DRUGS, SUPPLIES, HOSPITALIZATION WITH OUTPATIENT FOLLOW UP; MEDICAL/SURGICAL, DIAGNOSTIC, EMERGENCY, AND REHABILITATIVE SERVICES; AND THE NUMBER OF DAYS OF PRE AND POST TRANSPLANT CARE IN THE GLOBAL DEFINITION	12-12-2018	
S3601	EMERGENCY STAT LABORATORY CHARGE FOR PATIENT WHO IS HOMEBOUND OR RESIDING IN A NURSING FACILITY	12-12-2018	
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17 D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)	12-12-2018	
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	12-12-2018	
S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	12-12-2018	
S5522	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	12-12-2018	
S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	12-12-2018	
S8940	EQUESTRIAN/HIPPOTHERAPY, PER SESSION	12-12-2018	
S8948	APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS; LOW LEVEL LASER; EACH 15 MINUTES	12-12-2018	
S8950	COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINUTES	12-12-2018	
S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	12-12-2018	
S9092	CANOLITH REPOSITIONING, PER VISIT	12-12-2018	12-31-2025
S9097	HOME VISIT FOR WOUND CARE	12-12-2018	
S9098	HOME VISIT, PHOTOTHERAPY SERVICES (E.G., BILI LITE), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM	12-12-2018	



## PRIVATE PAYER CODES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>S9110</b>	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM, CONNECTIONS, AND SOFTWARE; MAINTENANCE; PATIENT EDUCATION AND SUPPORT; PER MONTH	12-12-2018	
<b>S9122</b>	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR	12-12-2018	
<b>S9123</b>	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500 99602 CAN BE USED)	12-12-2018	
<b>S9124</b>	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	12-12-2018	
<b>S9126</b>	HOSPICE CARE, IN THE HOME, PER DIEM	12-12-2018	
<b>S9127</b>	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	12-12-2018	
<b>S9128</b>	SPEECH THERAPY, IN THE HOME, PER DIEM	12-12-2018	12-31-2025
<b>S9129</b>	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	12-12-2018	12-31-2025
<b>S9131</b>	PHYSICAL THERAPY; IN THE HOME, PER DIEM	12-12-2018	12-31-2025
<b>S9152</b>	SPEECH THERAPY, RE EVALUATION	12-12-2018	
<b>S9208</b>	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
<b>S9209</b>	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
<b>S9211</b>	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	



**PRIVATE PAYER CODES**

CPT Code	Description	Effective Date	End Prior Approval Date
<b>S9212</b>	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
<b>S9213</b>	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
<b>S9214</b>	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
<b>S9340</b>	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
<b>S9341</b>	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
<b>S9342</b>	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	



## PRIVATE PAYER CODES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>S9343</b>	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
<b>S9435</b>	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	12-12-2018	
<b>S9460</b>	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	12-12-2018	
<b>S9465</b>	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	12-12-2018	
<b>S9470</b>	NUTRITIONAL COUNSELING, DIETITIAN VISIT	12-12-2018	
<b>S9472</b>	CARDIAC REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM	12-12-2018	
<b>S9473</b>	PULMONARY REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM	12-12-2018	
<b>S9474</b>	ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL THERAPY, PER DIEM	12-12-2018	
<b>S9482</b>	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	12-12-2018	
<b>S9484</b>	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	12-12-2018	
<b>S9485</b>	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	12-12-2018	

## PROCEDURES/PROFESSIONAL SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>G0151</b>	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0152</b>	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0153</b>	SERVICES PERFORMED BY A QUALIFIED SPEECH LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	12-31-2025
<b>G0155</b>	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	12-12-2018	
<b>G0156</b>	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	12-12-2018	
<b>G0157</b>	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	



## PROCEDURES/PROFESSIONAL SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>G0158</b>	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0159</b>	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE PHYSICAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	12-12-2018	
<b>G0160</b>	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE OCCUPATIONAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	12-12-2018	
<b>G0161</b>	SERVICES PERFORMED BY A QUALIFIED SPEECH LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE SPEECH LANGUAGE PATHOLOGY MAINTENANCE PROGRAM, EACH 15 MINUTES	12-12-2018	
<b>G0162</b>	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON SKILLED CARE ACHIEVES ITS PURPOSE IN THE HOME HEALTH OR HOSPICE SETTING)	12-12-2018	
<b>G0168</b>	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	12-12-2018	
<b>G0175</b>	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF PATIENT CARE NURSING STAFF) WITH PATIENT PRESENT	12-12-2018	
<b>G0176</b>	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS, PER SESSION (45 MINUTES OR MORE)	12-12-2018	
<b>G0177</b>	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS PER SESSION (45 MINUTES OR MORE)	12-12-2018	



## PROCEDURES/PROFESSIONAL SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	12-12-2018	
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)	12-12-2018	
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)	12-12-2018	
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	12-12-2018	
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES	12-12-2018	
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION, OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), GROUP (2 OR MORE INDIVIDUALS), EACH 30 MINUTES	12-12-2018	



## PROCEDURES/PROFESSIONAL SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>G0281</b>	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS PART OF A THERAPY PLAN OF CARE	12-12-2018	
<b>G0282</b>	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281	12-12-2018	
<b>G0283</b>	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	09-14-2020	12-31-2025
<b>G0295</b>	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES	12-12-2018	
<b>G0299</b>	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0300</b>	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0329</b>	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE AS PART OF A THERAPY PLAN OF CARE	12-12-2018	
<b>G0341</b>	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	12-12-2018	
<b>G0342</b>	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	12-12-2018	
<b>G0343</b>	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	12-12-2018	
<b>G0409</b>	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING THE PATIENT'S REHABILITATION GOALS, EACH 15 MINUTES, FACE TO FACE; INDIVIDUAL (SERVICES PROVIDED BY A CORF QUALIFIED SOCIAL WORKER OR PSYCHOLOGIST IN A CORF)	12-12-2018	



## PROCEDURES/PROFESSIONAL SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>G0410</b>	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE FAMILY GROUP, IN A PARTIAL HOSPITALIZATION OR INTENSIVE OUTPATIENT SETTING, APPROXIMATELY 45 TO 50 MINUTES	12-12-2018	
<b>G0411</b>	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION OR INTENSIVE OUTPATIENT SETTING, APPROXIMATELY 45 TO 50 MINUTES	12-12-2018	
<b>G0490</b>	FACE TO FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN AN AREA WITH A SHORTAGE OF HOME HEALTH AGENCIES; (SERVICES LIMITED TO RN OR LPN ONLY)	12-12-2018	
<b>G0493</b>	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)	12-12-2018	
<b>G0494</b>	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)	12-12-2018	
<b>G0495</b>	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0496</b>	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
<b>G0506</b>	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS REQUIRING CHRONIC CARE MANAGEMENT SERVICES (LIST SEPARATELY IN ADDITION TO PRIMARY MONTHLY CARE MANAGEMENT SERVICE)	12-12-2018	



## PROCEDURES/PROFESSIONAL SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
G0659	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM), EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE), PERFORMED WITHOUT METHOD OR DRUG SPECIFIC CALIBRATION, WITHOUT MATRIX MATCHED QUALITY CONTROL MATERIAL, OR WITHOUT USE OF STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARD(S) FOR EACH DRUG, DRUG METABOLITE OR DRUG CLASS PER SPECIMEN; QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, ANY NUMBER OF DRUG CLASSES	12-12-2018	
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	12-12-2018	
G6016	COMPENSATOR BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	12-12-2018	
G9473	SERVICES PERFORMED BY CHAPLAIN IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G9474	SERVICES PERFORMED BY DIETARY COUNSELOR IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G9475	SERVICES PERFORMED BY OTHER COUNSELOR IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G9476	SERVICES PERFORMED BY VOLUNTEER IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G9477	SERVICES PERFORMED BY CARE COORDINATOR IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G9478	SERVICES PERFORMED BY OTHER QUALIFIED THERAPIST IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G9479	SERVICES PERFORMED BY QUALIFIED PHARMACIST IN THE HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	



## PROSTHETIC PROCEDURES

CPT Code	Description	Effective Date	End Prior Approval Date
L8680	Implantable neurostimulator electrode, each	12-12-2018	

## Psychiatric Collaborative Care Management Services

CPT Code	Description	Effective Date	End Prior Approval Date
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH TO AND ENGAGEMENT IN TREATMENT OF A PATIENT DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; INITIAL ASSESSMENT OF THE PATIENT, INCLUDING ADMINISTRATION OF VALIDATED RATING SCALES, WITH THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN; REVIEW BY THE PSYCHIATRIC CONSULTANT WITH MODIFICATIONS OF THE PLAN IF RECOMMENDED; ENTERING PATIENT IN A REGISTRY AND TRACKING PATIENT FOLLOW UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, AND PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT; AND PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INT	12-12-2018	
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12-12-2018	

## PSYCHIATRY

CPT Code	Description	Effective Date	End Prior Approval Date
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	12-12-2018	
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	12-12-2018	



## PSYCHIATRY

CPT Code	Description	Effective Date	End Prior Approval Date
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFO	12-12-2018	
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	12-12-2018	
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFO	12-12-2018	
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	12-12-2018	
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFO	12-12-2018	
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	12-12-2018	
90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY)	12-12-2018	
90845	PSYCHOANALYSIS	12-12-2018	
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	12-12-2018	
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	12-12-2018	
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	12-12-2018	
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	12-12-2018	
90863	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION AND REVIEW OF MEDICAT	12-12-2018	
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG	12-12-2018	
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATME	12-12-2018	
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATME	12-12-2018	
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATME	12-12-2018	
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	12-12-2018	
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN	12-12-2018	
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAIN	12-12-2018	
90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHI	12-12-2018	
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	12-12-2018	
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	12-12-2018	



## PULMONARY

CPT Code	Description	Effective Date	End Prior Approval Date
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT N)	12-12-2018	
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL G	12-12-2018	
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	12-12-2018	
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	12-12-2018	
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SES	12-12-2018	
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NUR	12-12-2018	
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NUR	12-12-2018	
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	12-12-2018	

## RADIATION TREATMENT

CPT Code	Description	Effective Date	End Prior Approval Date
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUID	12-12-2018	12-31-2025
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUID	12-12-2018	12-31-2025
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION T	01-02-2019	
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS	01-02-2019	

## REHABILITATIVE SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	12-12-2018	
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	12-12-2018	
H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL AND/OR DRUGS	12-12-2018	
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	12-12-2018	
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	12-12-2018	
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	12-12-2018	



## REHABILITATIVE SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>H0007</b>	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	12-12-2018	
<b>H0031</b>	MENTAL HEALTH ASSESSMENT, BY NON PHYSICIAN	12-12-2018	04-12-2019
<b>H0032</b>	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON PHYSICIAN	12-12-2018	04-12-2019
<b>H0034</b>	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	12-12-2018	
<b>H0046</b>	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	12-12-2018	
<b>H0047</b>	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	12-12-2018	
<b>H0048</b>	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS OTHER THAN BLOOD	12-12-2018	
<b>H0049</b>	ALCOHOL AND/OR DRUG SCREENING	12-12-2018	
<b>H0050</b>	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	12-12-2018	
<b>H1000</b>	PRENATAL CARE, AT RISK ASSESSMENT	12-12-2018	
<b>H1001</b>	PRENATAL CARE, AT RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	12-12-2018	
<b>H1002</b>	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	12-12-2018	
<b>H1003</b>	PRENATAL CARE, AT RISK ENHANCED SERVICE; EDUCATION	12-12-2018	
<b>H1004</b>	PRENATAL CARE, AT RISK ENHANCED SERVICE; FOLLOW UP HOME VISIT	12-12-2018	
<b>H1005</b>	PRENATAL CARE, AT RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001 H1004)	12-12-2018	
<b>H1011</b>	FAMILY ASSESSMENT BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL FOR STATE DEFINED PURPOSES	12-12-2018	
<b>H2000</b>	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	12-12-2018	
<b>H2010</b>	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	12-12-2018	
<b>H2011</b>	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	12-12-2018	
<b>H2012</b>	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	12-12-2018	04-12-2019
<b>H2019</b>	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	12-12-2018	04-12-2019
<b>H2020</b>	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	12-12-2018	04-12-2019
<b>H2031</b>	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	12-12-2018	04-12-2019
<b>H2037</b>	DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDENT CHILD OF CLIENT, PER 15 MINUTES	12-12-2018	



## RESPIRATORY SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	12-12-2018	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/	12-12-2018	
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/	12-12-2018	
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	12-12-2018	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	12-12-2018	
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PAC	12-12-2018	
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	12-12-2018	

## SPECIAL DERMATOLOGICAL PROCEDURES

CPT Code	Description	Effective Date	End Prior Approval Date
97001	PHYSICAL THERAPY EVALUATION	12-12-2018	11-01-2019

## SPECIAL OTORHINOLARYNGOLOGIC SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	12-12-2018	12-31-2025
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY P	12-12-2018	12-31-2025
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY P	12-12-2018	12-31-2025
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTI	12-12-2018	12-31-2025
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	12-12-2018	12-31-2025
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL	12-12-2018	12-31-2025
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL	12-12-2018	12-31-2025
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	12-12-2018	12-31-2025
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	03-17-2020	12-31-2025



## SPECIAL OTORHINOLARYNGOLOGIC SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	12-12-2018	
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, IN	12-12-2018	
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALT	12-12-2018	
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	12-12-2018	
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO	12-12-2018	
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	12-12-2018	
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	12-12-2018	
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT	12-12-2018	
92630	AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS	12-12-2018	
92633	AUDITORY REHABILITATION; POSTLINGUAL HEARING LOSS	12-12-2018	

## SPEECH-LANGUAGE PATHOLOGY SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
V5362	SPEECH SCREENING	12-12-2018	12-31-2025
V5363	LANGUAGE SCREENING	12-12-2018	12-31-2025
V5364	DYSPHAGIA SCREENING	12-21-2018	

## STATE MEDICAID AGENCY CODES

CPT Code	Description	Effective Date	End Prior Approval Date
T1000	PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) LICENSED, UP TO 15 MINUTES	12-12-2018	
T1001	NURSING ASSESSMENT / EVALUATION	12-12-2018	
T1002	RN SERVICES, UP TO 15 MINUTES	12-12-2018	
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	12-12-2018	
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	12-12-2018	
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	12-12-2018	
T1022	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY	12-12-2018	



## STATE MEDICAID AGENCY CODES

CPT Code	Description	Effective Date	End Prior Approval Date
<b>T1028</b>	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS	12-12-2018	
<b>T1030</b>	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	12-12-2018	
<b>T1031</b>	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	12-12-2018	
<b>T2022</b>	CASE MANAGEMENT, PER MONTH	12-12-2018	
<b>T2023</b>	TARGETED CASE MANAGEMENT; PER MONTH	12-12-2018	
<b>T2024</b>	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER	12-12-2018	
<b>T2034</b>	CRISIS INTERVENTION, WAIVER; PER DIEM	12-12-2018	
<b>T2042</b>	HOSPICE ROUTINE HOME CARE; PER DIEM	12-12-2018	

## SUPRV INTERFACILTY TRANSPORT

CPT Code	Description	Effective Date	End Prior Approval Date
<b>99487</b>	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED	12-12-2018	

## Surgery

CPT Code	Description	Effective Date	End Prior Approval Date
<b>00797</b>	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	12-12-2018	
<b>0155T</b>	Laparoscopy, surgical; implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	12-12-2018	
<b>0156T</b>	Laparoscopy, surgical; revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	12-12-2018	
<b>0157T</b>	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	12-12-2018	
<b>0158T</b>	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)	12-12-2018	
<b>43886</b>	Gastric restrictive procedure, open; revision of subcutaneous port component only	12-12-2018	
<b>43887</b>	Gastric restrictive procedure, open; removal of subcutaneous port component only	12-12-2018	
<b>43888</b>	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	12-12-2018	



## Temporary Code

CPT Code	Description	Effective Date	End Prior Approval Date
Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI CD19 CAR POSITIVE Viable T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	12-12-2018	
Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI CD19 CAR POSITIVE Viable T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	12-12-2018	
Q2055	IDECACTAGENE VICLEUCEL, UP TO 510 MILLION AUTOLOGOUS B CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	12-12-2018	

## TEMPORARY CODES

CPT Code	Description	Effective Date	End Prior Approval Date
Q2041	AXICABTAGENE CIROLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI CD19 CAR POSITIVE Viable T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	12-12-2018	
Q2042	TISAGENLECLEUCEL, UP TO 600 MILLION CAR POSITIVE Viable T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	12-12-2018	
Q2052	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME FOR THE ADMINISTRATION OF INTRAVENOUS IMMUNE GLOBULIN (IVIG)	12-12-2018	

## THERAPEUTIC, PREVENTIVE OR OTHER INTERVENTIONS

CPT Code	Description	Effective Date	End Prior Approval Date
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPL	12-12-2018	
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FL	12-12-2018	
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	12-12-2018	
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	12-12-2018	



## Therapeutic continuous glucose monitors

CPT Code	Description	Effective Date	End Prior Approval Date
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	12-12-2018	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	12-12-2018	

## TRANSITIONAL CARE MANAGEMENT SERVICES

CPT Code	Description	Effective Date	End Prior Approval Date
99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEM	12-12-2018	
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVA	12-12-2018	

## Transitoinal Care Management Services

CPT Code	Description	Effective Date	End Prior Approval Date
99495	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEM	12-12-2018	

## URINARY SYSTEM

CPT Code	Description	Effective Date	End Prior Approval Date
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NE	12-12-2018	
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHR	12-12-2018	

## WHEELCHAIRS

CPT Code	Description	Effective Date	End Prior Approval Date
K0010	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	12-12-2018	
K0011	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	12-12-2018	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	12-12-2018	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	12-12-2018	



**WHEELCHAIRS;LIGHTWEIGHT AND HEAVY DUTY**

CPT Code	Description	Effective Date	End Prior Approval Date
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	12-12-2018	

**WOUND DRESSINGS**

CPT Code	Description	Effective Date	End Prior Approval Date
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	12-12-2018	
A6551	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each	12-21-2018	

